



PATIENT PRESENTING CLINICAL SIGNS

Malachi Sepulveda

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

8

WEIGHT

34.2 kg

P presented for acute panting, shaking and excessive drooling for about an hour prior to presentation. Radiographs were sent out; The study includes 3 images dated July 5, 2023. The stomach contains a mild to moderate amount of heterogenous soft tissue opaque material. There is a focally enlarged small intestinal segment within the ventral aspect of the mid abdomen measuring up to 6 cm in diameter. There is heterogenous soft tissue opaque material within the segment. There is the impression of small intestinal wall thickening associated with this segment. A small amount of mineralization within the segment and the surrounding intestinal segments. There is also a mild decrease in serosal margin detail surrounding the segment. Other small intestinal segments are normal for size. A mild-to-moderate amount of fecal material is seen within the colon. The liver is normal for size. The visible margins of the spleen are within normal limits. Where seen, the kidneys and urinary bladder are within normal limits. The thoracic structures included within collimation are within normal limits. There is spondylosis within the cranial to mid lumbar spine. Conclusion 1. Segmental small intestinal dilation with regional effusion or peritonitis. This is consistent with a small intestinal mechanical obstruction. This could be secondary to a foreign body; however, an underlying intestinal neoplasm is also considered given the impression of intestinal wall thickening of the segment. 2. Gastrointestinal food and/or foreign material. Recommendations An ultrasound could be considered to further evaluate the abnormal small intestinal segment to further evaluate for a potential small intestinal neoplasm. An abdominal exploratory could also be considered. Thoracic radiographs should be considered for evaluation of potential pulmonary metastatic disease.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

IMAGING PERFORMED BY

Dr. Van Nieuwal

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.3 cm. The right kidney measured 7.3 cm.

HOSPITAL NAME

Animal Emergency Hospital Volusia

Adrenal Glands

The **adrenal glands** were not visualized.

REFERRING VET

Dr. Van Niuewal

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INVOICE

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DATE

7/5/23



PATIENT *Liver*

Malachi Sepulveda

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was overdistended with gas. Excessive gastric gas noted. Intestinal infiltrative mass noted with wall thickness up to 0.95 cm with loss of mural detail. Reactive mesentery noted around the mass. The intestinal mass appeared to be jejunal and presented progressive thickening. The entire mass measured approximately 6.0 cm x 4.0 cm. Enlarged mesenteric lymph nodes noted, somewhat rounded, measuring up to 2.0 cm x 1.5 cm, strongly suggestive for metastatic disease. Enteritis/lymphadenitis possible.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Intestinal mass
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated. However, some reactive mesentery was noted around the mass, suggestive of potential omental infiltration. Ultrasound guided FNA of the pathology could also be considered for staging purposes. No overt evidence of organ metastasis, however regional spread into the omentum likely.

IMAGING PERFORMED BY

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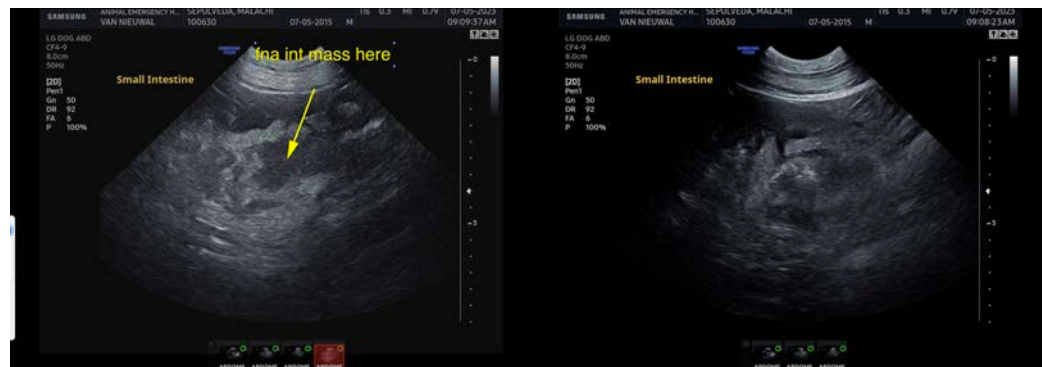
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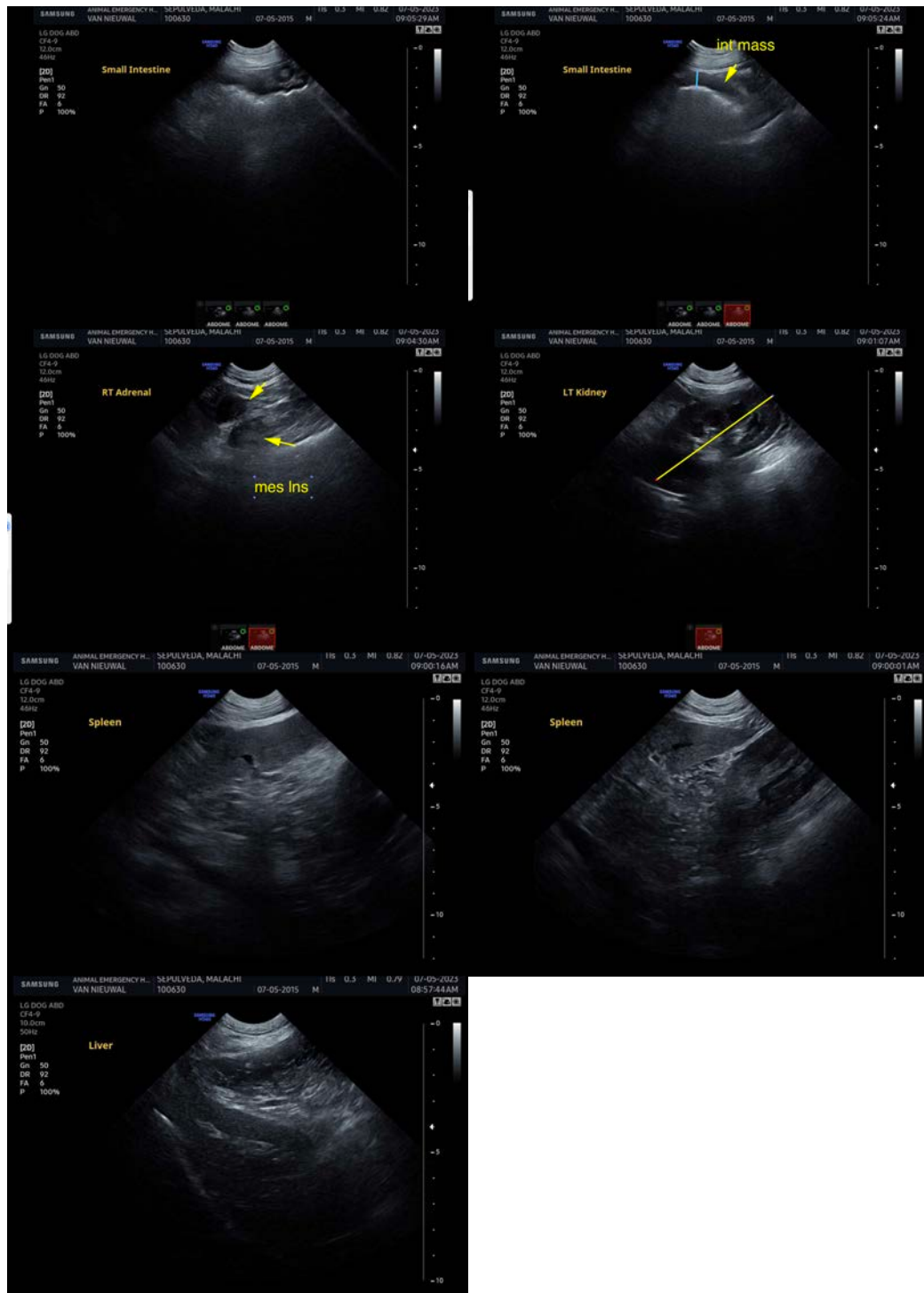
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PATIENT

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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