

PATIENT

Zee Wee Rozgowski

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

14 Years

WEIGHT

55

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

INVOICE

24723

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Presented for ultrasound. Has a history of vomiting and diarrhea and was seen at emergency clinic last night where aFAST was performed. FLuid was seen on the abdomen, but they were unable to sample. They also visualized a 2 cm mass She was previously treated with metronidazole and cerenia for the vomiting and diarrhea, but the vomiting has resolved and the diarrhea resolved until today when the owner reports black tarry feces

Abnormal PE/Chem/CBC/UA Results: Lipoma of ventral mid abdomen HCT 37.1 MOno - 2.19 Crea 2.1 BUN 53 ALT 310 Thoracic rads unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minor uniform apical thickening with micropolypoid changes surrounded by echogenic free fluid and enhanced omentum with nodular changes. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia noted in both kidneys. Hyperechoic ill-defined medullary rim sign noted in the left kidney. A cortical infarct was noted at the caudal pole of the right kidney.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly swollen with enhanced mesentery. No evidence of splenic thrombosis. Likely reactive state. However, given the free fluid and omental enhancement, early round cell neoplasia cannot be ruled out.

Liver

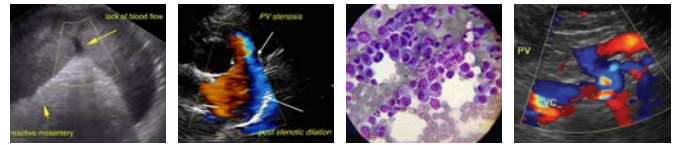
The **liver** revealed subtle hypoechoic heterogeneous nodular changes and subtle swollen, irregular contour. The gallbladder was unremarkable with slightly echogenic wall.

Gastrointestinal

The **stomach** itself was unremarkable. The mid caudal abdomen revealed a mixed hypoechoic, ill-defined mass with reactive mesentery and adhesions encompassing portions of small intestine. The mass is significantly complex. It appears to derive from the intestinal wall. However, it is significantly undifferentiated and all captured organs could not be completely ascertained. The mass is non-resectable, as it extends into the regional omentum, creating a carcinomatosis/lymphomatosis type presentation.

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 with significant escape into regional omentum, appears to be jejunal in origin with significant adhesions and free fluid noted – lymphomatosis/carcinomatosis type presentation, potential early hepatic and splenic involvement.
- Apical urinary bladder thickening and nodular changes
- Age related renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestine mass, spleen and liver all indicated. Portions of the pancreas may also be enveloped in the mass. The cranial pancreas appeared unremarkable around the body. However, the caudal limbs were in the position of the intestinal mass and may be involved. Prognosis is poor long-term. However, sampling is recommended to assess for potential chemo responsiveness.

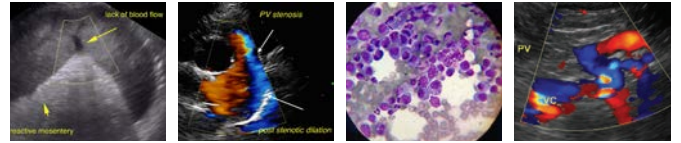


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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