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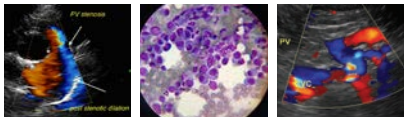
IntraPet.com



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DATE

1/13/22

PATIENT

Arthur Tobin

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

8/31/09

WEIGHT

7.1 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

34188

PRESENTING CLINICAL SIGNS

History: _Patient has been losing weight for the past 8-9 months.
Bloodwork has been unremarkable except for mild hypoalbuminemia and mild elevation in creatine kinase.
Current BCS 2/9.

Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. There is a moderate pocket of echogenic free fluid surrounding the urinary bladder. This fluid is not seen in other areas of the abdomen. Correlate with history of cystocentesis, etc.

The prostate is normal in size (0.72 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. Views were intracostal due to size of the large abdominal mass, so visualization was limited.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal

nodules or cystic lesions are observed. Views were intracostal due to size of the large abdominal mass, so visualization was limited.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is dilated with a moderate to large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. While no mass effect is seen associated with the stomach or pylorus, a large abdominal mass is present and likely causing an obstruction.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. There is a very large, solid, mixed echogenicity intestinal mass visualized measuring > 3.1 cm x 5.0 cm. The mass appears small intestinal and obscures visualization of other structures, as well as displaces cranial structures cranially and caudal structures caudally. This mass effect appears to be causing a partial or complete obstruction.

The ileocecal junction is obscured by the large mid abdominal mass. The distal colon appears normal with no focal or generalized colon wall thickening or loss of layering visualized.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of echogenic free fluid, particularly around the urinary bladder. There is no observed lymphadenomegaly, and the omentum is generally of increased echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Very large, solid, mixed echogenicity bowel mass – This mass effect appears to have normal small intestine cranial and caudal to it, possibly located mid jejunum. Possible differentials include both benign and malignant tumors including carcinoma, leiomyosarcoma, leiomyoma, round cell neoplasia, etc.

- Moderate debris in the gallbladder – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

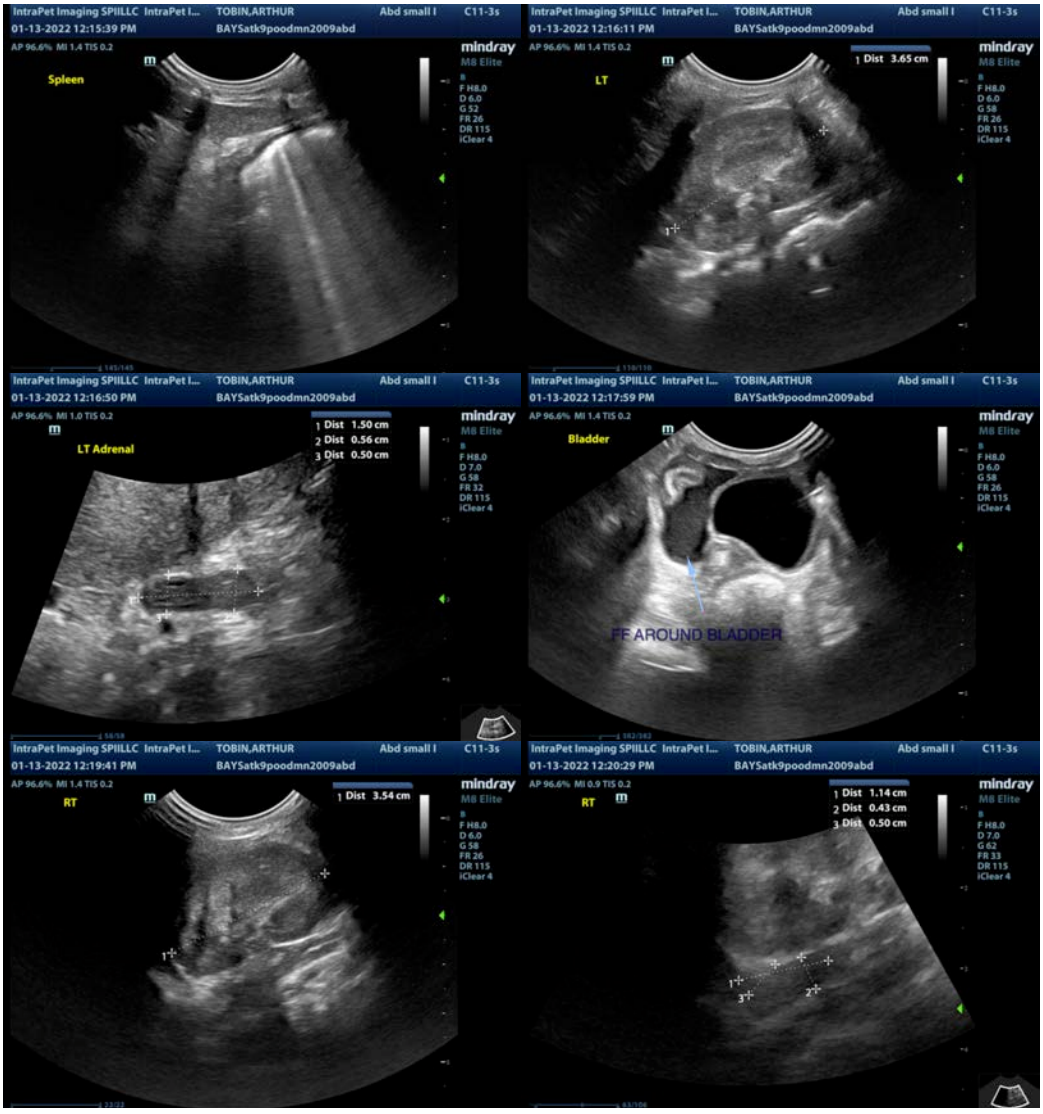
- Large/moderate gastric distention with ingesta – I suspect this is secondary to the small bowel obstruction.

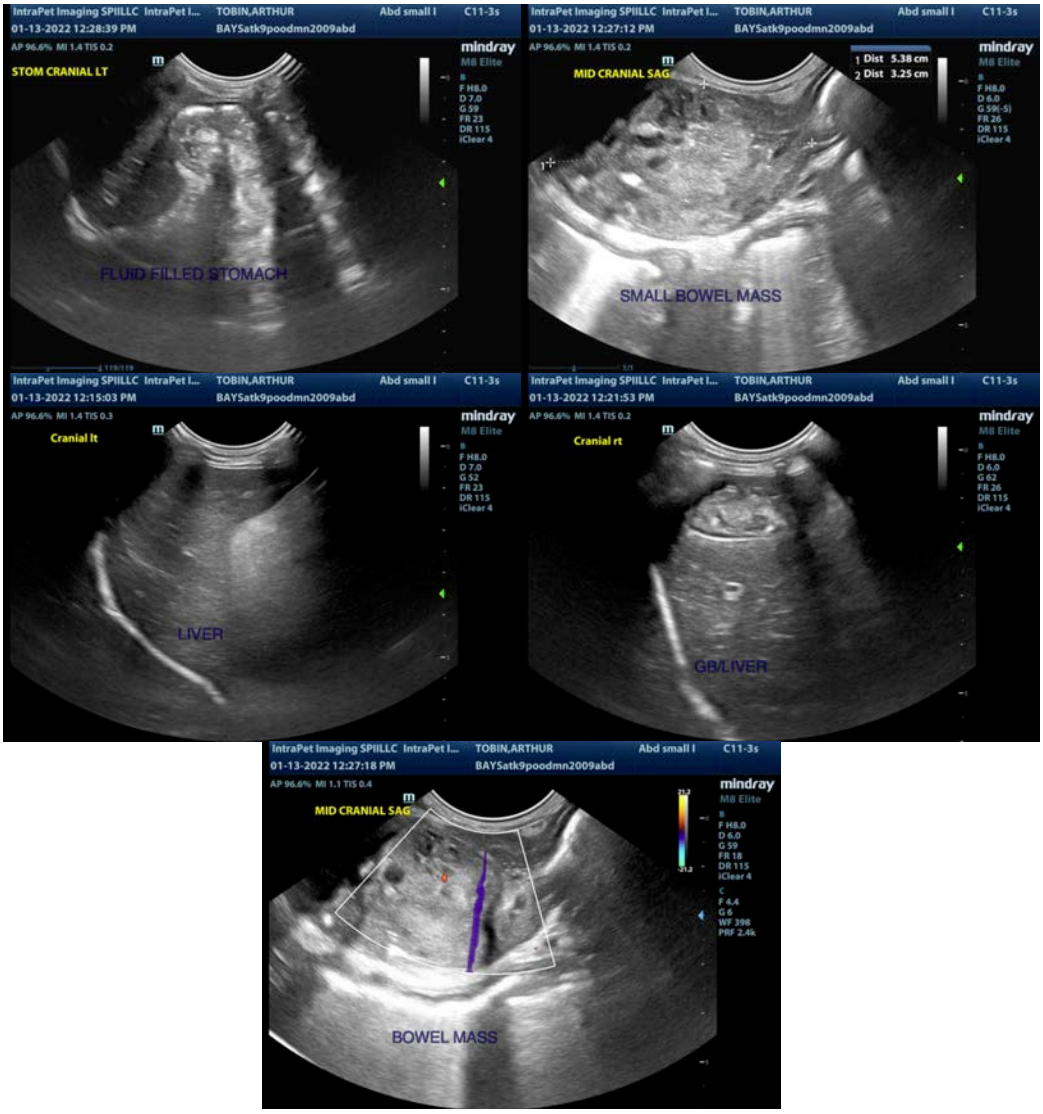
- Free fluid around the urinary bladder – This free fluid could be secondary to the bowel mass or secondary to leakage post cystocentesis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large bowel mass present, which is displacing adjacent organs, making it very difficult to visualize all abdominal contents due to their displacement under the rib cage. I suspect this patient is obstructed, at least partially, if not completely. Consider exploratory surgery to determine if the bowel mass can be removed with enough viable bowel left for absorption, etc. Recommend 3-view thoracic radiographs

and stabilization prior to surgery if the patient is not doing well. Unfortunately, a cancerous mass effect would be the primary differential, but benign bowel masses can grow large and cause an obstruction. Unfortunately, I feel at this point with how advanced the lesion is, surgery is the only option.





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.

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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