



DATE PRESENTING CLINICAL SIGNS

1/2/26 **Patient History:** Vomiting; anorexia x 1 week; palpable firm mass mid abdomen size of orange

PATIENT Current Medications: Ondansetron, Trazodone.

Harper Spencer

Labwork Results: Labwork attached, reported as: hypoproteinemia and mild anemia w/ mild leukocytosis; Bile acids pending; poor serosal detail; spaces occupying mass mid abdomen

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined at this time.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Lab x

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.

SEX

Spayed Female

The left kidney has a normal shape and size (6.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

3/4/23

WEIGHT

34.4 lbs

The right kidney has a normal shape and size (6.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the cranial pole and 0.79 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.

HOSPITAL NAME

Chadwell Animal
Hospital

The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.44 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.

REFERRING VET

Dr. Gold

Spleen

The spleen is subjectively normal in size (1.9 cm), 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.

INVOICE

72924

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous well-defined hypoechoic nodules within the parenchyma. Examples measure 1.09 cm and 1.51 cm in diameter. A target lesion is visualized in the mid liver measuring 2.54 cm x 1.69 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There are several sections of bowel that appear severely thickened with complete loss of layering visualized in the mid caudal abdomen. One section of bowel has normal thickness and layering at 0.25 cm. This progresses to complete loss of layering at 0.70 cm.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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 scant free fluid noted. There is a severe mesenteric lymphadenopathy with a large mid abdominal lymph node creating a mass effect measuring 6.12 cm x 6.71 cm. Other lymph nodes are visualized, including a mesenteric lymph node measuring 1.01 cm x 5.08 cm. A pancreaticoduodenal lymph node measures 1.39 cm. A cranial abdominal lymph node measures 4.85 cm x 3.4 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

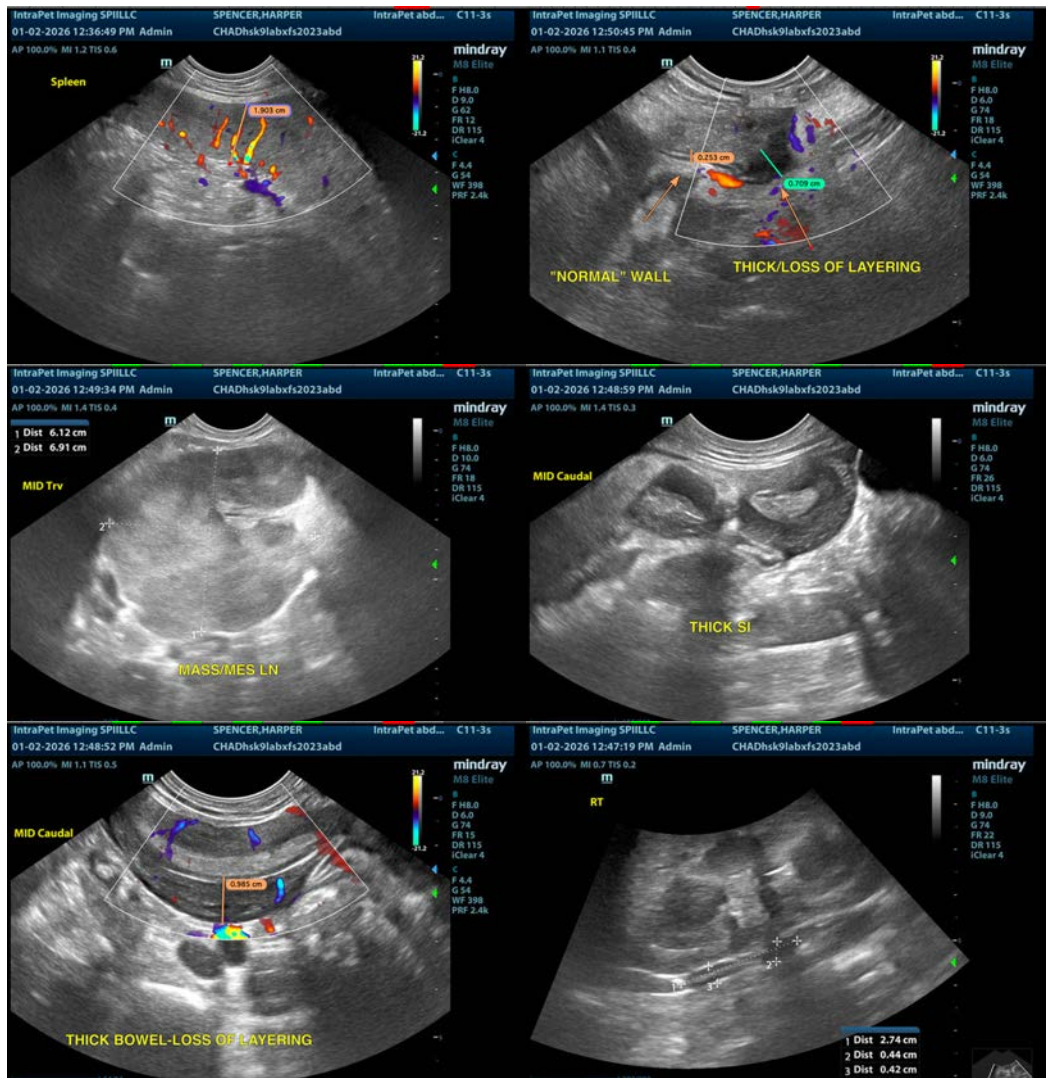
- Heterogeneous liver with hypoechoic nodules – The nodules are discrete and have some criteria for malignancy. Benign nodules are possible.
- Segmental thickening of the small intestine with loss of layering – Findings are concerning for infiltrative disease (neoplasia, pyogranulomatous, etc.).
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

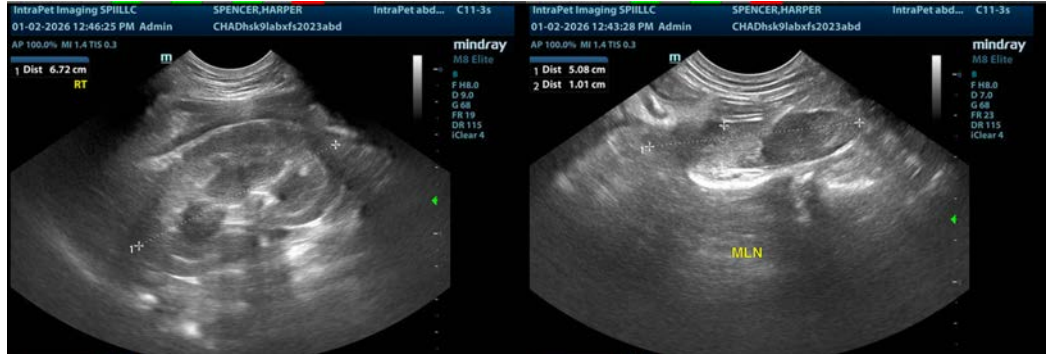
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are several sections of bowel in the mid caudal abdomen that exhibit severe thickening and loss of layering. Findings are most consistent with infiltrative disease. Round cell neoplasia would be a primary differential. Other neoplastic diseases and even fungal disease could be alternative differentials. Additionally, there is a significant/severe mesenteric lymphadenopathy creating coalescing mass-like lesions. Recommend a fine needle aspirate of a mesenteric lymph node +/- a section of thickened wall with loss of layering.

There are numerous hypoechoic nodules visualized in the liver. Some of these have a somewhat target-like appearance, increasing concern for possible metastatic lesions. If a safe window for sampling is available, a fine needle aspirate could be considered in this area as well. If a cytologic diagnosis cannot be obtained, surgical biopsies may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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.

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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