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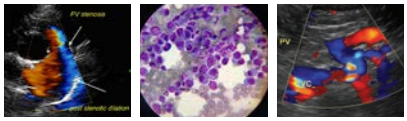

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DATE

1/7/22

PATIENT

Sawyer Bultron

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

2/5/15

WEIGHT

64.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

34087

PRESENTING CLINICAL SIGNS

History: Hx- anorexia for 5 days, very lethargic, leaks urine while standing (owner thinks is involuntary). Incontinence is a new symptom for 4-5 days. PE - Temp 104.9, gums slight pale, no heart murmur, no abnormal lung sounds no peripheral lymphadenopathy. Abdomen not tense.

Current Medications: LRS IV fluids with 20 meq KCl added Baytil 68 mg IV QD.
Lab Results: Bloodwork - WBC - 63,860 with 91% polys, globulin 4.5 g/dl. UA - isosthenuric, proteinuria, some microscopic blood, suspected presence of cocci.
Radiographs: Cranial mediastinal mass. Mid abdominal area very poor detail, structures obscured. Colon displaced ventrally on the lateral view (kidney?).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Patient sedated with Ace.
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.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.92 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 (7.83 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 0.53 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 0.62 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.

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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Thorax

Views of the thorax are evaluated. A somewhat cystic, mixed echogenicity mass effect is visualized in the cranial mediastinum, measuring approximately 10.33 cm x 7.25 cm. I suspect there is a prominent mediastinal lymph node in this area as well. There is no significant free fluid visualized in this area. There is no significant pericardial effusion visualized in the images of the heart.

ULTRASONOGRAPHIC FINDINGS

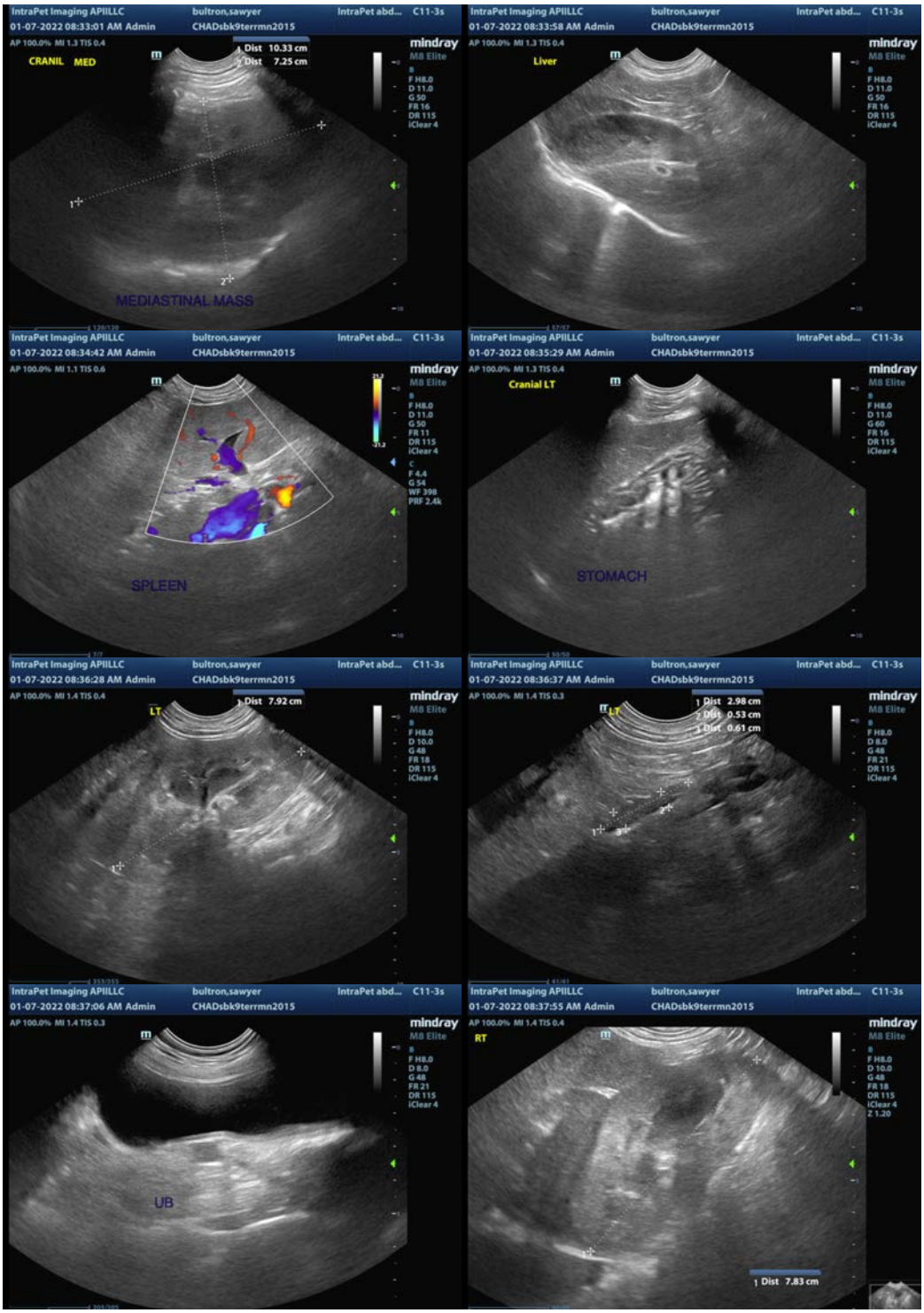
- Large, mixed echogenicity, partially cystic mediastinal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal scan appears relatively normal. No obvious cause for the fever, lethargy and anorexia is visualized. Recommend urinalysis and culture based on the information provided in the history.

A mediastinal mass is identified. Most likely differentials would be a thymoma or lymphoma. A fine needle aspirate was performed at the time of imaging, which hopefully will be helpful in making a plan.

Fever and anorexia are somewhat unusual presentations for a mediastinal mass. Often these are detected incidentally if benign, or they can cause ancillary issues with immune mediated issues, etc. Keep in mind this could be an incidental finding, but in light of no other causes of the symptoms being apparent, I would consider addressing this issue. Recommend consultation with a veterinary oncologist once cytology results are back. Options would likely include localized therapy, chemotherapy, or surgical resection.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CHADsbk9terrmn2015
AP 100.0% MI 1.3 TIS 0.4
CRANIL MED
Dist 10.33 cm
Dist 7.25 cm
MEDIASTINAL MASS
mindray
M8 Elite
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Liver
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SPLEEN
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Cranial LT
STOMACH
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LT
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UB
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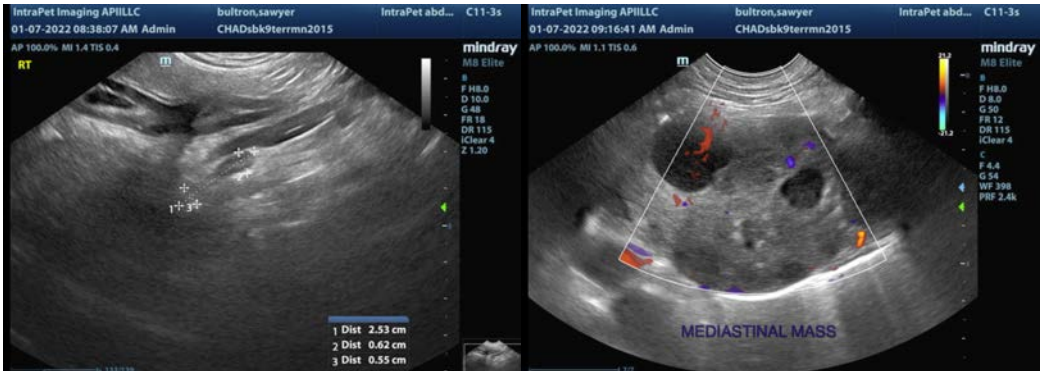
RT
Dist 7.83 cm



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.

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