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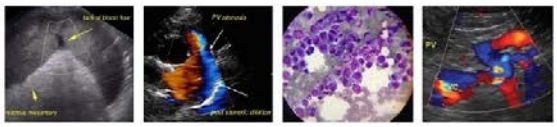

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Baymax McKeegan

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

7 Years

WEIGHT

39.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH of Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

42153

DATE

10/19/22

PRESENTING CLINICAL SIGNS

diarrhea a week ago , Thursday vomiting during the night (good during the day but vomits during the night), lethargic (has not kept any food down since Friday), energy levels decreased, bile, finally ate yesterday so p vomited food Mild pale mm of gum meds: cernia, metronidazole

Abnormal PE/Chem/CBC/UA Results: Radiographs reports indicate possibility of Peritonitis vs Carcinoma of intestine MONO 1.93 x10^9/L 0.16 - 1.12 HIGH EOS 0.02 x10^9/L 0.06 - 1.23 LOW ALT 260 U/L 10 - 125 HIGH ALKP 462 U/L 23 - 212 HIGH GGT 15 U/L 0 - 11 HIGH TBIL 37 µmol/L 0 - 15 HIGH AMYL 448 U/L 500 - 1500

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 (7.68 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.

The right kidney has a normal shape and size (8.37 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 0.45 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. The spleen echotexture is heterogenous and mildly mottled, 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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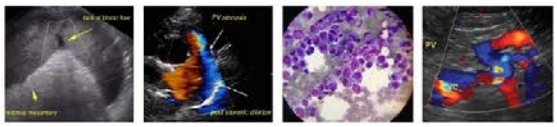

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. Jejunum wall measures 0.46 cm. Visualized peristalsis appears appropriate. There is a focal section of small bowel with severe wall thickening and complete loss of layering. In this region, wall thickness measures at 1.9 cm with the diameter of the bowel at 4.17 cm. In the longitudinal view, the bowel wall measures 1.4 cm in thickness, and this area involves over 6.0 cm of bowel. Findings are most consistent with a primary bowel mass.

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 prominent and mottled compared to the surrounding isoechoic 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 small amount of free abdominal fluid. No lymphadenopathy noted. The omentum is diffusely hyperechoic, particularly around the bowel mass.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Thickened section of small bowel with complete loss of layering – Findings are most consistent with a bowel mass. Consider such differentials as round cell neoplasia, carcinoma, adenoma, leiomyoma, leiomyosarcoma, granulomatous disease, etc.
- Small amount of free abdominal fluid – Consider sampling for fluid analysis and cytology.

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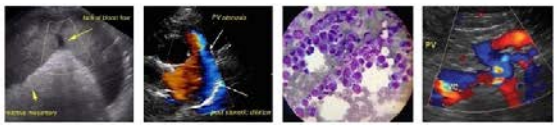

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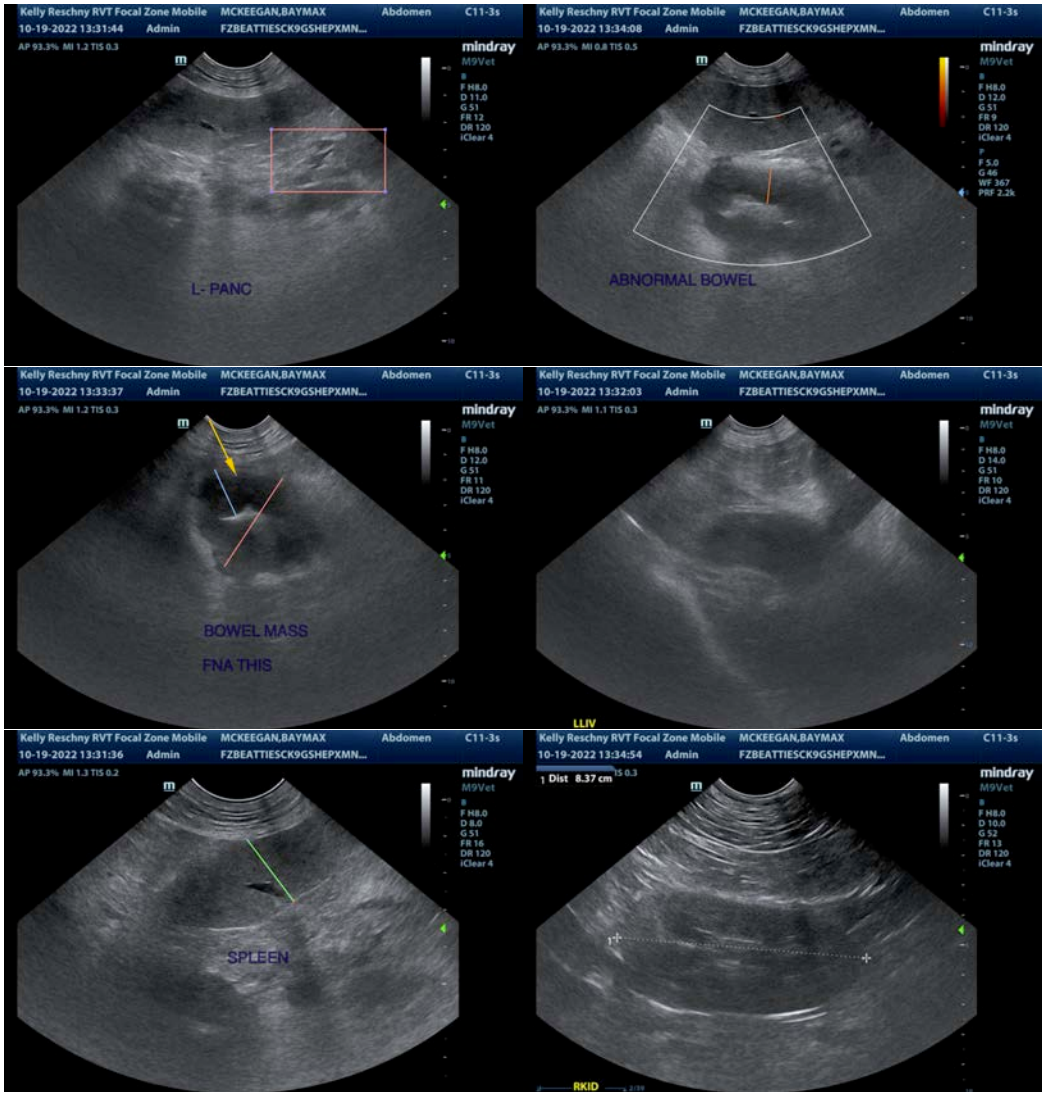
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of small intestine with complete loss of layering and significantly thickened walls. This is concerning for infiltrative disease. The primary differential would be round cell neoplasia, but other differentials (benign and cancerous) exist.

Recommend a fine needle aspirate of the bowel lesion (see images) and sampling of the free abdominal fluid for fluid analysis and cytology. If a cytologic diagnosis cannot be made based on the bowel lesion, you could consider aspirating the spleen and the liver provided coagulation parameters are normal. If a diagnosis cannot be obtained based on cytology, recommend surgical evaluation and biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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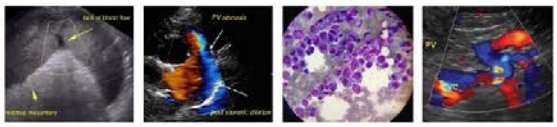

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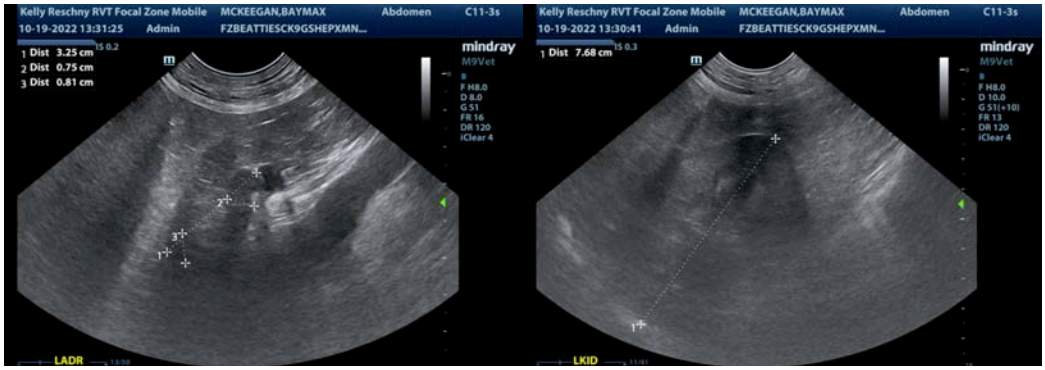

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com