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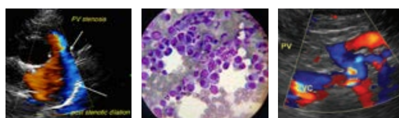

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DATE
12/2/21

PATIENT
Luna Harper

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
12/23/10

WEIGHT
85.8 Pounds

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Bayside AMC

REFERRING VET
Dr. Buchanan

INVOICE
33184

PRESENTING CLINICAL SIGNS

History: Hx of intermittent vomiting started early November, has progressed to multiple times in a week, diarrhea, loss of appetite. Weight loss of 20lbs in 6 months (2lbs in the last week) with a history prior to the last 6 months of having of difficulty getting pt to lose weight for years despite being on metabolic weight loss diet. Recent BW slight monocytosis and proteinuria otherwise NSF.

Current Medications: Metronidazole.
Lab Results: Attached separately within request.
Radiographs: concern for shift of GI contents to right half of abdomen on v/d, concern for mid to caudal abdominal mass effect on lateral x-ray. Chest x-rays NSF. Concern for mass effect lateral to left kidney (r/o fatty mass vs mass on spleen vs other). 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.

The left kidney has a normal shape and size (6.94 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 (7.21 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 0.58 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 0.70 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 mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a solid, mixed echogenic mass effect measuring 3.9 cm x 3.7 cm visualized, which disrupts the splenic capsule.

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

Gastrointestinal

The stomach is moderately/severely dilated with 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. No masses or focal lesions were observed.

Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter, some with moderate to severe fluid distention. Other areas appear normal. The wall appears subjectively mildly increased. The jejunum measures at 0.46 cm. Bowel loops typically follow a curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There is a focal bowel mass lesion visualized at the level of the ileocecal junction. This mass has a complete loss of layering and severe thickening of the bowel wall. There is the suggestion of an obstructive pattern in this area due to the bowel mass (see further description under large intestine).

The ileocecal junction is visualized and appears to contain a large mass effect measuring approximately 6.78 cm x 2.84 cm. The bowel wall in this area has a complete loss of layering measuring 1.5 cm thick. The diameter of the bowel is 2.7 cm. The bowel proximal to this area appears distended and fluid filled. There is concern for a partial or complete obstruction in this area.

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 a scant amount of anechoic free fluid. There is a significant mesenteric lymphadenopathy at the mesenteric root with lymph nodes measuring 1.0 cm and 1.2 cm in diameter.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Large bowel mass, suspect at level of ileocecal junction, possibly causing an obstruction – This bowel mass is very concerning for an underlying neoplastic process. Primary differentials would be a round cell neoplasia or a carcinoma. Other possibilities exist.

- Solid mixed echogenic splenic mass – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.

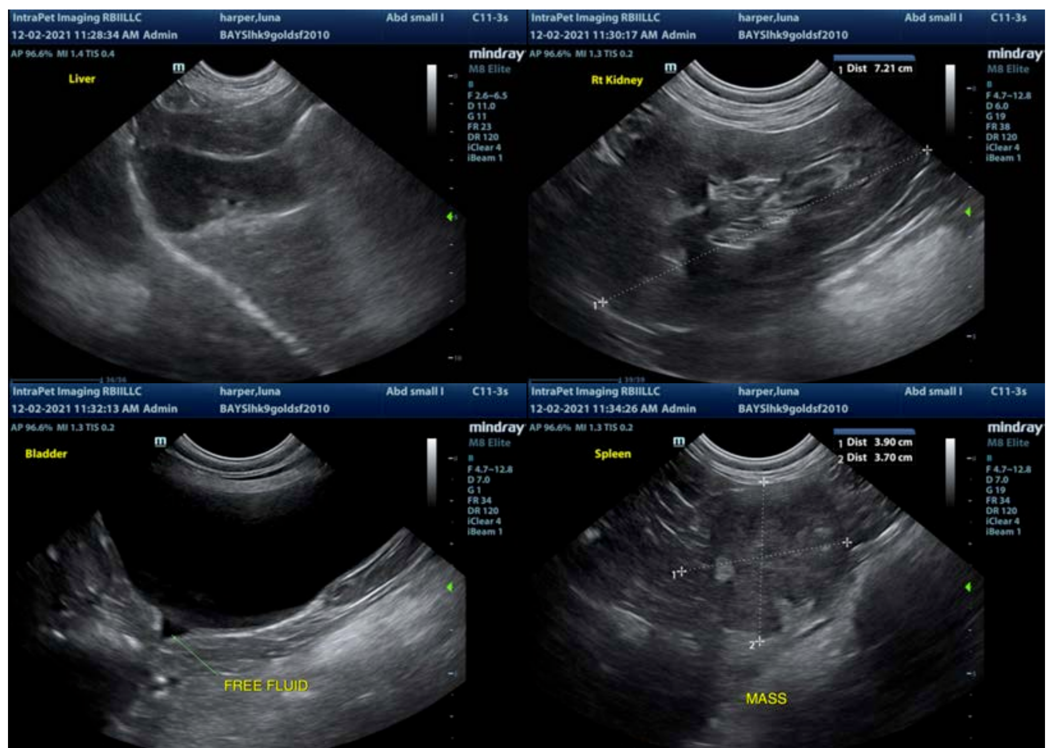
- Moderate mesenteric lymphadenopathy – The lymph nodes at the root of the mesentery are prominent and enlarged. The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, etc. A fine needle aspirate with cytology is recommended for further evaluation.

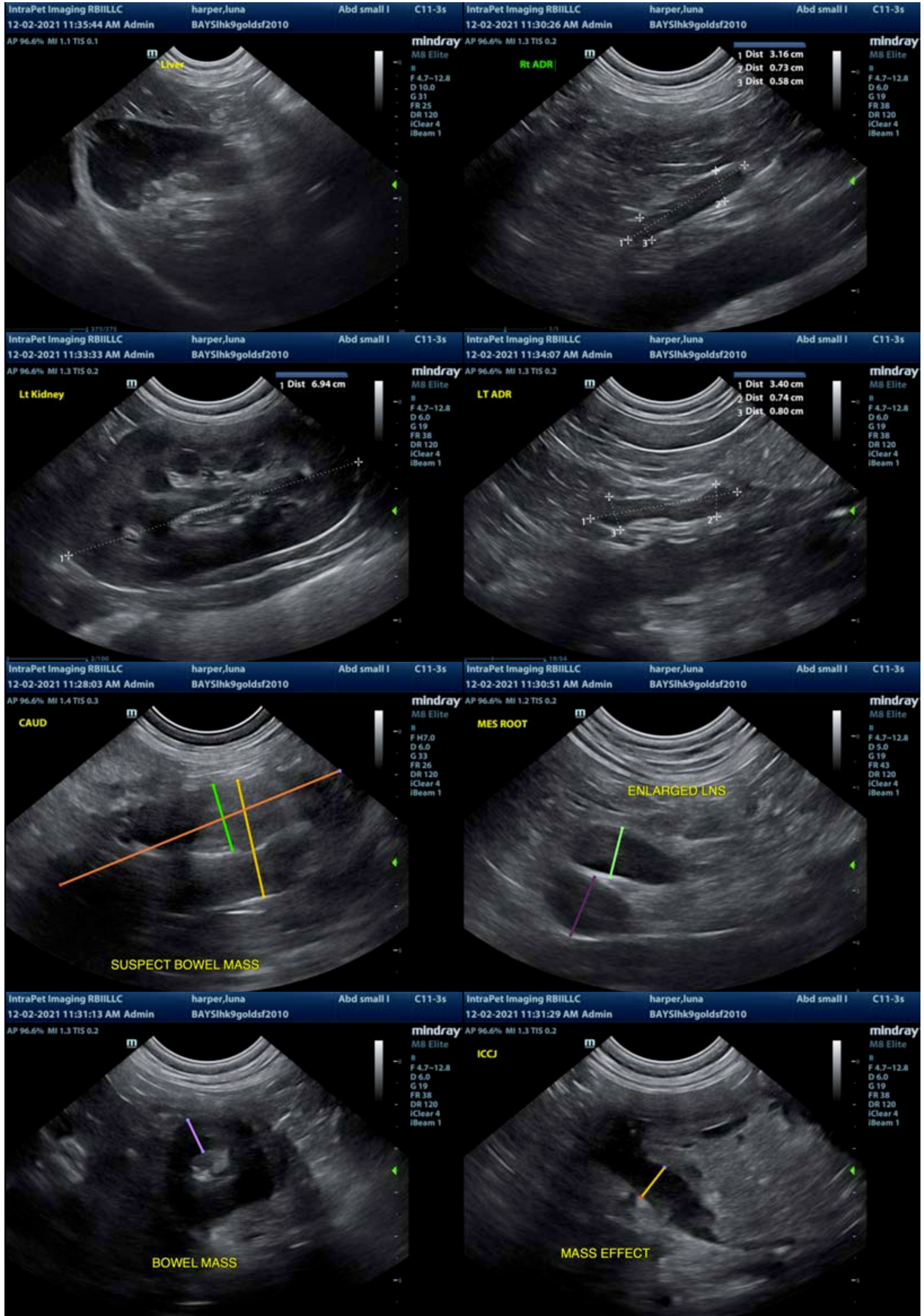
SECONDARY FINDINGS

- Gastric and small intestinal luminal distention – Suspect this is due to ingesta. Correlate with feeding history. This could indicate a lack of appropriate fasting, or could be consistent with a partial obstruction or delayed gastric emptying time due to the bowel mass observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A bowel mass is visualized as well as a splenic mass. These could be separate disease processes, or could represent metastatic disease. Additionally, there are some enlarged lymph nodes in the abdomen. These could be inflammatory or neoplastic. Unfortunately, I suspect there may be a partial obstruction of the bowel, so surgical intervention would likely be indicated, but I cannot confirm that the mass would be fully resectable. The spleen should be removed at surgery as well. Other options would include a fine needle aspirate of a mesenteric lymph node and the bowel mass. If a diagnosis can be made, then consultation with a veterinary oncologist would be possible. If this is round cell neoplasia, then chemotherapy could be an option rather than surgery, but typically surgery is recommended if an obstruction is present. Correlate with clinical findings. If the patient is eating and drinking without vomiting, then a more conservative approach could be considered. Recommend 3-view thoracic radiographs.

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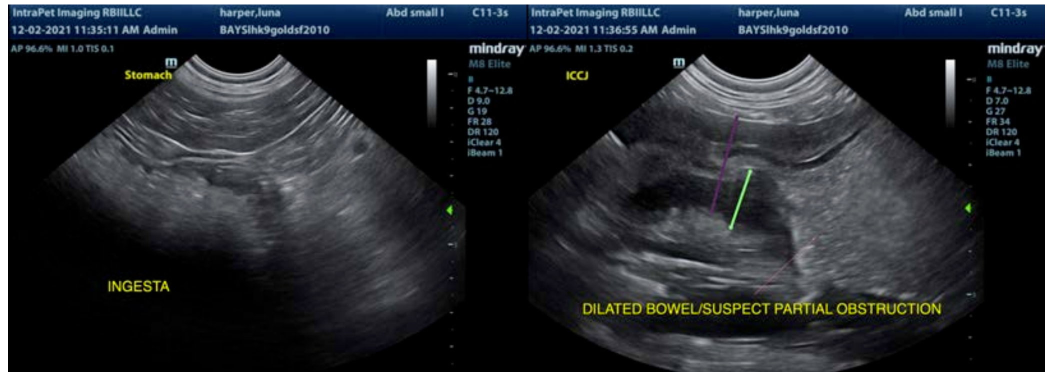

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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