IMAGING PERFORMED BY

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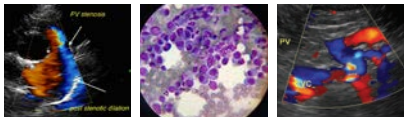

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DATE

12/3/21

PATIENT

Gadget Casey

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

12/31/10

WEIGHT

63.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Swan Creek VC

REFERRING VET

Dr. Receski

INVOICE

33192

PRESENTING CLINICAL SIGNS

History: History of inappetence and not eating for a couple days. Abdomen appears pendulous but remainder of exam wnl.

Current Medications: Famotidine 20mg BID.
Lab Results: Neutrophilia and monocytosis; remainder WNL. Attached separately.
Radiographs: Radiographs demonstrated a suspected mass in cranial abdomen pushing along stomach and pushing left kidney caudally. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Stat 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, or masses. There is a small line of dependent mineralized debris, most consistent with small stones, the largest measuring 0.49 cm.

The prostate is normal in size (0.98 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 (5.77 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There are two hypoechoic, rounded lesions visualized within the kidney. One measures 2.63 cm x 2.05 cm. The other measures 0.96 cm. These are most consistent with a hypoechoic mass effect. A cystic lesion filled with echogenic fluid cannot be excluded as a possibility.

The right kidney has a normal shape and size (7.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is a large, hypoechoic, rounded structure measuring 2.98 cm x 2.77 cm in the cortex. This likely represents a renal mass and possible metastasis, but an echogenic cyst cannot be excluded as a possibility.

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 0.69 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. There are several irregular, well-defined, hypoechoic nodules visualized within the hepatic parenchyma. One visualized measures 2.21 cm x 2.19 cm. Another measures 1.55 cm. These are discreet masses, which could be consistent with metastatic lesions.

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 is severely thickened with a hypoechoic irregular wall with complete loss of layering, measuring at a thickness of up to 4.0 cm. This is an extensive mass with no normal stomach wall visualized, and appears to be measuring approximately 10 cm x 14.2 cm.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a small amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy with a very large lymph node/mass effect at the root of the mesentery measuring 9.2 cm x 4.99 cm. The omentum is generally of increased echogenicity, particularly around the gastric mass.

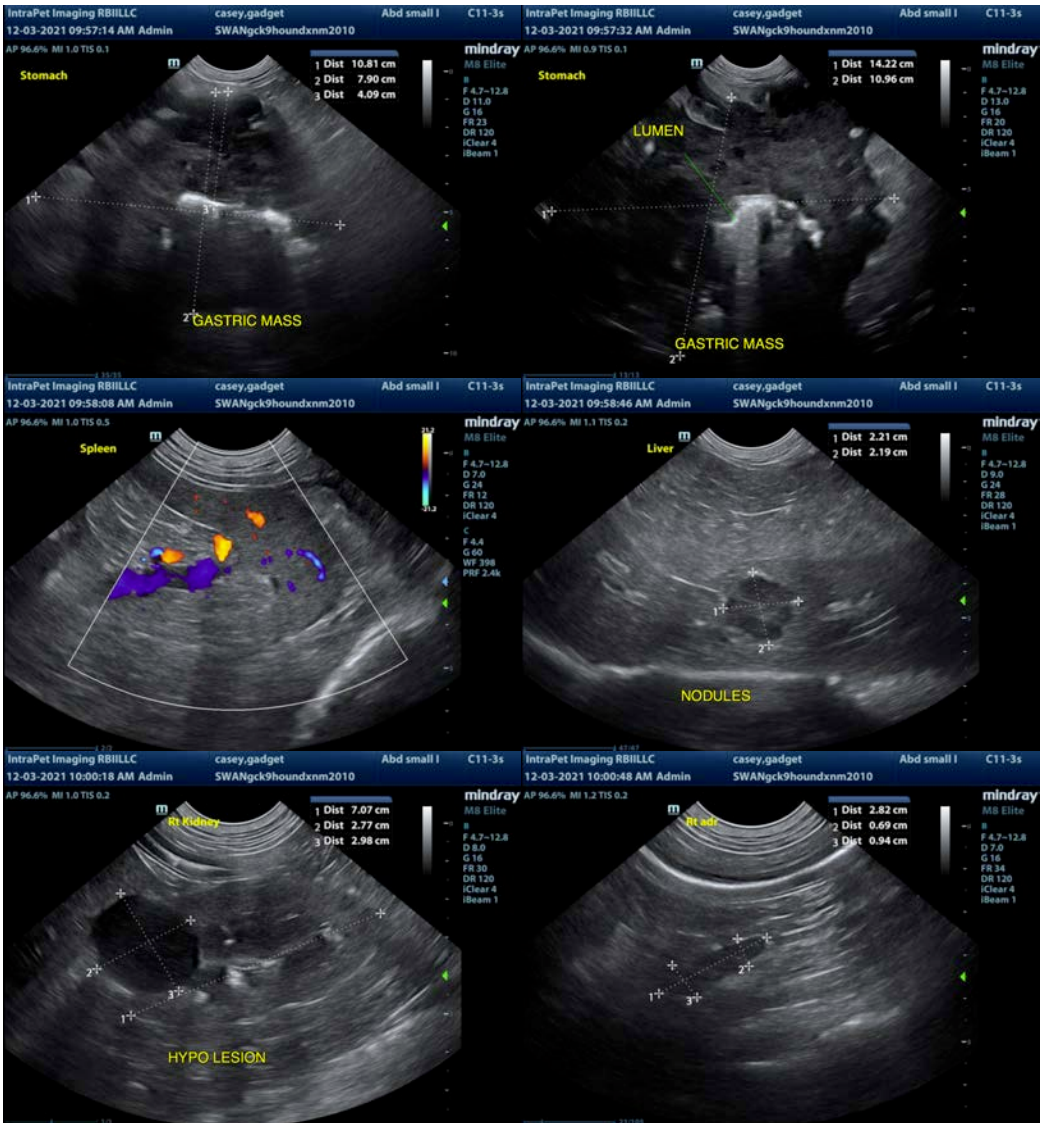
ULTRASONOGRAPHIC FINDINGS

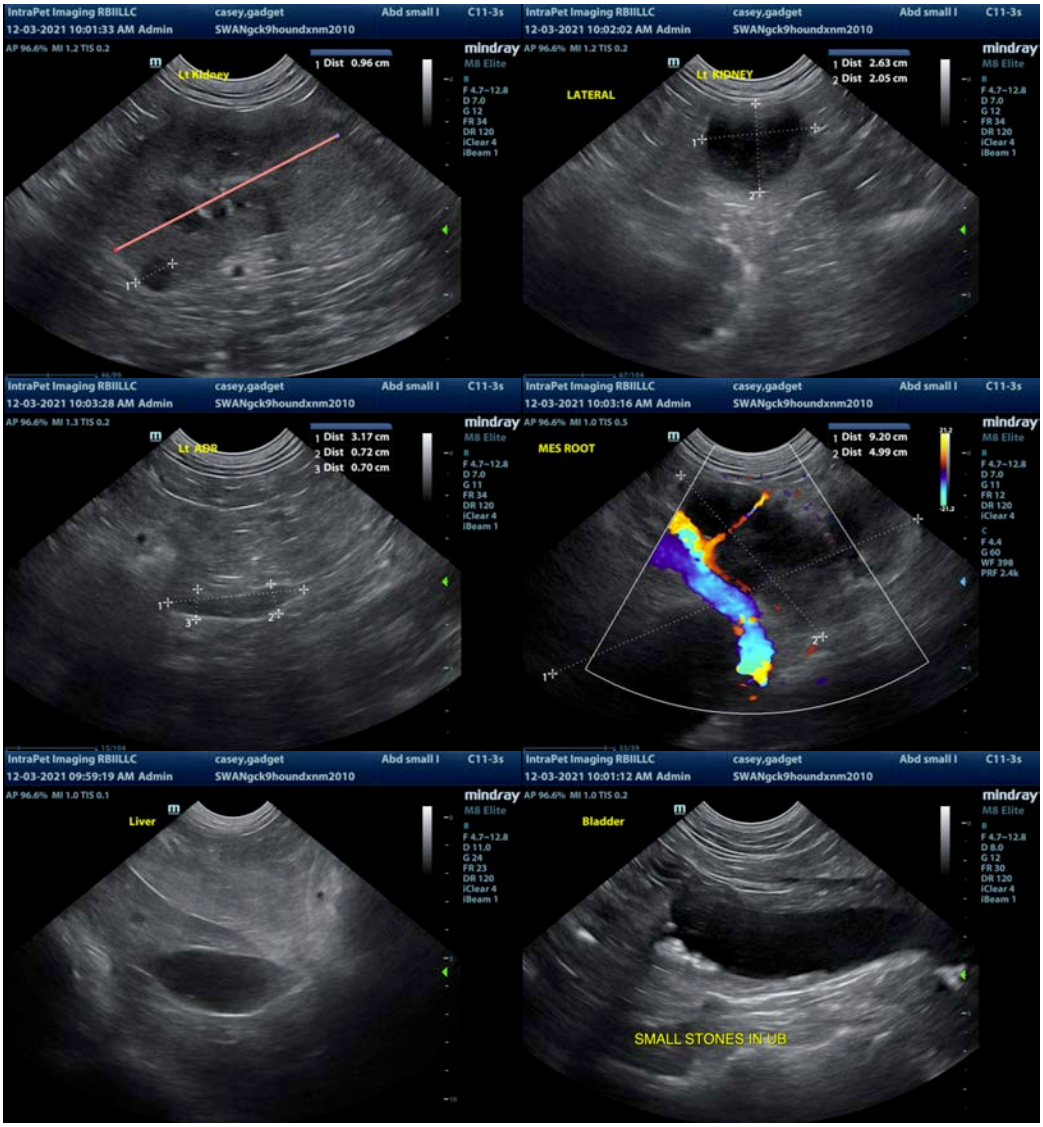
- Large, irregular, hypoechoic mass effect involving the gastric wall – Primary concern is neoplasia, less likely fungal. Primary differentials would be round cell neoplasia or a carcinoma.
- Large mass effect at the root of the mesentery – This is likely a metastatic lesion.
- Hypoechoic nodules in the liver – These could be benign or neoplastic lesions, but the appearance is concerning for possible metastasis.
- Hypoechoic circular lesions visualized in both kidneys – most consistent with metastatic nodules. Echogenic cystic structures seem much less likely.
- Bladder stones – Recommend radiographs, urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mass lesions evident in the stomach wall, liver, kidneys, and a very enlarged caudal abdominal lymph node/mass effect. This is very concerning for a metastatic neoplastic process. Recommend a fine

needle aspirate of the gastric wall and mesenteric lymph node. If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding prognosis and treatment options. This is very unlikely to be a surgical lesion.





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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