



PATIENT

Ellie Langelin

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

78 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, RVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

35745

DATE

2/18/22

PRESENTING CLINICAL SIGNS

Vomiting, not eating, abnormal abdominal rads. Fluid filled distended stomach on in-house u/s. Abnormal PE/Chem/CBC/UA Results: CPL 2000+, Neut 28.6, mono 2.03, alp 415, ALT 189, amylase 1558, phos 7, creat 1.9

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 (5.93 cm) with mild pyelectasia at 0.23 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.01 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 0.91 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 0.72 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.

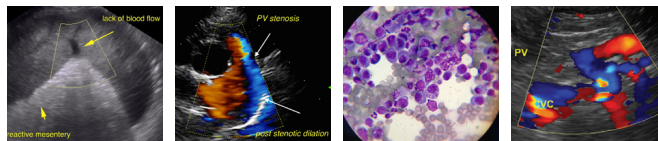
Spleen

The spleen is large in size. The spleen echotexture is heterogenous and severely mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect towards the tail of the spleen measuring 2.99 cm x 3.3 cm. Additionally, there is an isoechoic mass effect within the parenchyma, measuring 2.2 cm x 2.5 cm. There are numerous ill-defined hypoechoic nodules throughout the spleen.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is severely 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 throughout the parenchyma, varying in size from approximately 0.5-2.5 cm. Findings are most 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.



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Gastrointestinal

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The stomach is significantly distended with fluid and shadowing ingesta. It generally measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. In the area of the outflow tract, there appears to be thickening of the gastric wall with decreased distinction of wall layering. The wall in this area measured 2.2 cm in thickness. These findings could be consistent with a partial or complete outflow obstruction.

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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.

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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.

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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.

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Free Abdomen

There is a small volume scant amount of free abdominal fluid. There are occasional large hypoechoic mesenteric lymph nodes visualized, particularly in the area of the spleen, measuring 1.3 cm and 1.6 cm. The omentum is of increased echogenicity in the cranial abdomen.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

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- Severely mottled, nodular spleen with hypoechoic nodules/masses – 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. Many of the nodules are small and well circumscribed. The appearance of these nodules is more concerning for underlying neoplastic disease.
- Diffuse distinct hypoechoic nodules throughout the hepatic parenchyma – Primary differential would be neoplasia/metastatic disease, other benign possibilities exist.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Fluid and ingesta dilated stomach with suspected gastric wall thickening near the pylorus – The combination of fluid distention and wall thickening is concerning for possible outflow tract obstruction, although inflammation or atypical rugal fold is possible.
- Mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be 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.



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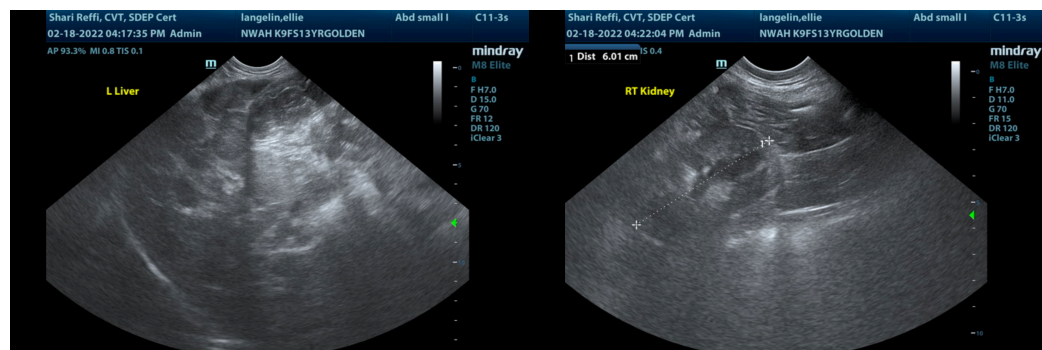
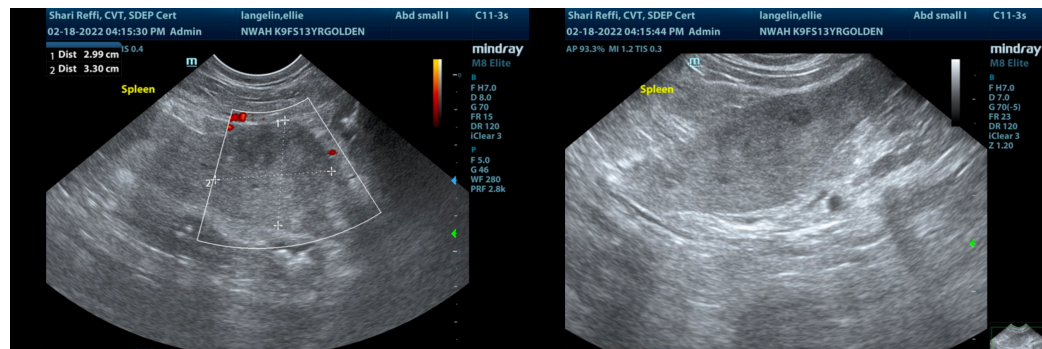
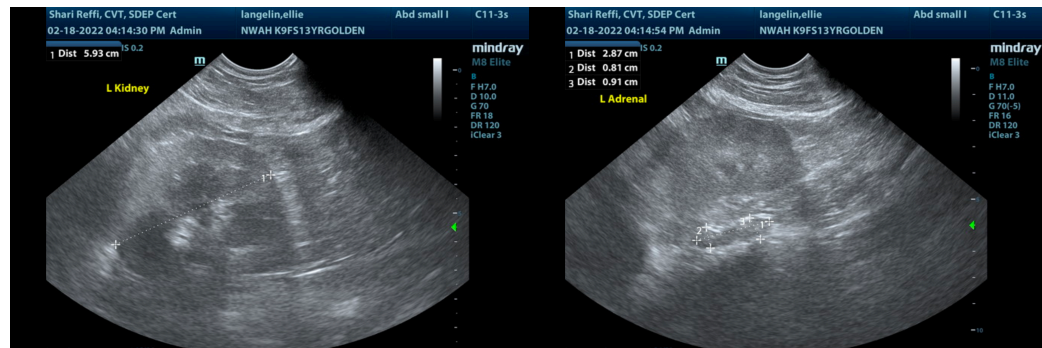
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the large nodular spleen and the diffuse distinct nodules in the liver combined with the prominent lymph nodes and thickened gastric wall are very concerning for a diffuse neoplastic process, although no large primary mass lesion is observed.

- Recommend a fine needle aspirate of the liver and spleen and additionally mesenteric lymph node or pyloric region of the stomach if possible.
- Recommend 3-view thoracic radiographs.
- If a cytologic evaluation is unable to obtain a diagnosis, then consider obtaining surgical biopsies.





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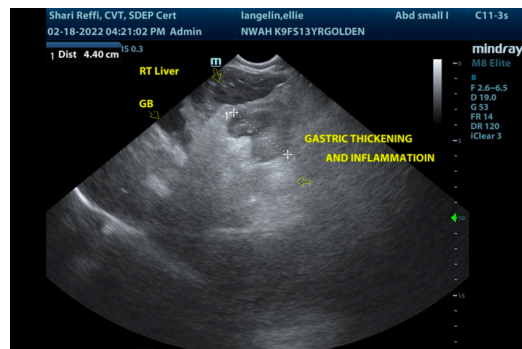
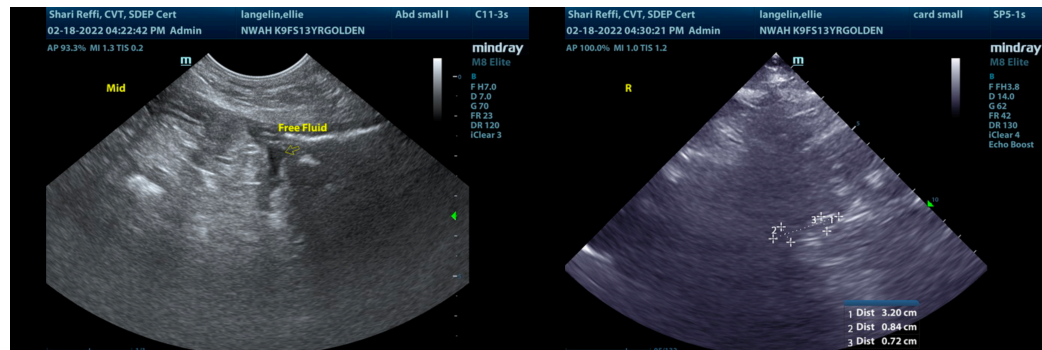
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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