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Clinical Sonography & Telecytology
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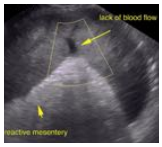
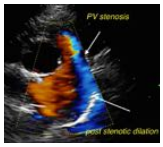
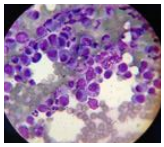
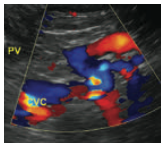

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1-800-838-4268 info@sonopath.com

PATIENT
Pandora Ruiz

SPECIES
Canine

BREED
Pitbull Mix

SEX
F-intact

AGE
6yr

WEIGHT
57#

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal Hospital of Sussex County

REFERRING VET
Dr. Spinks

INVOICE
10084

DATE
3/1/2023

PRESENTING CLINICAL SIGNS

Abdominal mass. Current meds: Gabapentin, Yunanbio, Baytril

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely thickened and irregular measuring at 0.65 cm. The area of the trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear free of any significant mass effects or calculi.

The left kidney has a normal shape and size (7.16 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 (7.08 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 0.55 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 0.61 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.

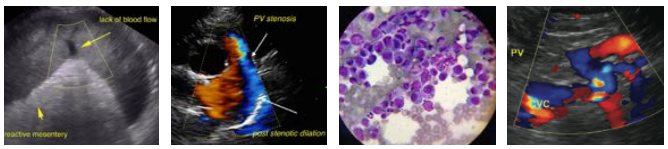
Liver

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 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.



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Some areas of duodenum, jejunum and ileum appear relatively normal with a measurement of approximately 0.33 cm, and minimal to mild fluid dilation. In these areas the bowel follows a typical curvilinear path but in the mid abdomen there is a large mixed echogenicity, somewhat ill-defined mass effect measuring >4.6 cm x 6.98 cm. There's the appearance of small bowel transitioning into this abnormal tissue and there is the impression of a luminal structure, with surrounding mass effect most consistent with a bowel mass.

The ileocecal junction is obscured by the large midabdominal mass there is a possibility that it is involved in this mass. The descending colon appears within normal limits.

Pancreas

In the area of 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 reveal scant amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy present, with mesenteric lymph nodes measuring 3.1 cm x 3.1 cm x 6.3 cm, 0.47 cm x 3.8 cm, and 3.06 cm x 1.74 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely hyperechoic and severely hyperechoic surrounding the mass effect.

Other

A normal left ovary is visualized measuring 0.80 cm in length.

PRIMARY FINDINGS

- Large mixed echogenicity hypoechoic midabdominal mass effect. This mass effect is most consistent with a bowel mass surrounded by severely inflamed edematous tissue.
- Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy is 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 needed for further evaluation.
- Scant free abdominal fluid.
- Thickened irregular urinary bladder wall. Findings are most consistent with diffused cystitis, recommend a urinalysis and C/S. If the culture is negative recommend a reevaluation with more distended bladder, as underlying neoplastic process cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large mixed abdominal mass which appears somewhat irregular, as it is surrounded by hyperechoic edematous mesentery. This mass effect appears to involve bowel as there is the suggestion of small intestine transitioning into this tissue. Additionally, there is the impression of a luminal structure within tissue. The ileocecal junction was not clearly visualized this could be a mass effect from this region. Recommend a fine needle aspirate of the mass effect and a mesenteric lymph node. Additionally, recommend three view thoracic radiographs, if a cytologic diagnosis cannot be obtained surgical biopsies would have to be considered.

There are changes visualized associated with the urinary bladder, most consistent with diffuse cystitis, recommend a urinalysis and C/S.

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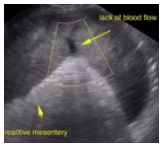
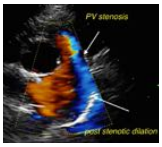
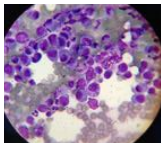
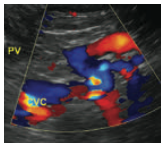

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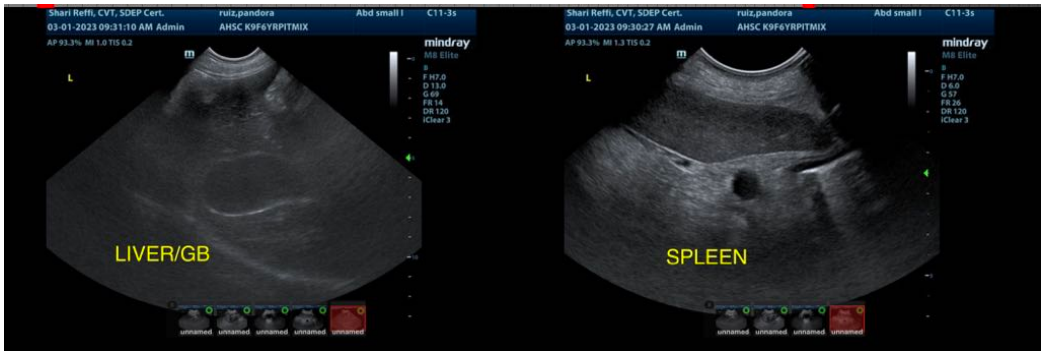

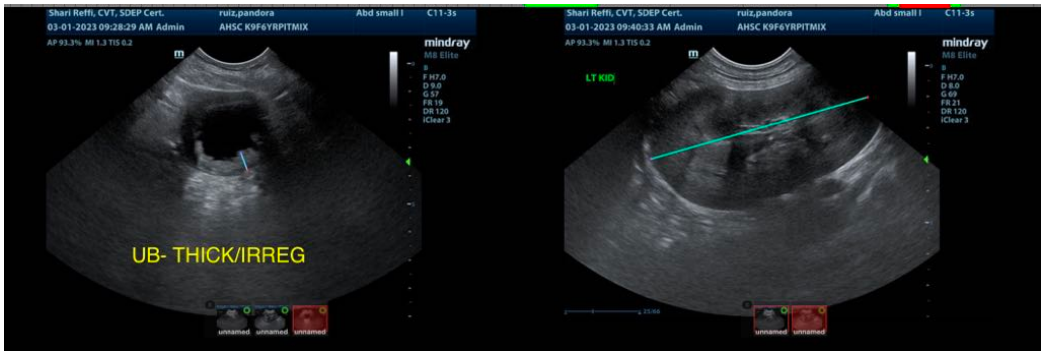

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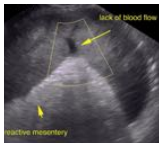
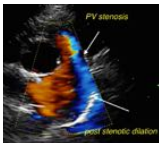
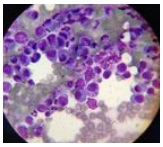
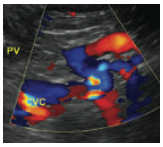

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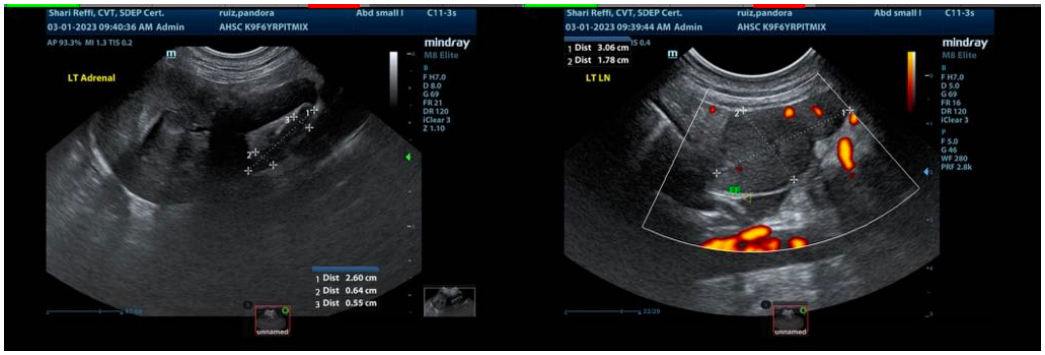

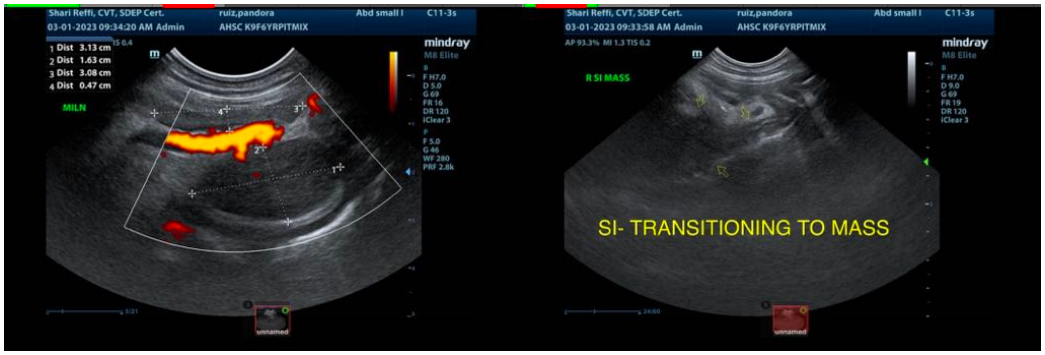

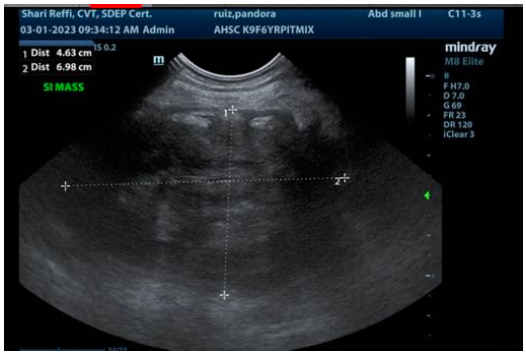

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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