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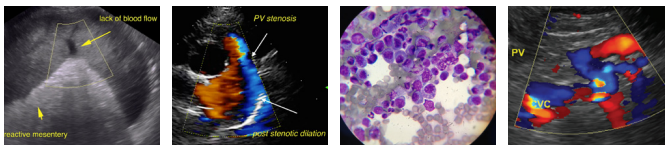

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olivia Damon

SPECIES

Canine

BREED

Min Schnauzer

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

36265

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea (large bowel) since 8/19 - gradually increasing in frequency over that time - now, not every day, but multiple times / week, and about once per week she is inappetant, sometimes with an episode of vomiting. No response to fenbendazole, metronidazole, tylosin, hydrolyzed diet trial. 2 pound weight loss over the 2.5 years, but she was overweight and client has reduced caloric intake. Multiple negative fecal O&P + antigen tests. Last bloodwork was 5/21 - normal CBC / Chem and SpecCPL. Current bloodwork & GI panel pending -tm

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 (4.39 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.95 cm) with small non-obstructive nephrolihs. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.33 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 large in size 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.

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 moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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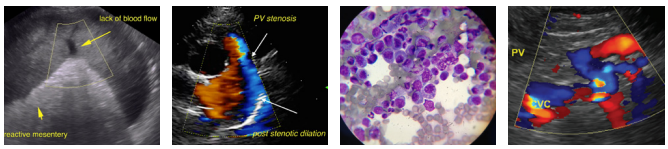

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Gastrointestinal

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.38 cm. Visualized peristalsis appears appropriate. There is a large bowel mass visualized cranial to the urinary bladder. The diameter of the mass effect is 2.54 cm. The width of the bowel itself is 1.1 cm. This abnormal bowel extends greater than 5.0 cm in length, creating a large mass effect.

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. Wall thickness measured 0.13 cm.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenomegaly present with mesenteric lymph nodes measuring 1.0 cm, 0.98 cm, and 0.97 cm in width. The omentum is of increased echogenicity around the bowel mass.

ULTRASONOGRAPHIC FINDINGS

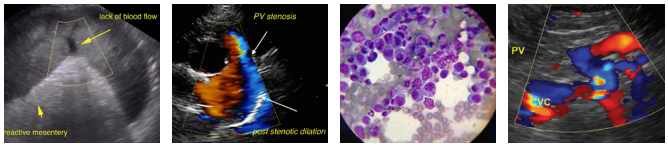
- Large area of small intestine with severely thickened wall and complete loss of layering – This area is most consistent with a primary bowel mass. Possible differentials include round cell neoplasia, carcinoma, leiomyoma, leiomyosarcoma, etc.
- Large, heterogeneous liver – The diffuse hepatic changes 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.
- Moderate/severe mesenteric lymphadenopathy – The severe 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

- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal bowel mass visualized as a well as a significant mesenteric lymphadenopathy. These findings are concerning for underlying round cell neoplasia.



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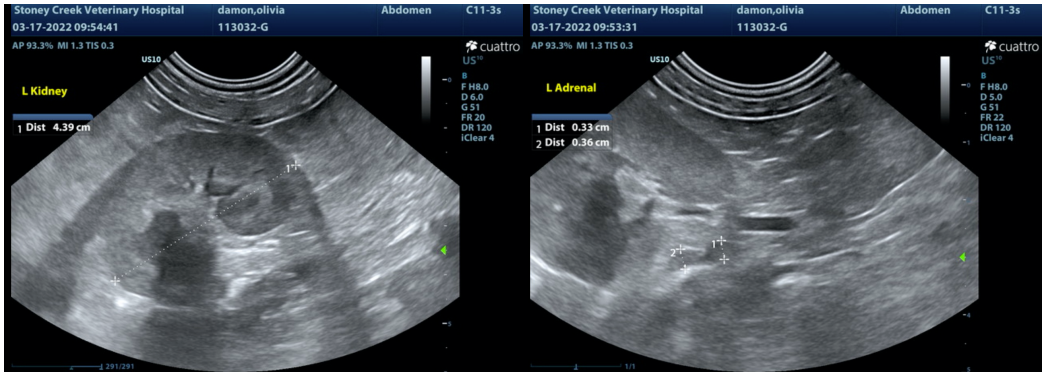
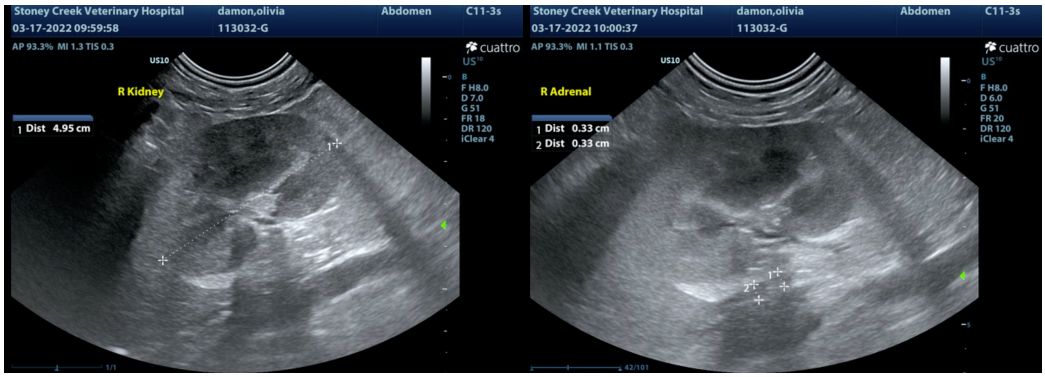
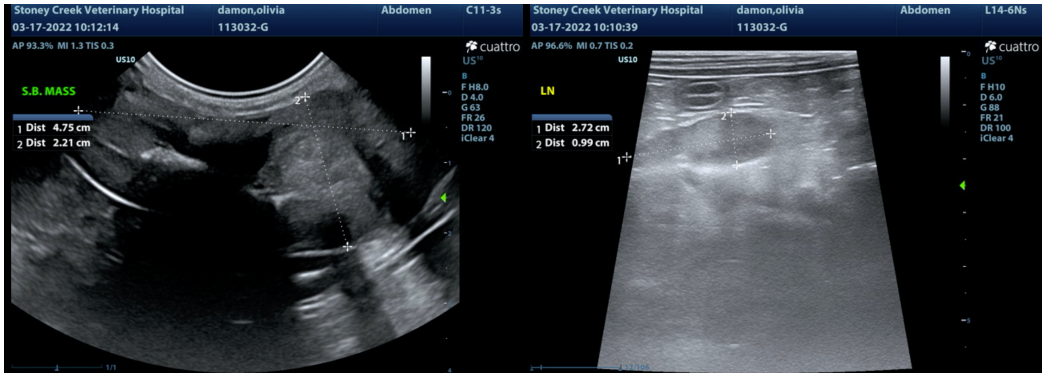
- Recommend a fine needle aspirate of the bowel mass as well as a mesenteric lymph node.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If cytology is not diagnostic, then consider surgical evaluation to both biopsy and possibly resect the abnormal tissue. Additionally, a fine needle aspirate of the liver could be considered.







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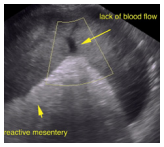

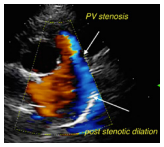

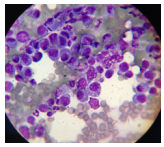
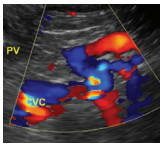

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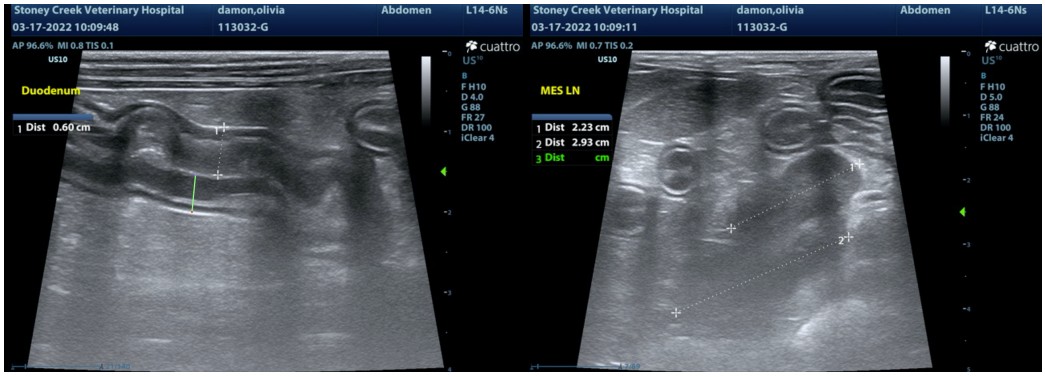

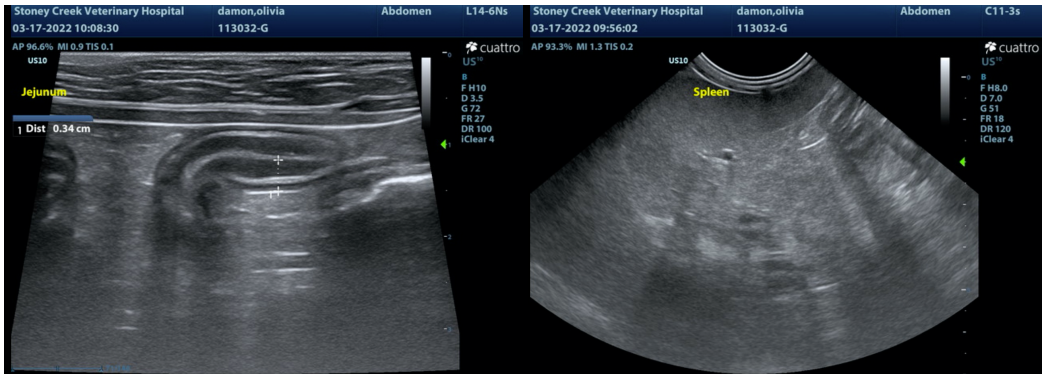

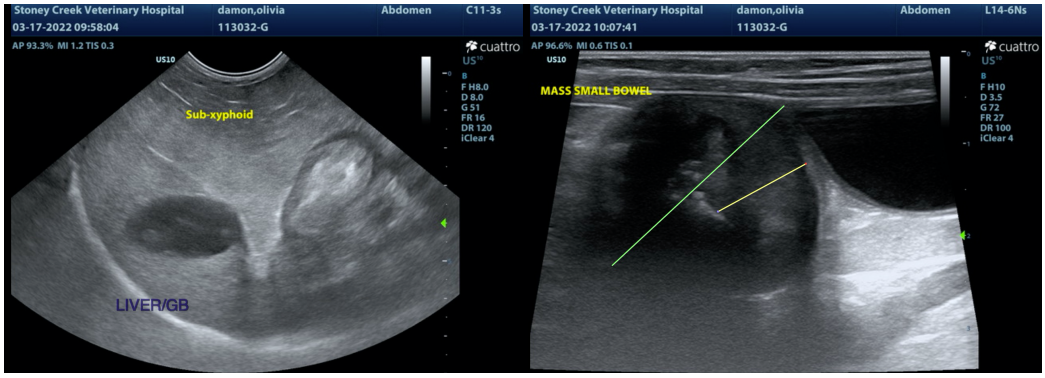

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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