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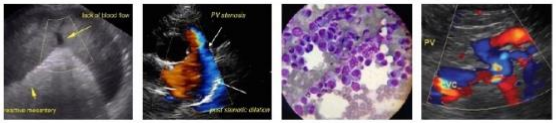


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Winnie Martensson

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

3 Years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods AH

REFERRING VET

Dr. Guatto

INVOICE

21510

DATE

3/8/23

PRESENTING CLINICAL SIGNS

History: Presented for decreased appetite and chronic vomiting, sometimes vomits red-colored bile
Abnormal PE/Chem/CBC/UA Results: ALT 218

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder wall is diffusely mildly thickened (0.37 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The left kidney has a normal shape and size (3.84 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 (4.09 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 0.38 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 0.42 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.

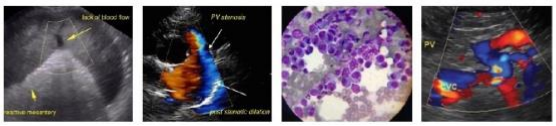
Liver

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 gall bladder 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 is mildly distended with a small amount of fluid and gas. Much of the stomach wall appears relatively normal with intact wall layering. There is an area of gastric wall adjacent to the



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cranial abdominal mass effect, which appears somewhat thickened with reduced detail wall layering in this area. The gastric wall measures at 0.89 cm. These changes could be consistent with focal gastritis secondary to the focal inflammation or could be due to infiltrative disease. No evidence of an outflow tract obstruction is visualized.

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 (0.38 cm in wall thickness) and the jejunum measured as normal (0.3 cm). 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

A small area of the left limb of the pancreas is visible and appears relatively normal. Adjacent to this area is a large hypoechoic irregular rounded irregular mass effect, measuring approximately 3.43 cm x 4.94 cm. This lesion could be consistent with a very large cranial mesenteric lymph node or a pancreatic mass lesion. There is significant inflammation and a scant amount of free fluid surrounding this lesion. The inflammation associated with this lesion could also (less likely) be consistent with an inflammatory lesion of the pancreas/abscess.

Free Abdomen

There is a small amount of free abdominal fluid. There is no evidence of a generalized lymphadenopathy, although the cranial abdominal mass effect could be a very large lymph node. The omentum is severely inflamed in the cranial abdomen around the mass effect.

Other

There is a cranial abdominal mass effect described under pancreas, visualized craniomedial to the left kidney and spleen and caudal to the stomach in the region of the left limb of the pancreas. This lesion could represent a pancreatic mass or a focal enlarged lymph node.

ULTRASONOGRAPHIC FINDINGS

- Large hypoechoic inflamed cranial abdominal mass. This mass lesion lies in the region of the left limb of the pancreas. Primary differentials would be a pancreatic mass lesion or an enlarged lymph node. I recommend a fine needle aspirate.
- Mildly thickened urinary bladder wall. This could be artifact due to lack of bladder distention. Correlate with urinalysis and culture.
- Focal gastric wall thickening. There is a focal area of gastric wall, which appears thickened and has reduced detail wall layering. This is adjacent to the inflammation associated with the cranial abdominal mass effect. This could represent focal gastritis, associated with the local inflammation or could represent infiltrative disease. Recommend continued monitoring and a fine needle aspirate of the gastric wall if this lesion persists.
- Small volume free abdominal fluid

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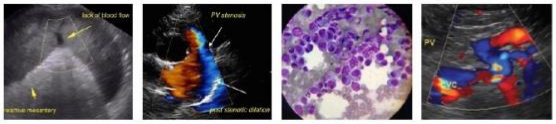

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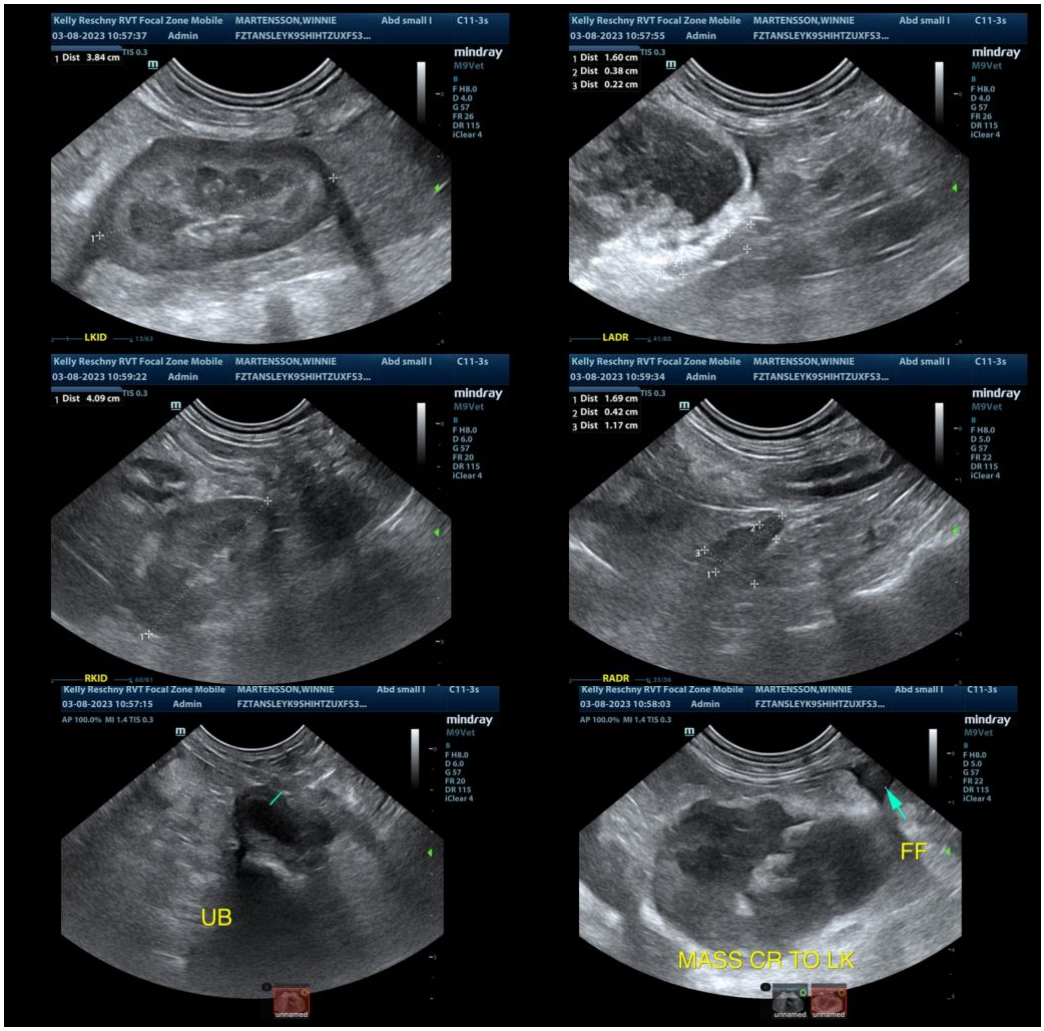
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large angry hypoechoic cranial abdominal mass, which is surrounded by a small amount of free fluid and significant mesenteric inflammation. This lesion lies in the region of the left limb of the pancreas and could be a pancreatic mass lesion. Alternately, a large cranial abdominal lymph node, etc., are possible. I recommend a fine needle aspirate of this lesion to obtain more information. Additionally, the gastric wall and region of the inflammation and mass lesion appears somewhat thickened. I'm hoping this is focal gastritis secondary to the localized inflammation. If this thickening persists, a biopsy or fine needle aspirate may be necessary.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If cytologic evaluation of this lesion is not helpful, recommend referral to a veterinary surgeon for exploration and possible removal/biopsy. Additionally, a contrast CT scan could be considered preoperatively if more information is desired.



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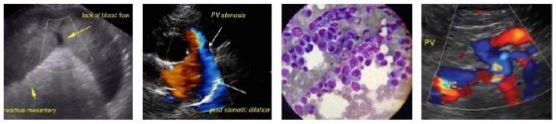

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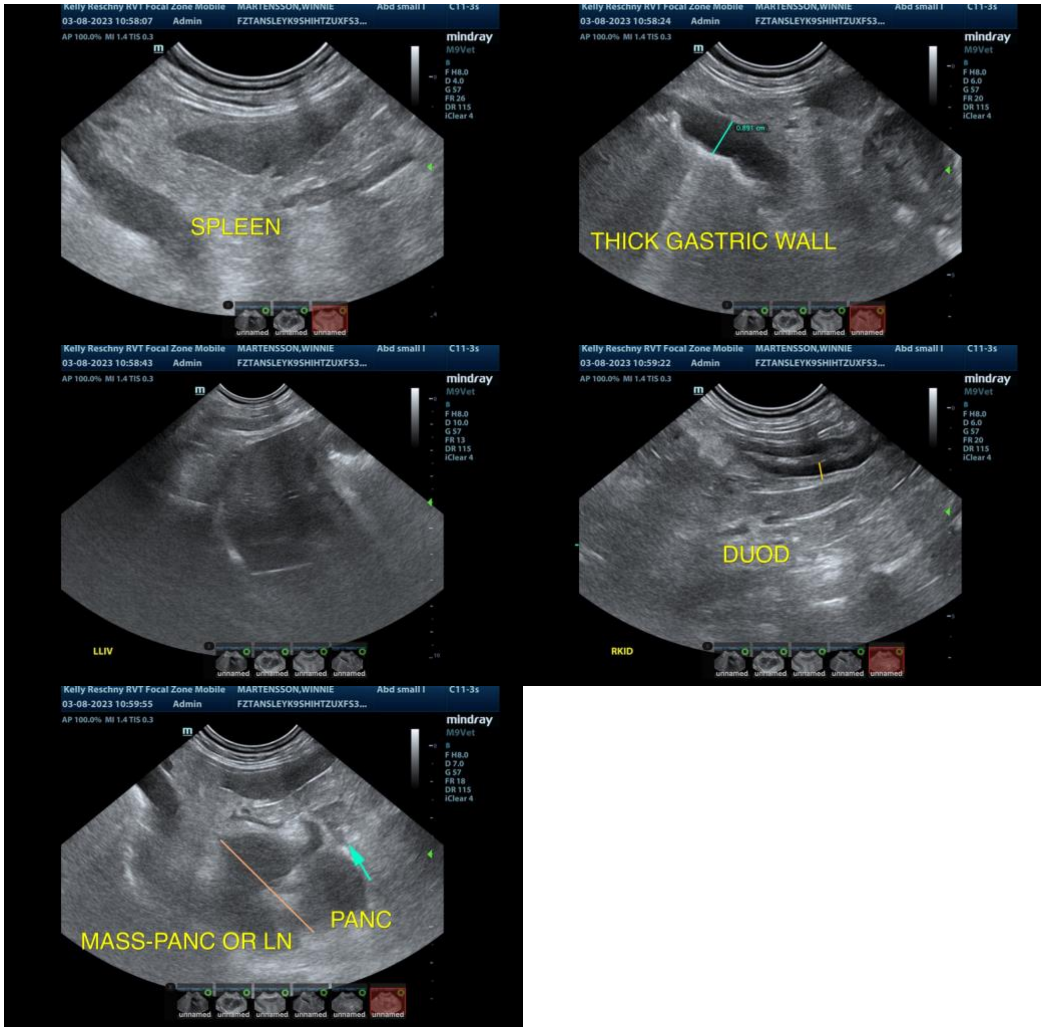

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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