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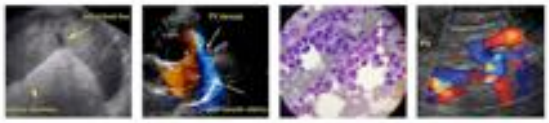

IMAGING PERFORMED BY
pawssonography@gmail.com 530-786-8340

**PATIENT**

Roscoe Buti

**SPECIES**

Canine

**BREED**

Basestt Hound

**SEX**

Neutered Male

**AGE**

7 years

**WEIGHT**

34 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Four Paws AC

**REFERRING VET**

Dr. Lester

**INVOICE**

96698

**DATE**

3/9/22

## PRESENTING CLINICAL SIGNS

History: Breed Basset Hound History 2/25/2022 at ANOTHER CLINIC: Presenting for vomiting undigested food, bloody diarrhea , the last 2 weeks, energy level normal . Started chicken and rice, is holding that down with no more vomiting, but pt has mucus red tinged stool. Current on vax and no medications, but is on heartgard per o. No hx of gi upset in past or other medical issues. Pt is still e/d and is acting normal. pt has lost 8lb in 2months though- pt hasn't been eating great before this started. Pt is up to date on vax. No c/s. Physical Exam Findings 2/25/2022 at ANOTHER CLINIC: On exam pt is bar with normal vital signs. Temp 101.6. P: 100, R: 35. Pink gums, Tartar severe, There is a fistula above the right carnassial. No abdominal pain or masses palpated. Eyes and ears wnl. NO murmur. Decreased rom in hips, possible pain on extension. Recommend empirical deworming, discussed zoonotic risks. Recommend supportive care and Abdominal ultrasound if symptoms persist or pt continues to lose weight. cerenia inj sq, 250ml lrs sq, metronidazole per label panacur per label bland diet continue for next 5 days. Recommend dental once gi upset is under control. Recheck if not improving. . Abnormal CBC Values 2/25/2022 at ANOTHER CLINIC: cbc: increased retic, wbc and eosinophils Abnormal Chemistry Values 2/25/2022 at ANOTHER CLINIC: chem: hypoproteinemia and hypoalbuminemia. cpl wnl Abnormal UA Values 2/25/2022 at ANOTHER CLINIC: u/a wnl. no stool available to submit. Radiograph Findings (Email if Available) Reason for Ultrasound ANOTHER CLINIC: r/o neoplasia, inflammatory/ ibd, dietary indiscretion, other

## 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 prostate is normal in size (1.28 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 (6.19 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 (5.6 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 0.66 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 0.49 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.

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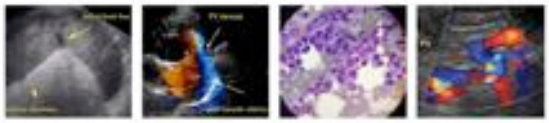

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### *Spleen*

The spleen is subjectively (normal or large) in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are several ill-defined, hypoechoic nodules visualized. One visualized measures 0.65 cm and another measures 0.71 cm.

### *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 gallbladder 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 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. Visualized peristalsis appears appropriate. There is a large focal bowel lesion that measured at least 2.37 x 4.92 cm. This lesion involves severely thickened bowel wall with a lack of distinct layering. The maximal bowel wall thickness in this area measures at 2.14 cm. Additionally there is some large, plicated bowel with the appearance of a possible partial intussusception.

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 volume of free abdominal fluid. There is a severe mesenteric lymphadenopathy present with large, hypoechoic rounded, mesenteric lymph nodes measuring 2.0 cm, 1.92 cm, 2.18 cm, 2.1 cm and 1.77 cm. The omentum is of increased echogenicity around the bowel mass and the enlarged mesenteric lymph nodes.

### *Heart*

A brief view of the heart was submitted. No pericardial effusion was seen.

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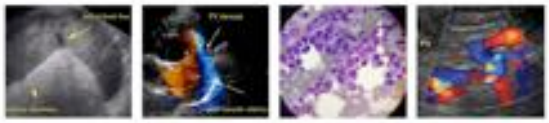

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## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

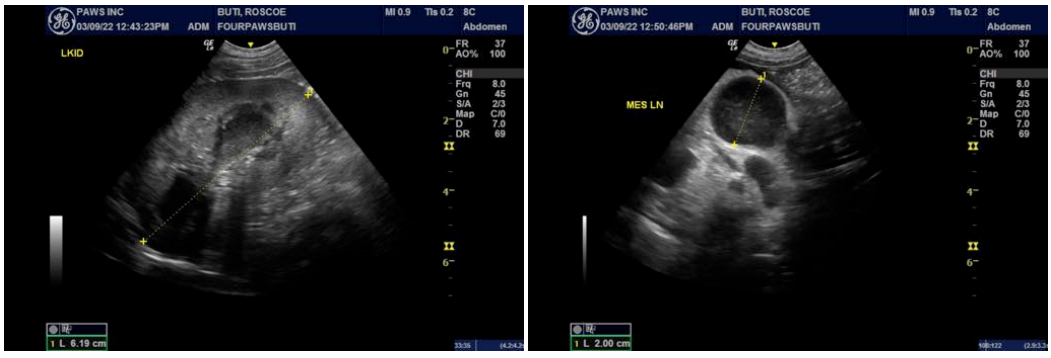
- Heterogenous liver.
- Mottled spleen with ill-defined hypoechoic nodules.
- Focal bowel mass with associated plicated bowel. The findings are most consistent with an infiltrative bowel mass and possible partial intussusception.
- Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy 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, FIP (cats)) etc.. A fine needle aspirate with cytology is recommended for further evaluation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very abnormal section of bowel that created a mass effect with some additional plication. This lesion is suspicious for an infiltrative bowel mass with a secondary partial intussusception. The combination of these findings is concerning for metastatic neoplasia although other differentials exist (fungal disease, etc.). I recommend a FNA of a mesenteric lymph node. Additionally, an aspirate of the bowel mass can be considered.

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

Once a cytologic diagnosis can be obtained consultation with a veterinary oncologist can be performed to discuss treatment options and prognosis. If a diagnosis cannot be obtained by cytology then consider surgical biopsies and possible bowel resection.



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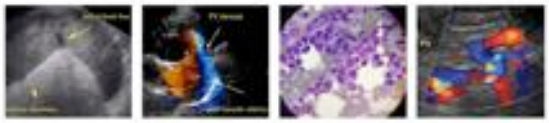

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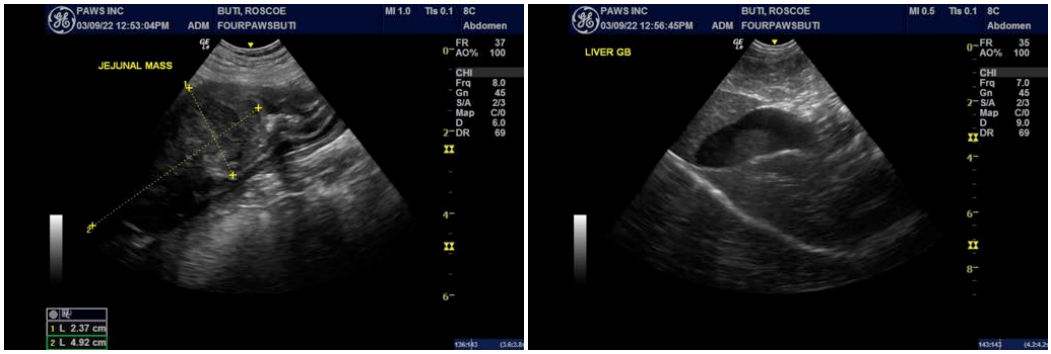


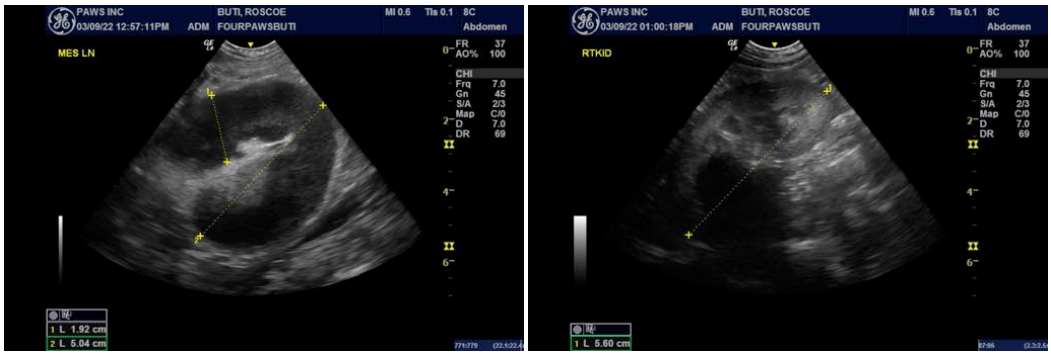


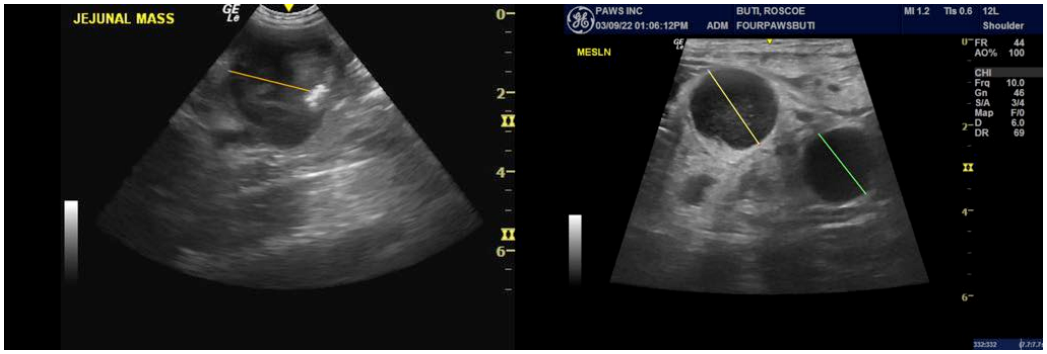


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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