



PATIENT PRESENTING CLINICAL SIGNS

Taffy Davies Inappetent for past two days. Has multiple very large masses (lipomas) on thorax which make up a significant portion of patient's body weight. meds: Clavaseptin, Baytril, Cerenia
Abnormal PE/Chem/CBC/UA Results: Severely elevated WBC and Neutrophils. Pyrexia please see attached BW

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Doodle

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 or cystic calculi. There is a small focal area of irregular tissue towards the apical region of the urinary bladder. This measures 0.65 cm x 0.70 cm and is most consistent with a polyp, although an early mass lesion is possible.

SEX

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

AGE

13 Years

The left kidney has a normal shape and size (6.78 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

32 kg

The right kidney has a normal shape and size (7.39 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.76 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal in size measuring 0.53 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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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.

REFERRING VET

Dr. Kamaitis

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large, hypoechoic, poorly defined area of tissue in the left cranial abdomen, which is surrounded by severely hyperechoic mesentery. This lesion is most representative of an abscess or area of necrotic, highly inflamed tissue, etc. This lesion appears to be contacting the liver, but it is unknown if it is hepatic in origin.

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PATIENT

Taffy Davies

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder mucocele.

SPECIES

Canine

Gastrointestinal

The stomach contains moderate shadowing intraluminal debris. 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.

BREED

Doodle

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.

SEX

Neutered Male

AGE

13 Years

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

WEIGHT

32 kg

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

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(Small Animal Internal
Medicine)

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation.

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Kelly Reschny

There is a lesion in the left cranial abdomen that is ill-defined and hypoechoic, surrounded by severely hyperechoic mesentery. This lesion is deep in the left cranial aspect of the abdomen and could be associated with the liver, pancreas, or some other structure (lymph node, mass effect, etc.). This lesion is most consistent with either infectious or highly inflamed tissue, and could be an abscess, necrotic tissue, etc. This region measures 12.78 cm x 11.23 cm.

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Wellington VS

PRIMARY FINDINGS

- Large, severely inflamed, hypoechoic region in the left cranial abdomen – primary differential would be hepatic tissue (abscess, necrotic mass, etc.), although pancreatic tissue or a mass or abscess unassociated with other tissues is possible.
- Small polypoid mass effect in the urinary bladder – This lesion is very small and either represents a polyp or a very early neoplastic lesion.
- Moderate amount of shadowing material visualized within the gastric lumen – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Large amount of gallbladder debris – There is a large amount of debris within the gallbladder and some of it is adherent to the gallbladder. Recommend continued monitoring and continue starting Ursodiol.

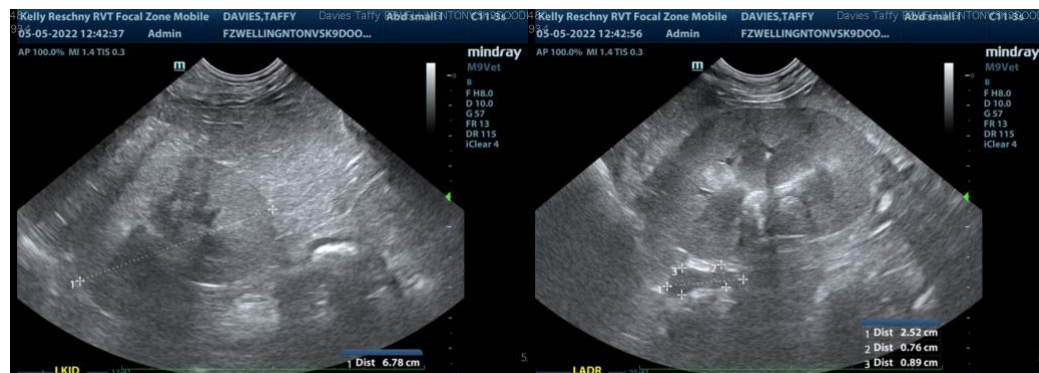
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect the abnormal tissue in the left cranial abdomen is a source of the fever and elevation in white blood cell count. There is severe inflammation surrounding this area of tissue, increasing the likelihood of this being an abscess, necrotic tissue, etc. An obvious origin of this tissue is not readily apparent, although hepatic would be most likely. Ideally, I would recommend a contrast CT scan of the abdomen to further evaluate this area, as I suspect it should be resected, debrided, etc. Aerobic and anaerobic cultures and histopathology should be obtained. If a CT scan is not possible, then consider referral to a veterinary surgeon to consider further evaluation.

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

There is a very small raised lesion on the urinary bladder wall. This could be consistent with a polyp or a very early neoplastic lesion. Recommend urinalysis and culture. If culture is positive, recommend reevaluation of this lesion after treatment to see if it resolves (likely a polyp in that event). If it does not resolve, or if there is no infection present, then consider running a urine BRAF test. A positive BRAF test would increase the likelihood that this lesion is neoplastic. A negative BRAF test is non-diagnostic, and additional evaluation would be necessary. In order to obtain a definitive diagnosis, it is likely that a biopsy or traumatic catheterization would be necessary.

The gallbladder is significantly distended with intraluminal debris. it does not appear overtly inflamed, but the debris is adhered to the wall, so continued monitoring is warranted +/- starting Ursodiol.

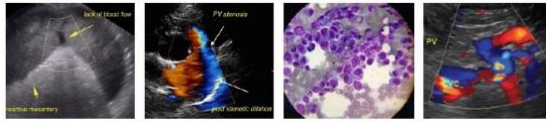


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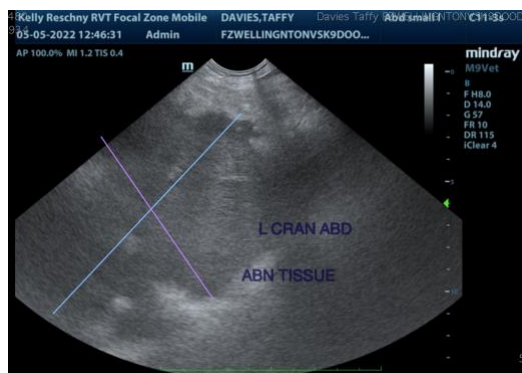
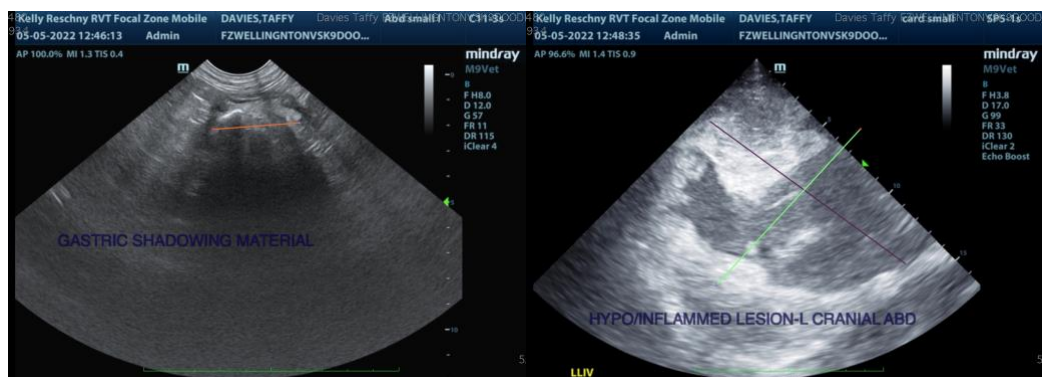
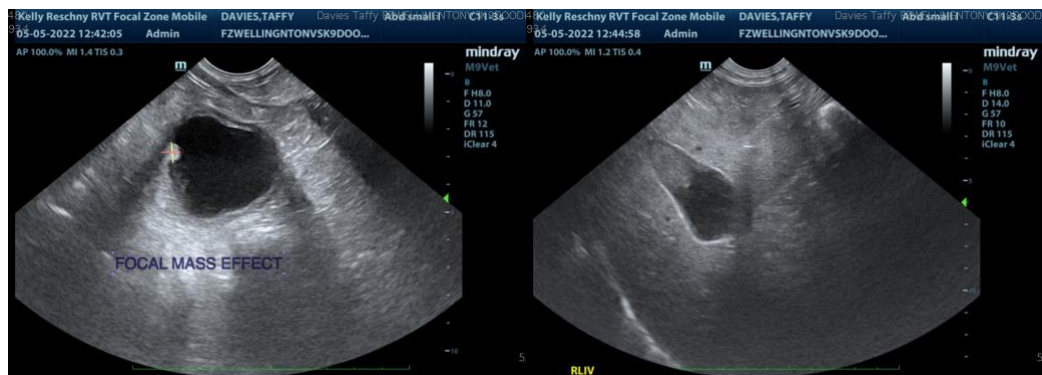
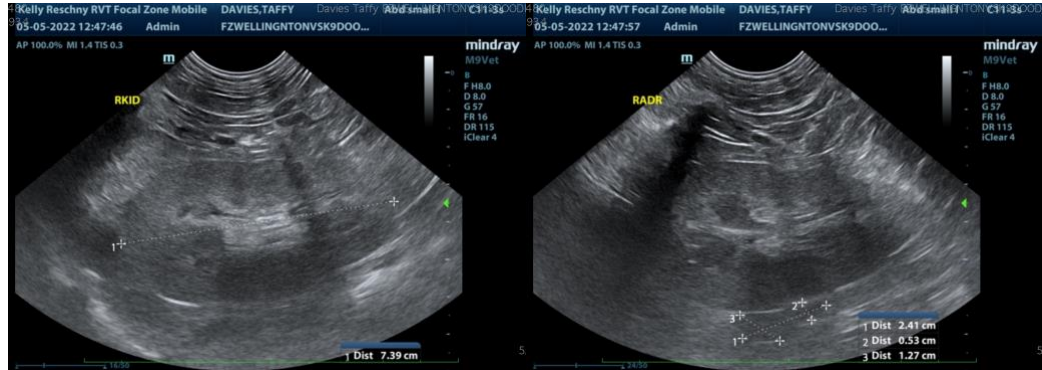
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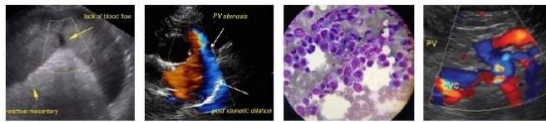
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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)

BREED

Doodle

kathleen.sennello@sonopath.com

SEX

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