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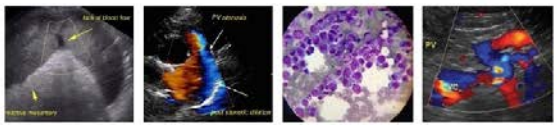

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Beano Declara

SPECIES

Canine

BREED

Shep x Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

93 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Woodward

INVOICE

38459

DATE

6/7/22

PRESENTING CLINICAL SIGNS

1 month history vomiting in morning, 2-3 times per week - meals at noon, before bed - vomitus appearance: brown/yellow fluid - multiple subcutaneous masses = lipomas - stool normal On PE: - tense, diffusely distended abdomen - rest unremarkable. Tried Omeprazole, but he developed diarrhea on it so was discontinued.
Abnormal PE/Chem/CBC/UA Results: ALP mildly elevated 134 (5-131) PrecisionPSL (pancreatitis test) elevated 274 (24-140) Leukocytosis Eosinophilia 11.66 (0-1.2) Basophilia 1.19 (0-0.15)

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 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.

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 (6.69 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 0.70 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 1.0 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. In 1-2 images, there is the appearance of an irregularity to the silhouette of the liver margin, creating the appearance of an isoechoic bulge or small nodule measuring 1.79 cm.

The gallbladder 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.

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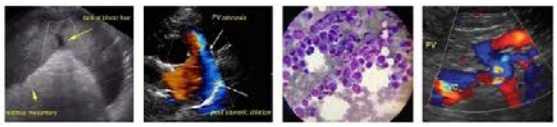

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Gastrointestinal

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 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. In the caudal abdomen, a section of bowel is in proximity to the caudal mass effect/lymph node and appears somewhat thickened with loss of detail of wall layering.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a very large, hypoechoic, focal caudal abdominal mass/lymph node measuring 3.7 cm x 7.55 cm and is surrounded by hyperechoic mesentery. The omentum is generally of normal echogenicity other than around the area of this abnormal mass effect.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic mass effect in the caudal abdomen, surrounded by hyperechoic mesentery – most consistent with a very large lymph node/mass effect. Recommend fine needle aspirate.
- Thickened bowel with decreased wall layering in the region of the caudal abdominal mass – This could represent inflammation/edema secondary to the localized inflammation, or may represent a primary bowel lesion.
- Isoechoic nodule/bulge in the hepatic parenchyma – This could represent a normal variant or a small nodule in the hepatic parenchyma. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large caudal abdominal mass lesion, most consistent with a large lymph node, surrounded by hyperechoic mesentery. The bowel in this region appears irregular and somewhat thickened. This thickening could be due to a secondary bowel mass lesion or due to inflammation/edema due to the inflammation surrounding the mass lesion.

- Recommend a fine needle aspirate of the abdominal mass.
- Recommend 3-view thoracic radiographs.
- If a cytologic diagnosis cannot be obtained, then consider exploratory surgery to biopsy/remove the mass effect/lymph node and to evaluate the bowel.

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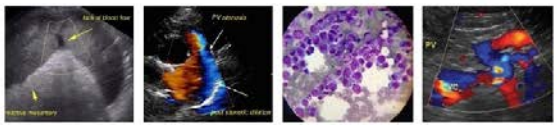

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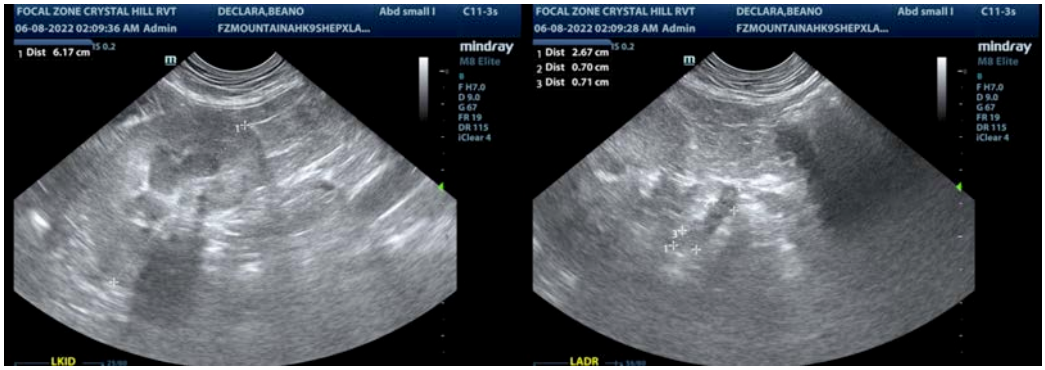

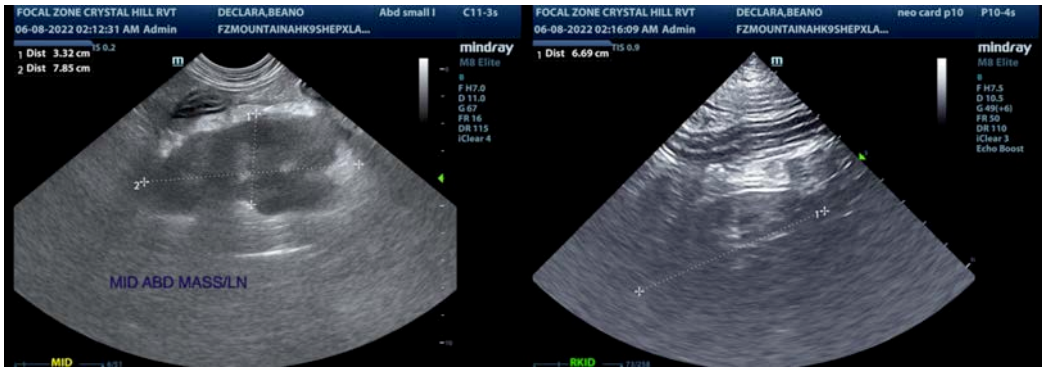

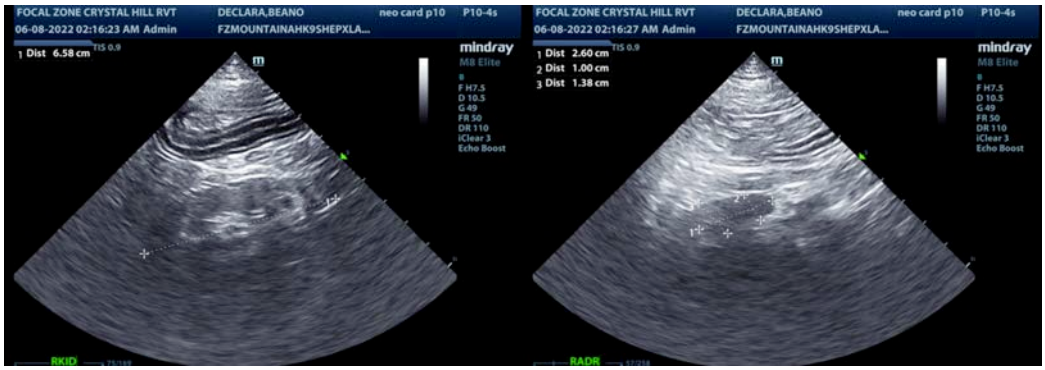

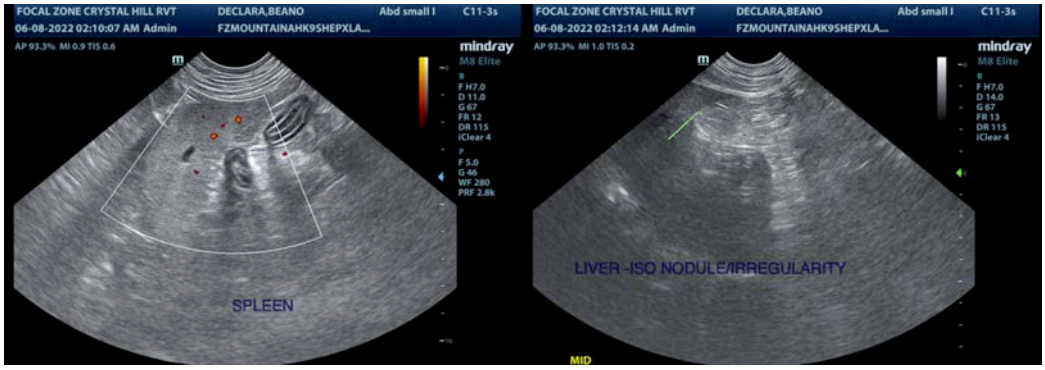

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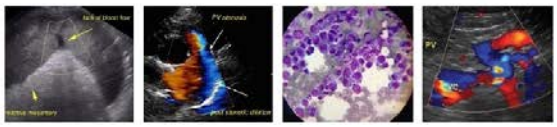

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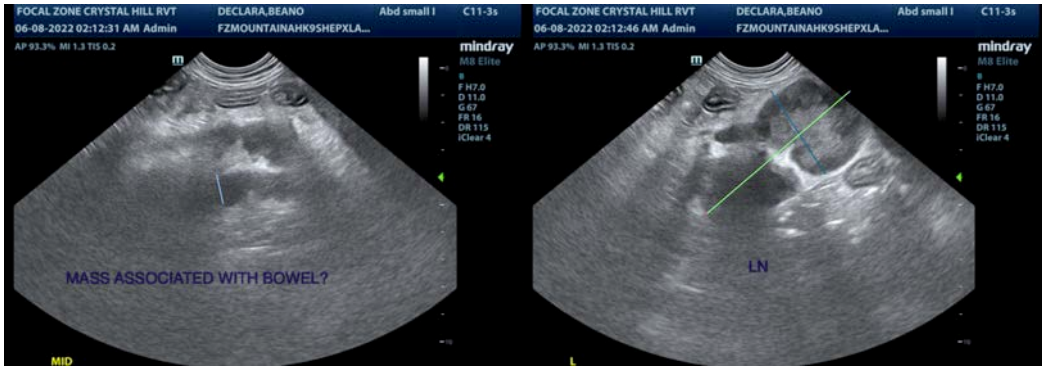

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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