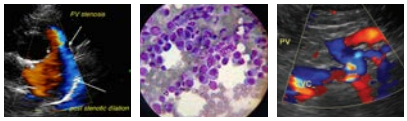
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/11/23

PATIENT

Cali Sumego

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

6/6/15

WEIGHT

47.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Snyder

INVOICE

43875

PRESENTING CLINICAL SIGNS

Off and on diarrhea for 1month - no tx- just had fecal - NPS. Last 3 days not eating except chicken/rice.

Current Medications: none prior - started gabapentin, amoxi and metronidazole today.
Lab Results: Chem/lytes normal, CBC - WBC 24.28 with high monos, neutrophils w/ bands, high retics 253.1/HCT 40.5.
Radiographs: Multiple masses effect in proximal SI near spleen and also colon area. POC US - small pockets of free fluid, intestinal mass, omental adhesions
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (6.54 cm) with pyelectasia at 0.60 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (6.08 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.65 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 0.79 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 hypoechoic 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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 thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.38 cm. Duodenum wall measures 0.60 cm. Visualized peristalsis appears appropriate. There is a focal area of small bowel with progressive wall thickening and loss of layering, progressing to a large mass effect measuring 7.41 cm x 5.61 cm. In this area the wall thickness measures 1.73 cm in thickness. The mass effect is surrounded by hyperechoic mesentery.

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 area of 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 amount of free abdominal fluid. There is a severe lymphadenopathy evident primarily at the mesenteric root with a mass effect measuring 4.2 cm x 6.55 cm. Additional lymph nodes in the area are large and hypoechoic, measuring 2.1, 2.54, and 2.9 cm in diameter. The mesentery is diffusely hyperechoic, particularly around the mass effect and the enlarged lymph nodes.

PRIMARY FINDINGS

- Hypoechoic, 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.

- Focal area of small intestine with severe wall thickening and complete loss of layering – Findings are most consistent with a primary intestinal mass. Consider such differentials as round cell neoplasia, carcinoma, other.

- 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.

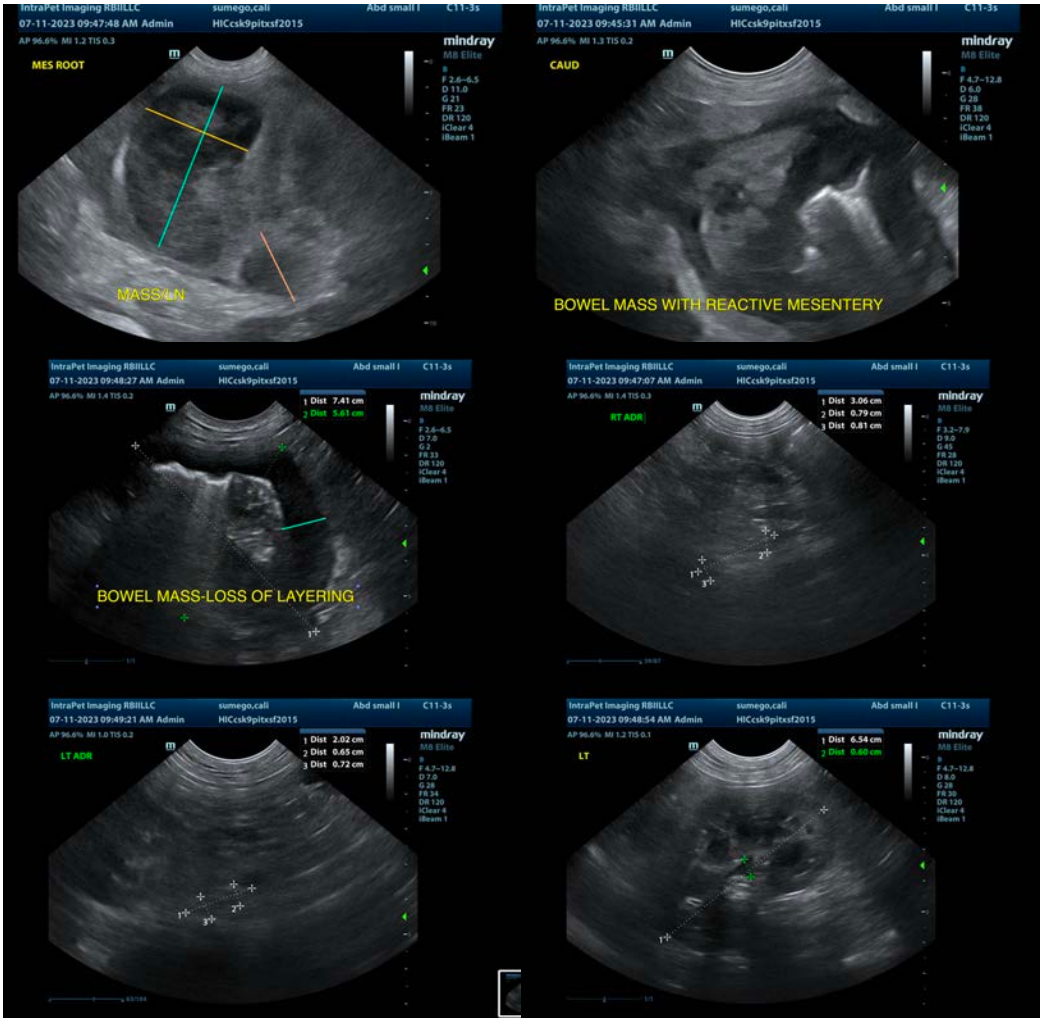
- Free abdominal fluid and diffusely hyperechoic mesentery – Findings are consistent with peritonitis (sterile or infectious).

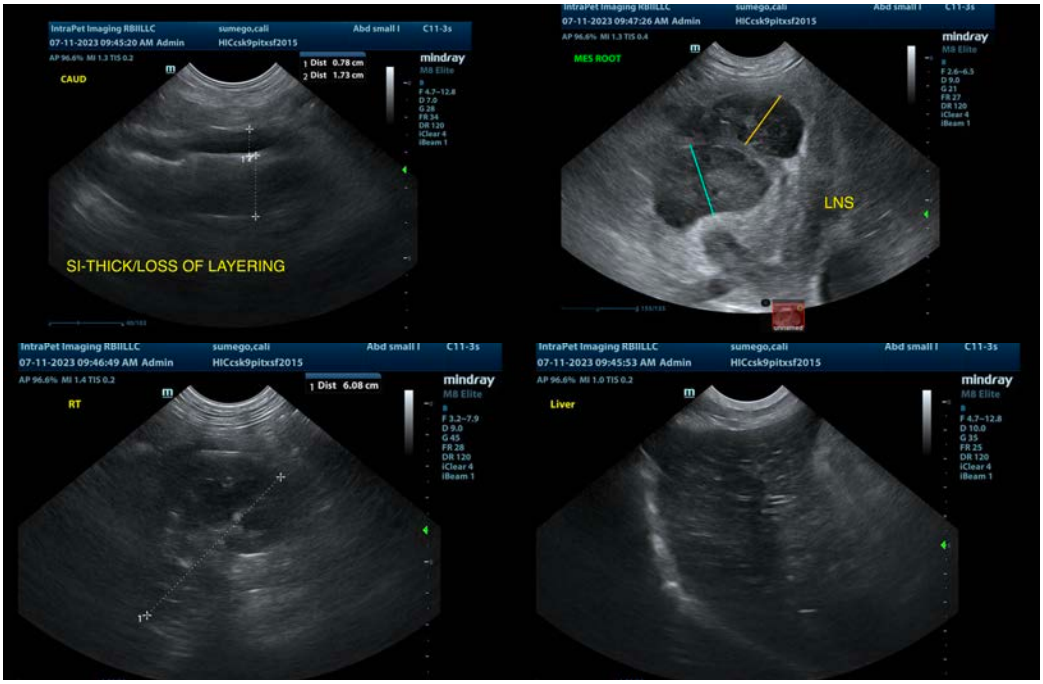
SECONDARY FINDINGS

- Left-sided renal pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, focal area of small intestine with severe wall thickening and complete loss of layering, creating a mass effect. This is highly concerning for a neoplastic lesion (round cell neoplasia, carcinoma, other). Additionally, there is a severe mesenteric lymphadenopathy creating a mass effect at the level of the root of the mesentery. This is supportive for the suspicion for an underlying neoplastic process. Recommend a fine needle aspirate of a mesenteric lymph node and bowel mass as well as 3-view thoracic radiographs. Additionally, sampling of the free abdominal fluid may be a diagnostic utility.





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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