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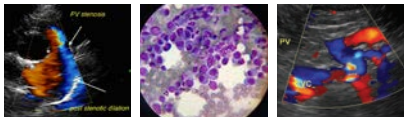
IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

7/15/22

PATIENT

Dixie Raspa

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

10/8/14

WEIGHT

96 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

39592

PRESENTING CLINICAL SIGNS

Dyschezia, small stools x 2.5 wks. Multiple rectal masses palpated just inside rectum. Hx of atopy, dermatitis recently with conjunctivitis.

Current Medications: Marboquin 150mg SID started 7/7, Apoquel 24mg SID long-term.
Lab Results: CBC: Mild, regenerative anemia, mild leukocytosis (Elevation in Neutrophils, Monocytes and Eosinophils). Chem: Alb 2.6, Glob 5.1 inflammation.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 (6.61 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 (6.48 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 0.32 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 0.31 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 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.

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. 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. The very distal colon/rectum appears to have solid fecal material intraluminally, and has a thickened irregular wall measuring at 0.76 cm. A hypoechoic, irregular, vascular mass effect is noted adjacent to the distal colon/rectum measuring 6.98 cm x 4.3 cm, which is either arising from the colon/rectum, or intimately associated with it. 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 are large mass effects in the sublumbar region, most consistent with enlarged lymph nodes, measuring at 1.5 cm and 2.4 cm in diameter. These lesions likely represent metastatic lymph nodes or additional mass lesions in the region. The omentum is hyperechoic around these lymph nodes.

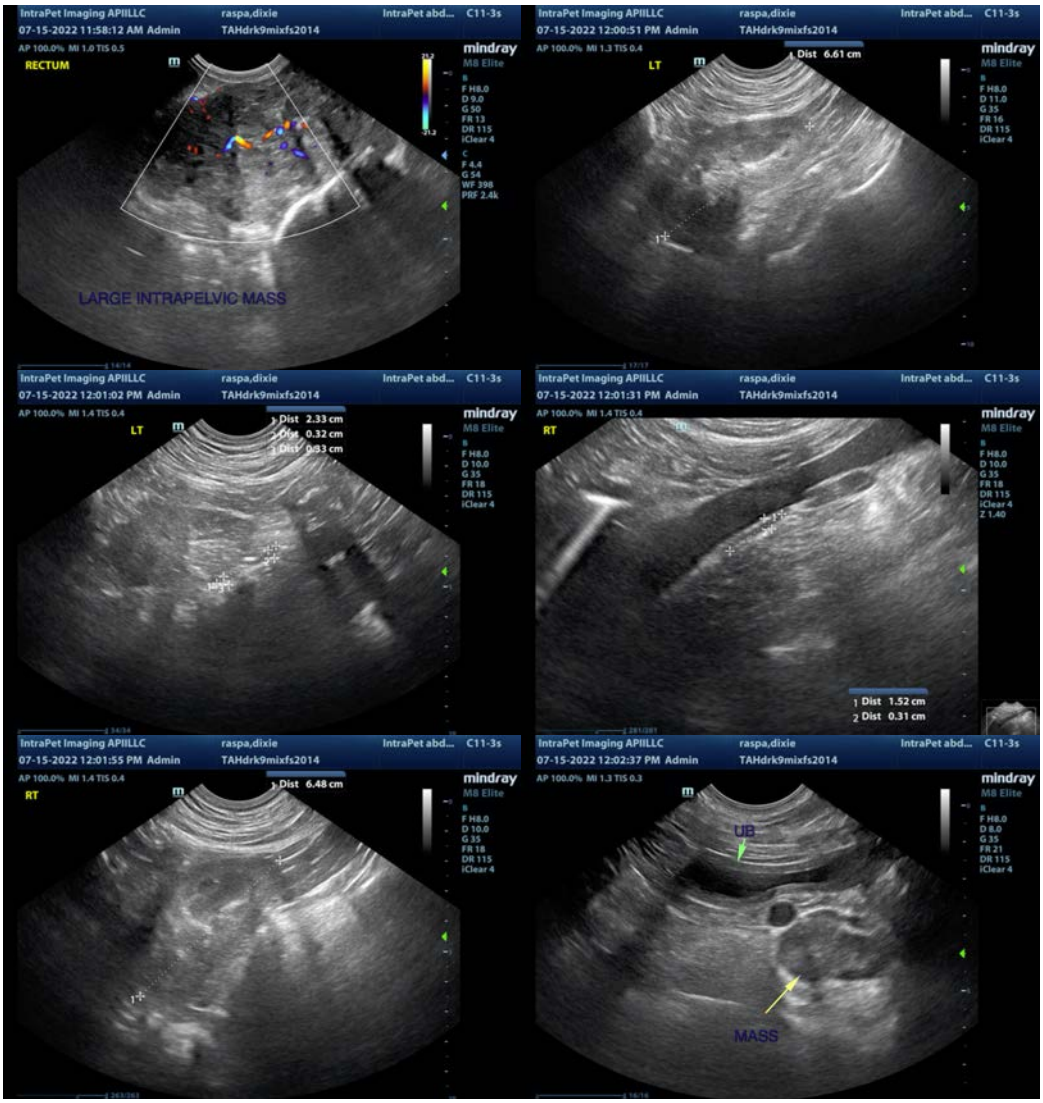
ULTRASONOGRAPHIC FINDINGS

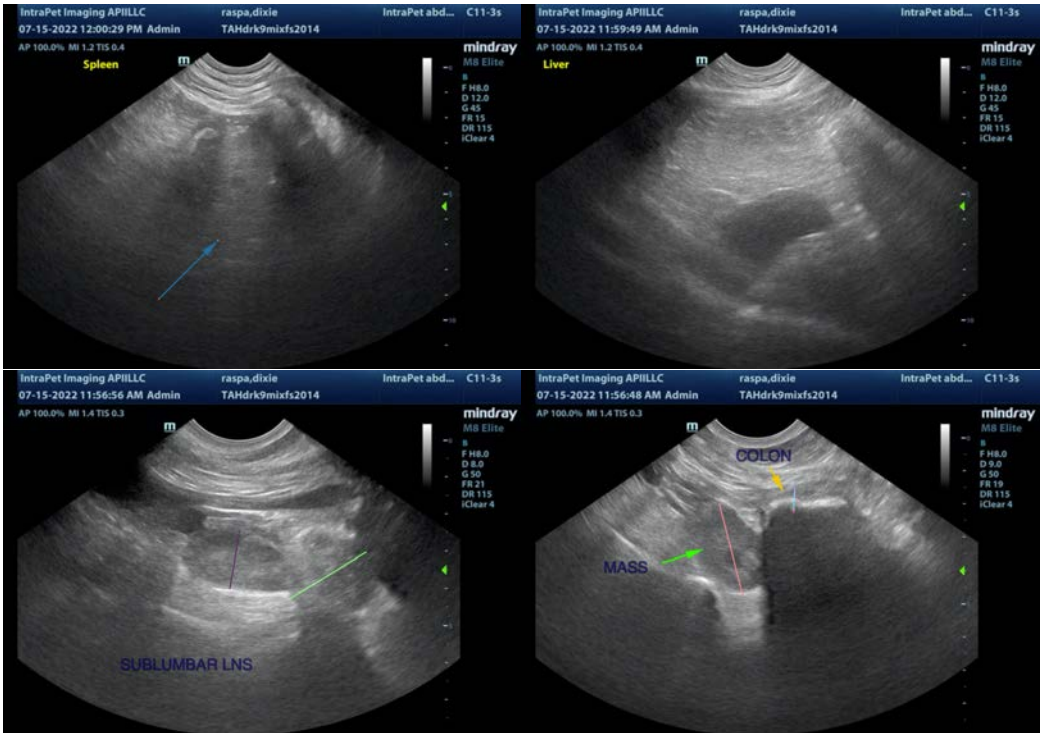
- Large, irregular, hypoechoic intrapelvic mass lesion – This mass is either arising from the distal colon/rectum, or is intimately associated with it. There is a large concern for a neoplastic process. Other benign differentials are possible.
- Localized severe intrapelvic lymphadenopathy – concerning for a possible metastatic process. Recommend a fine needle aspirate.
- Thickened, irregular distal rectal wall – differentials include inflammation, infection, or neoplastic lesions.
- Bilaterally “flat” adrenal glands – consider a baseline cortisol to rule out Addison’s disease, or a relative adrenal insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect extending in the area of the distal rectum to the intrapelvic region. There are additional mass effects/enlarged lymph nodes in this region. There is a strong concern for a primary neoplasm and metastatic change. Recommend a fine needle aspirate of the intrapelvic mass lesion and a caudal intrapelvic lymph node. This mass lesion could be arising from the distal colon, rectum, less likely uterus, perianal/anal gland region, etc. If a diagnosis cannot be obtained cytologically, then consider surgical biopsies or possible rectal biopsies if the lesions are within the rectal lumen (superficial lesions).

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
Both adrenal glands appear extremely “flat”. This could be consistent with adrenal disease such as a hypoadrenocorticism, relative adrenal insufficiency, etc., or could be normal for this individual. Consider a baseline cortisol or ACTH stimulation test. Recommend evaluating ionized calcium levels, looking for hypercalcemia.





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.

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