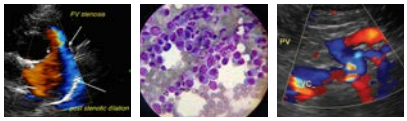
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/21/23

PATIENT

Gianna Spinks

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

6/10/10

WEIGHT

51 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

44237

PRESENTING CLINICAL SIGNS

Presented 7/6/23 for vomiting 2-3x/wk for the past several months (mostly in the morning), belly sunken in, restless at night and panting. No diarrhea but dark stool and urine. Not eating much unless coaxed/handfed. On PE, hepatoslenomegaly, muscle wasting, arthritis, lipomas.

Current Medications: omeprazole 20 mg - tab PO q24h started after appt. small frequent meals, esp before bed to help w/ bilious vomiting
Lab Results: CBC/CHEM/T4 - NSF
Radiographs: hepatosplenomegaly, cardiomegaly
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 (5.85 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 (5.85 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 0.60 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 0.53 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.

Spleen

The spleen is borderline large. 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity 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. There are too numerous to count, ill-defined, irregular, hypoechoic, poorly defined nodules/masses within the liver. Examples measure 1.44, 1.47, 1.11, and 1.13 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 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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The region of the ileocecal junction appears abnormal. There is a dilated structure possibly consistent with the ileocecal junction associated with severely thickened, hypoechoic bowel. This abnormal area of bowel measures approximately 5.09 cm in length with a dilated section of bowel measuring 5.02 cm in diameter with a wall thickness of 0.74 cm with a complete 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 scant free fluid. There is no lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, heterogeneous/nodular 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. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

- Focal area of bowel with significant wall thickening and loss of layering and a section of dilation – Findings are most consistent with a mass effect at the ileocecal junction.

- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an abnormal section of bowel in the mid cranial abdomen with a section of dilated bowel and bowel that is hypoechoic with a severely thickened, irregular wall, creating a large mass effect. The appearance of

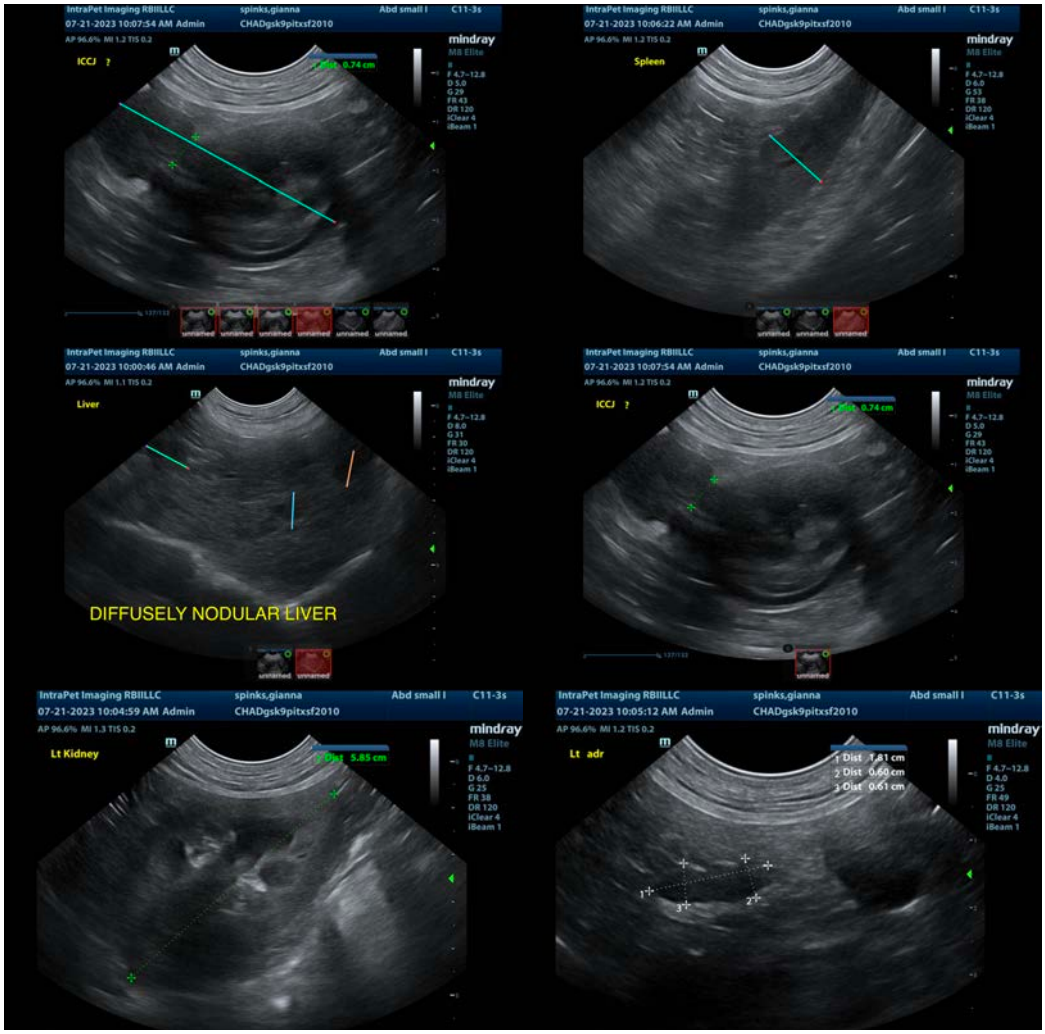
this area is concerning for a mass effect at the ileocecal junction. A fine needle aspirate of the hypoechoic region of bowel is recommended, as an underlying neoplastic process is a primary concern (round cell neoplasia, carcinoma, other).

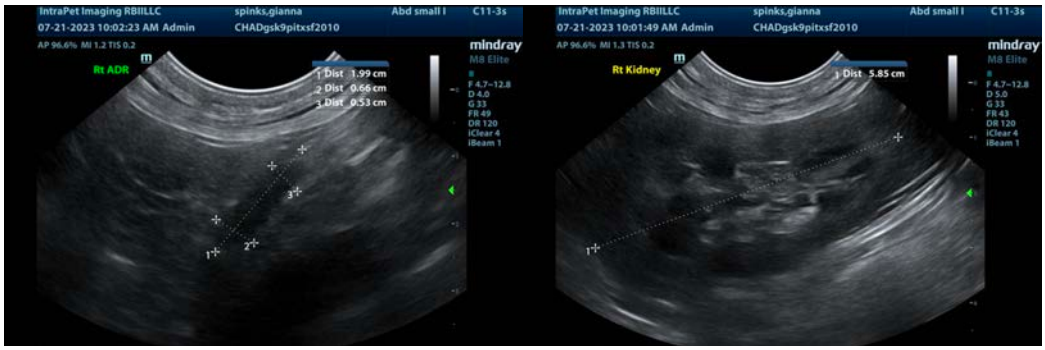
The liver is severely heterogeneous with numerous ill-defined, hypoechoic, small masses/nodules. This could represent benign regenerative nodules, although the number and size of nodules could also be indicative of an underlying neoplastic process. Consider a fine needle aspirate of the liver.

The pancreas appears somewhat prominent and mildly mottled. If a cytologic diagnosis cannot be made based on fine needle aspirates of the bowel mass and liver, consider a fine needle aspirate of the spleen.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained, recommend a contrast CT scan to further evaluate the abnormal areas identified on today's scan for a future surgical plan.





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)
info@sonopath.com