



PATIENT

Hugo Nathwani

PRESENTING CLINICAL SIGNS

Weight loss, 9 month history of diarrhea. Weight loss 6 kg in the last 6 months. Enlarged mandibular lymph nodes. Palpable cranial abdominal mass. No meds currently.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and fecal results. Regenerative anemia and leukocytosis characterized by neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

British Bulldog

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall is diffusely mildly thickened measuring 0.42 cm, and the mucosa is mildly irregular. There is a moderate amount of suspended echogenic debris in the bladder as well as some dependent hyperechoic shadowing debris most consistent with small stones/sandy debris. Recommend urinalysis and culture.

SEX

MN

The left kidney has a normal shape and size. 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 hydronephrosis. Renal vasculature is normal. The left kidney measured 4.68 cm.

AGE

3yr

The right kidney has a normal shape and size. 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 hydronephrosis. Renal vasculature is normal. The right kidney measured 6.08 cm.

WEIGHT

17.1kg

The prostate appears normal measuring 1.22 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64cm 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 0.77cm 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. There is an area of normal spleen visualized cranial to the left kidney which is adjacent to the caudal aspect of the left liver and dorsal to the stomach. The echogenicity of the spleen and liver is very similar, and I suspect there are mass lesions visualized in the liver but I cannot rule out the possibility that there is some splenic involvement.

Liver

The liver is large, irregular and hypoechoic. The parenchyma is heterogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are at least 3 large hypoechoic solid mass effects visualized which appear associated with the hepatic parenchyma, measuring 2.0 cm, 3.56 cm and 2.52 cm in diameter. These are visualized in the caudoventral aspect of the liver. The spleen is adjacent to this region and splenic involvement cannot be definitively ruled out.

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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

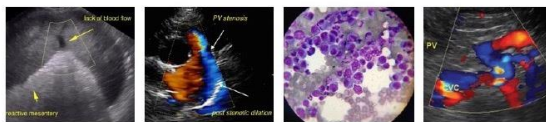
Dr. Bile

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07/06/2023



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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.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a very large irregular hypoechoic cranial to mid abdominal bowel mass measuring >7.02 cm x 4.63 cm with wall thickening at 3.03 cm and a complete loss of wall layering. One area of this mass effect appears to be associated with the small bowel and is most likely either a small intestinal mass or a mass effect at the ileocecal junction.

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SEX

MN

The ileocecal junction was not clearly visualized on today's exam as there is a mass in this region. 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.

AGE

3yr

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

There is a small amount of free abdominal fluid. There is significant lymphadenopathy with mesenteric lymph nodes measuring 0.75 cm and 0.62 cm. The omentum is diffusely hyperechoic particularly around the bowel mass.

WEIGHT

17.1kg

ULTRASONOGRAPHIC FINDINGS

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- Mildly thickened/irregular urinary bladder wall with dependent hyperechoic shadowing foci. Findings are most consistent with small stone/sandy debris +/- cystitis.
- Large irregular hypoechoic heterogenous 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. There are numerous hypoechoic mass effects in what appears to be the liver, splenic involvement cannot be ruled out.
- Large irregular hypoechoic bowel mass with severe bowel wall thickening and complete loss of wall layering. Findings are concerning for a small bowel mass or mass effect at the ileocecal junction. Differentials include round cell neoplasia, carcinoma, etc.
- Small volume free abdominal fluid.
- Moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a very large irregular mass effect involving the bowel in the mid cranial abdomen. This appears to be associated with small bowel in at least one area suggesting that this could be either a small bowel mass or involving the ileocecal junction. Round cell neoplasia, carcinoma, and other are primary differentials. Recommend a FNA. Additionally, there are mass effects that appear to be associated with the liver. The spleen lies against the liver in this region and is similar in echogenicity so splenic



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Hugo Nathwani involvement cannot be ruled out.
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
Recommended a FNA of the enlarged peripheral lymph node.

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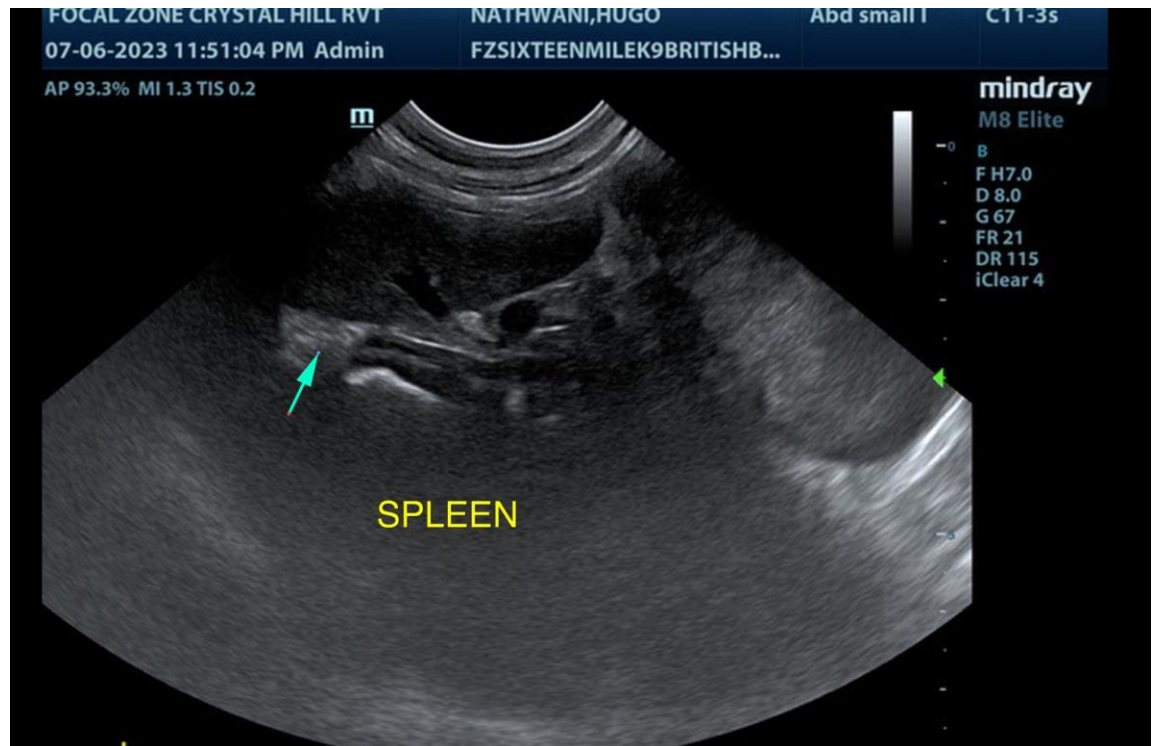
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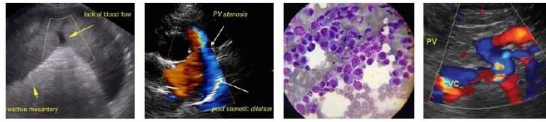
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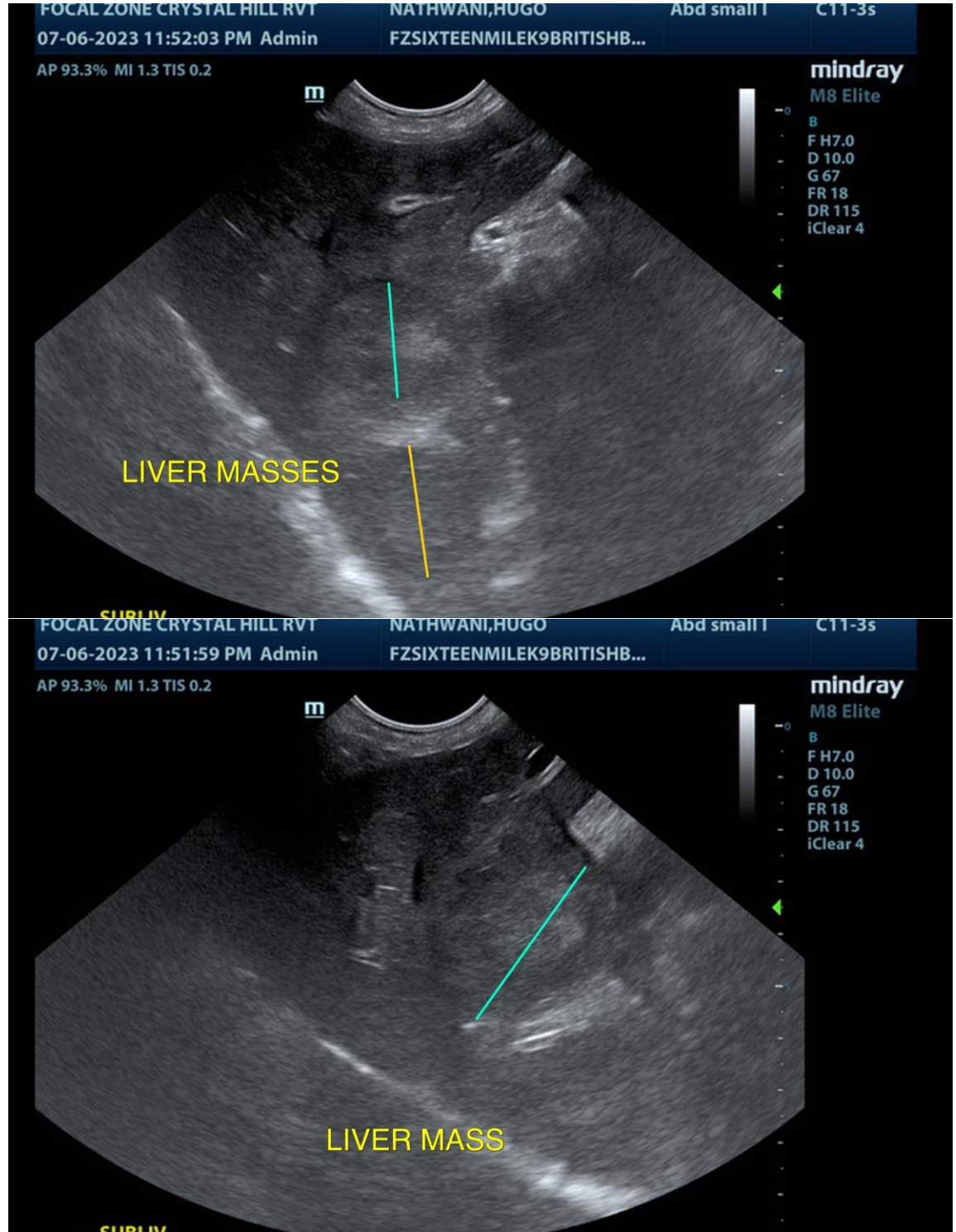
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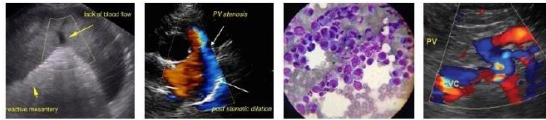
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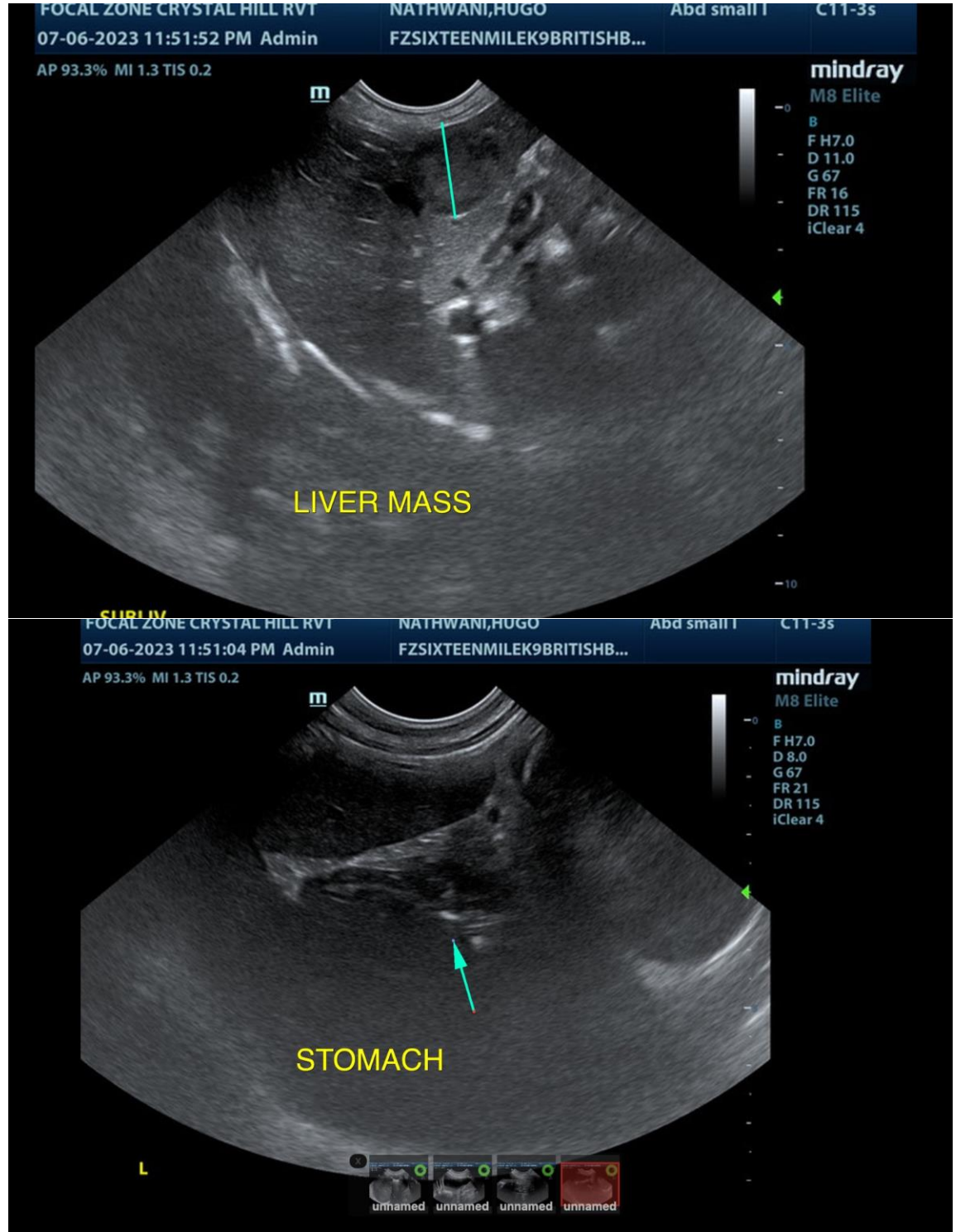
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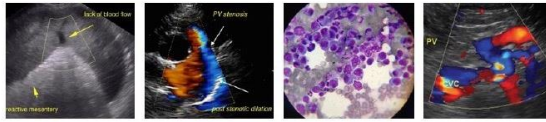
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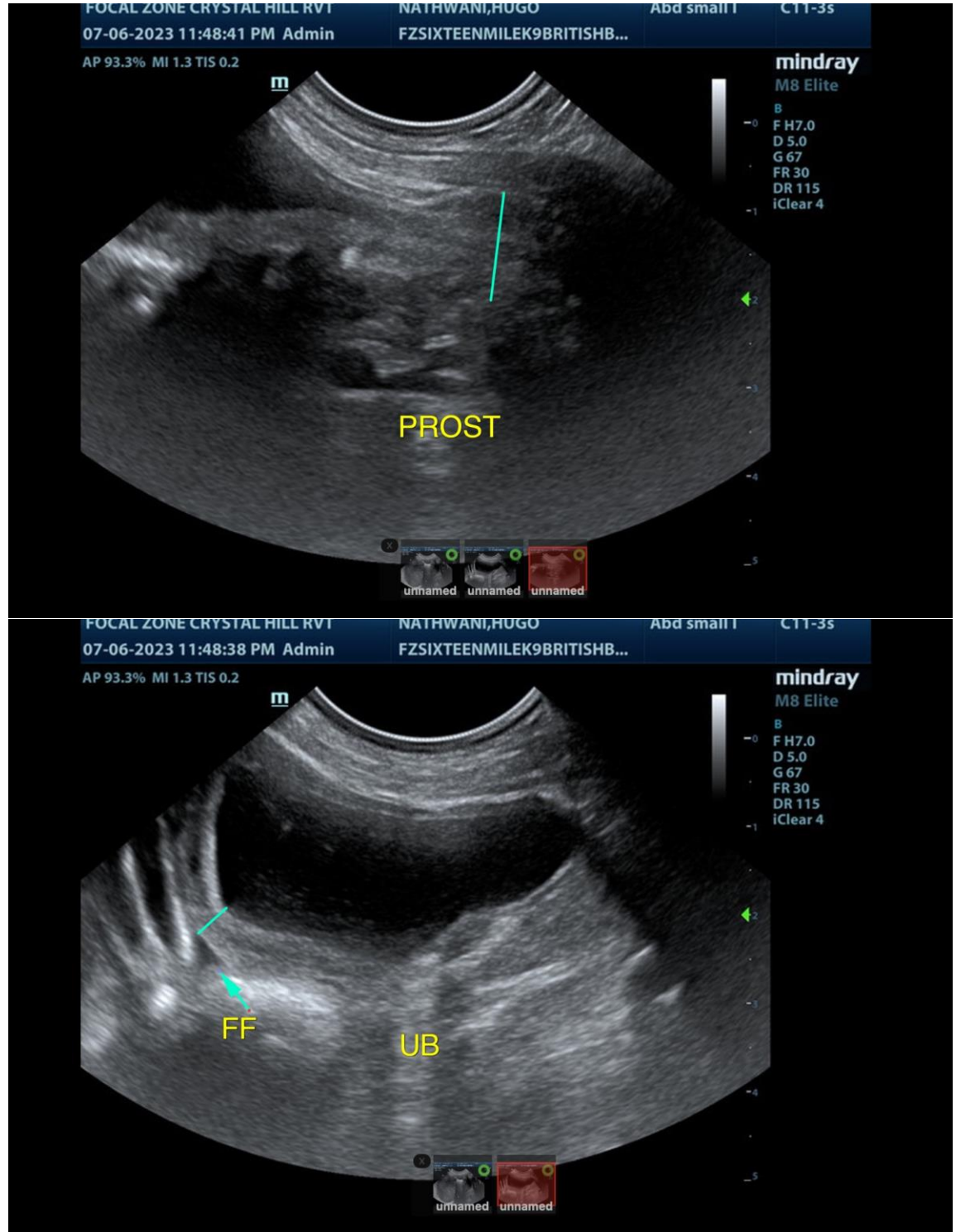
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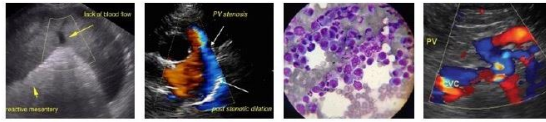
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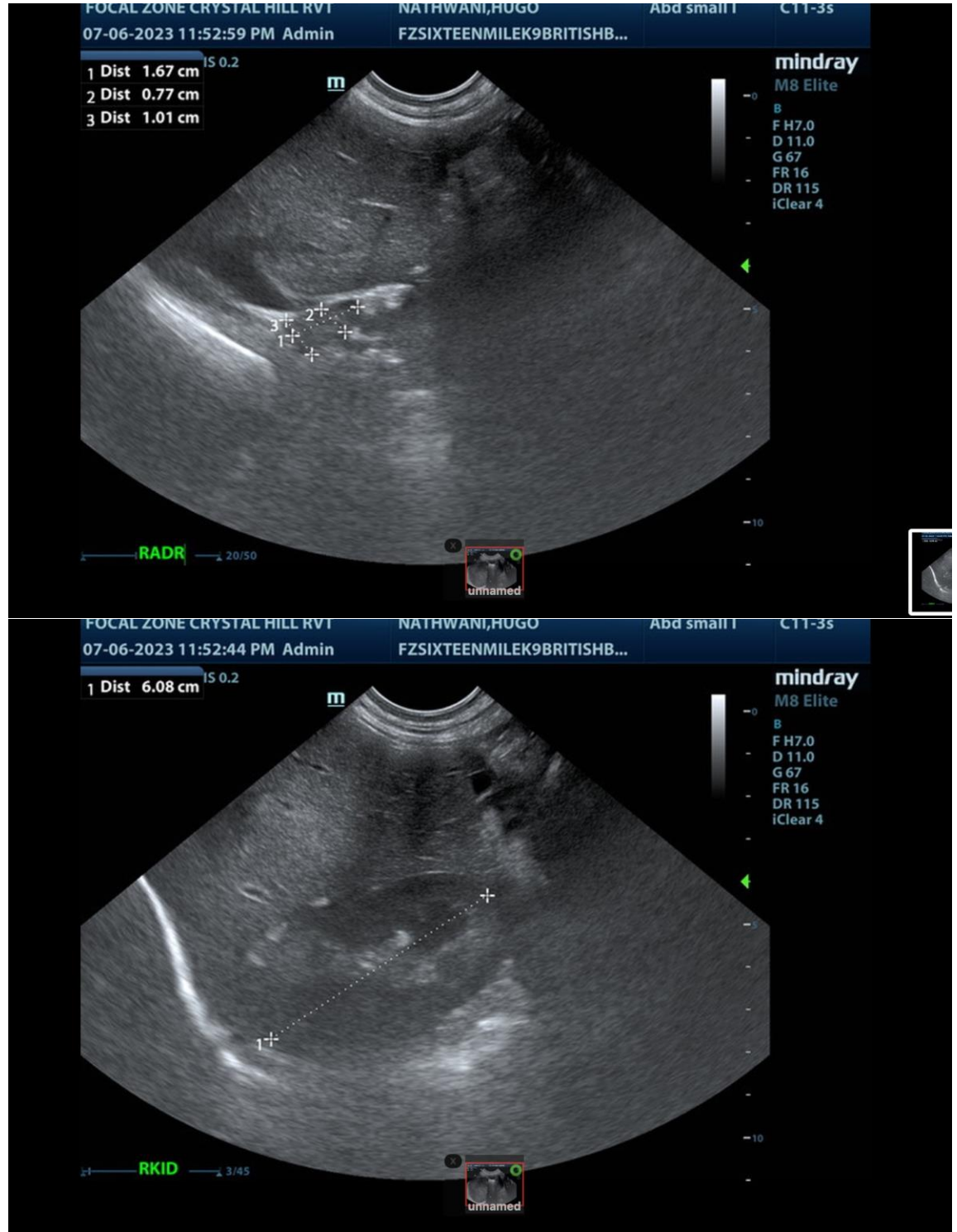
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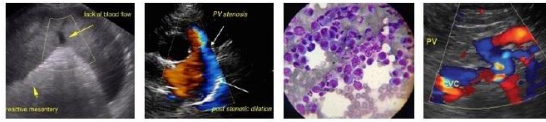
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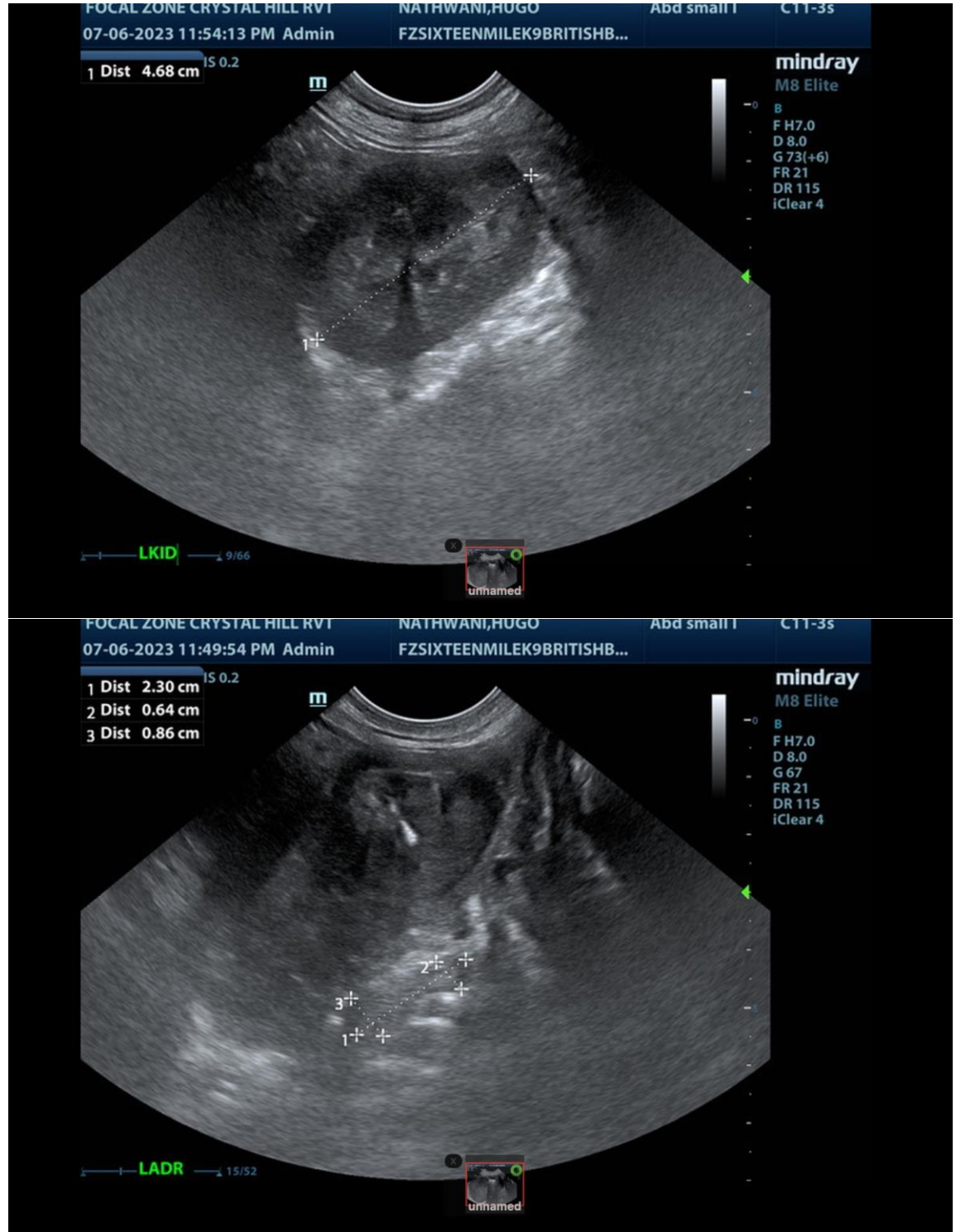
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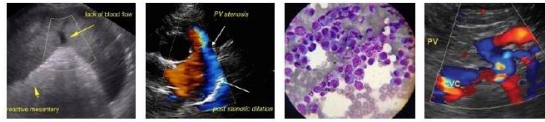
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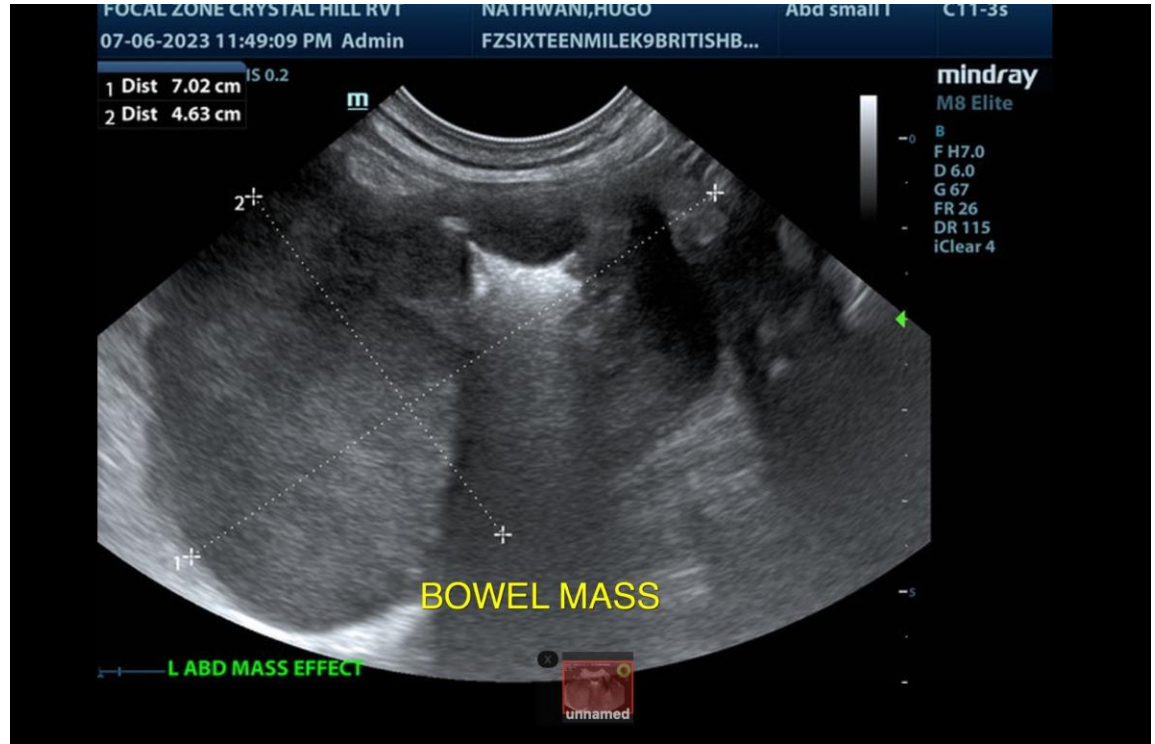
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From: Sonopath SPA <spa@sonopath.com>
Date: Thursday, July 6, 2023 at 1:

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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.

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