

**DATE**

9/23/21

PRESENTING CLINICAL SIGNS

History: 9/20/21- anorexia and vomiting- suspected pancreatitis vs other.
Current Medications: Cerenia-24mg- 1/2 tab SID, Entyce-0.6ml SID, Buprenorphine-0.3mg/ml- 0.2ml BID.
Lab Results: 8/17/21- BW= <Hct-31%.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: declined

PATIENT

Chili Lawson

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10/29/06

WEIGHT

13 lbs

INTERPRETED BY

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

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

91942

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 (5.37 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Small cortical cysts are noted along with pyelectasia that measured 0.18 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.14 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Small cortical cysts are noted along with pyelectasia that measured 0.17 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland has a large cranial pole and measures 0.91 cm and the caudal pole measures 0.97 cm and the length is 2.11 cm. It is located in its normal position cranial to the left renal artery. It is subnormal in appearance and the caudal pole is discrete and rounded creating the effect of a caudal nodule. This pole is isoechoic to the rest of the adrenal possibly consistent with a subtle nodule effect.

The right adrenal gland is large in size measuring 1.77cm at the cranial pole, 1.24 cm at the caudal pole and 3.9 cm in length and somewhat irregular in appearance. This is most consistent with a right adrenal mass.

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 heterogenous and hypoechoic in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are three discrete hyperechoic nodules visualized. One measures 0.93 cm another on the left side measures 2.24 x 1.35 cm and the smaller nodule measures 0.83 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

Some areas of the jejunum and ileum are visualized with a uniform diameter and minimal fluid distension. There appears to be diffuse intestinal thickening. There appears to be a large, abnormal thickened area of duodenum resulting in a mass effect. This measured approximately 2.0 x 2.07 cm. There is also a large, mixed echogenic mass visualized in the caudal abdomen measuring 5.67 x 3.37 cm. This appears to be arising from the bowel. Normal areas of duodenum measured 0.35 cm and the area of the mass effect had complete loss of layering. The wall thickness measured 1.0 cm. No dilation consistent with obstruction is observed. The tissue surrounding the mass effects is hyperechoic and inflamed.

The area of the ileocecal junction overlaps the area of the bowel mass seen in the abdomen. This mass could be involving the ileocecal junction as no normal area is observed, but it could also be obscuring it or displacing it. The distal colon appears normal.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of increased echogenicity particularly around the bowel masses.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large abdominal mass, which appears associated with the small bowel possible second more caudal mass effect as well. There is a high concern for a neoplastic process such as carcinoma or round cell neoplasia. Consider FNA or surgical biopsy.
- Left adrenal nodule. This nodule is isoechoic and subtle. I recommend to continue monitoring for now.
- Right sided adrenal mass. Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- The pancreas is prominent and mottled and lies within the area of the duodenal mass. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Heterogenous, hypoechoic liver with hyperechoic nodules. 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.
- Large debris in the gallbladder and mildly thickened wall. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS:

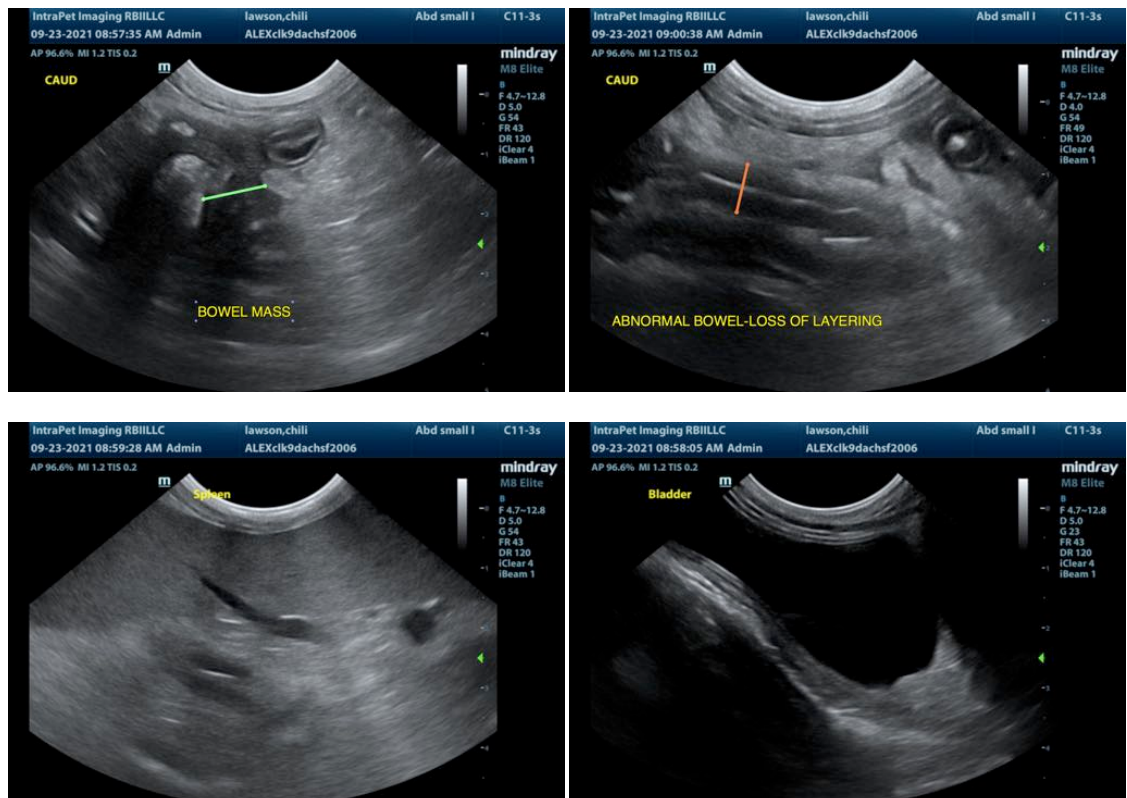
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. I recommend urinalysis and culture.
- Hyperechoic mesentery in the area of the bowel masses. This is likely reactive.

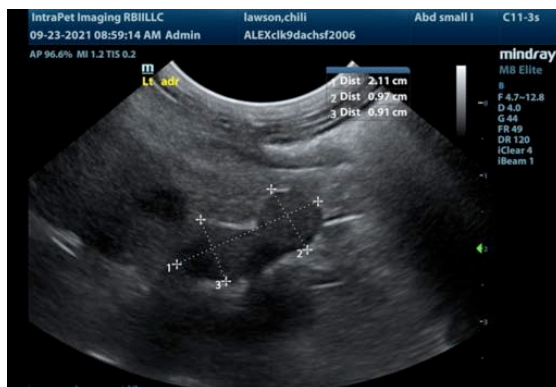
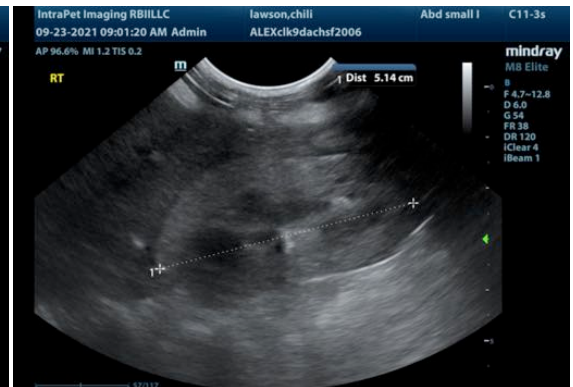
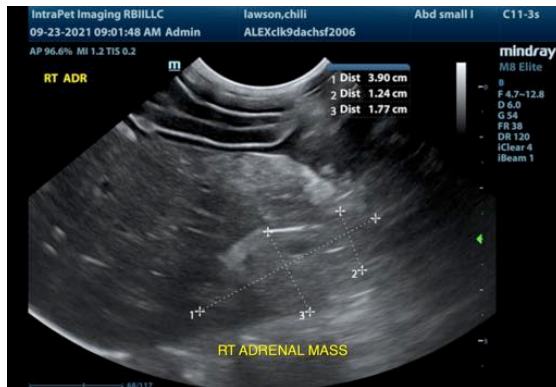
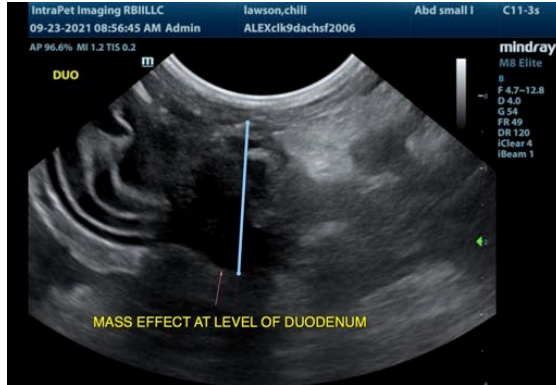
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

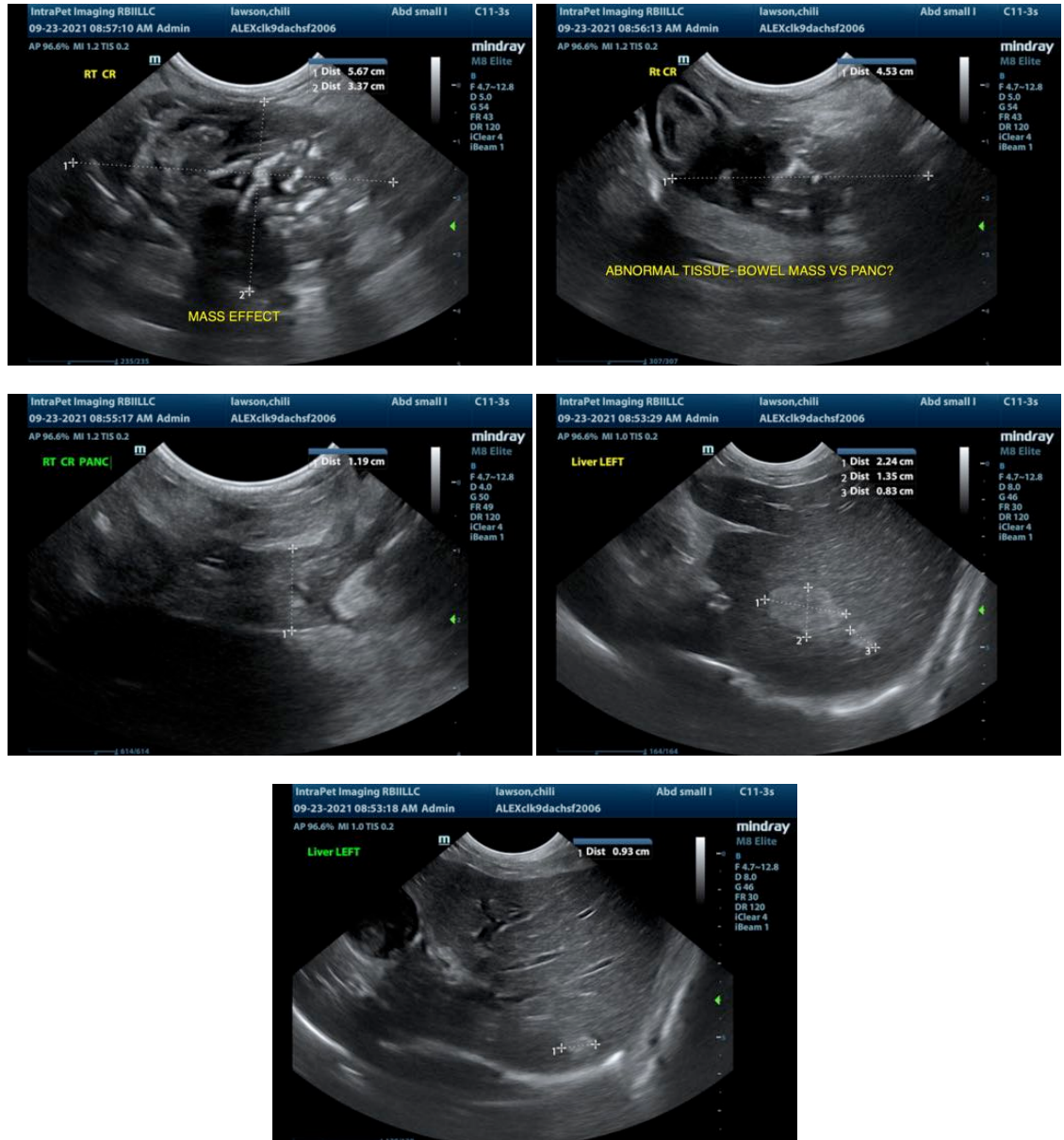
There is a large area of abnormal tissue within the abdomen that is associated with the bowel. It is possible that the pancreas may be involved as well although I suspect this is a primary bowel mass. Additionally there is a more caudal mass that has mixed echogenicity with gas and possible mineral shadowing. This could involve the ileocecal junction. I recommend either a FNA of the mass or advanced imaging (CT scan or exploratory surgery by a veterinary surgeon) as there is concern that this area could be difficult to resect due to the proximity of the pancreas, etc. I recommend three view thoracic radiographs.

Additionally, there is a right adrenal mass. If signs of Cushing's are present consider adrenal function testing once the bowel issues are dealt with. Consider blood pressure evaluation.

Additionally, there are three hyperechoic nodules in the liver. These could be benign nodules, but there is concern that they could represent metastatic disease.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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