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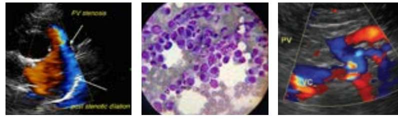

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DATE
9/3/21

PATIENT
Comet Kodzis

SPECIES
Canine

BREED
Rottweiler

SEX
Neutered Male

AGE
2011

WEIGHT
81.2 Pounds

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

HOSPITAL NAME
Northwind AH

REFERRING VET
Dr. Miller

INVOICE
25200

PRESENTING CLINICAL SIGNS

History: 1. weight loss (16lb in 6wks) 2. episodic vomiting 3. episodic diarrhea 4. Inappetence.
Current Medications: Metronidazole 500mg PO BID X 7d.
Trazadone 200mg proir to appt. Cerenia 160 mg - 0.5 tab PO SID.
Lab Results: K+ 3.6, WBC 5,000 (6000)
Radiographs: opacity between liver and spleen
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not needed.
Stat Report: Not requested .

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 prostate was not able to be visualized (see peritoneal cavity).

The left kidney has a normal shape and size (6.93 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 (6.65 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large in size. 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. There is an area of abnormal tissue adjacent to the spleen. On some views it appears associated with the splenic parenchyma, creating an approximately 4.0 cm isoechoic irregularity in the mid body of the spleen. On other views, there is a large mass effect of mixed echogenic tissue (approximately 6.2 cm x 5.3 cm) adjacent to the mid body of the spleen. This tissue is either of splenic origin, or lying adjacent to the spleen.

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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was not able to be visualized.

Free Abdomen

Evaluation of the peritoneal cavity revealed a small amount of anechoic free fluid.

There is a large amount of mixed echogenic, abnormal, coalescing, almost nodular tissue that appears very inflamed and starts in the cranial abdomen caudal to the stomach and adjacent to the spleen, which travels caudoventrally in the abdomen and extends down to the level of the urinary bladder, all the way to the pelvic inlet. This tissue is extensive and appears very inflamed, but it's origin and nature is uncertain. This tissue coalesces with the omentum, which appears very hyperechoic and inflamed.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Extensive ill-defined mixed echogenic inflamed tissue extending from the cranial abdomen to the pelvic inlet. This tissue appears very inflamed and is almost nodular in some areas, particularly adjacent to the spleen.

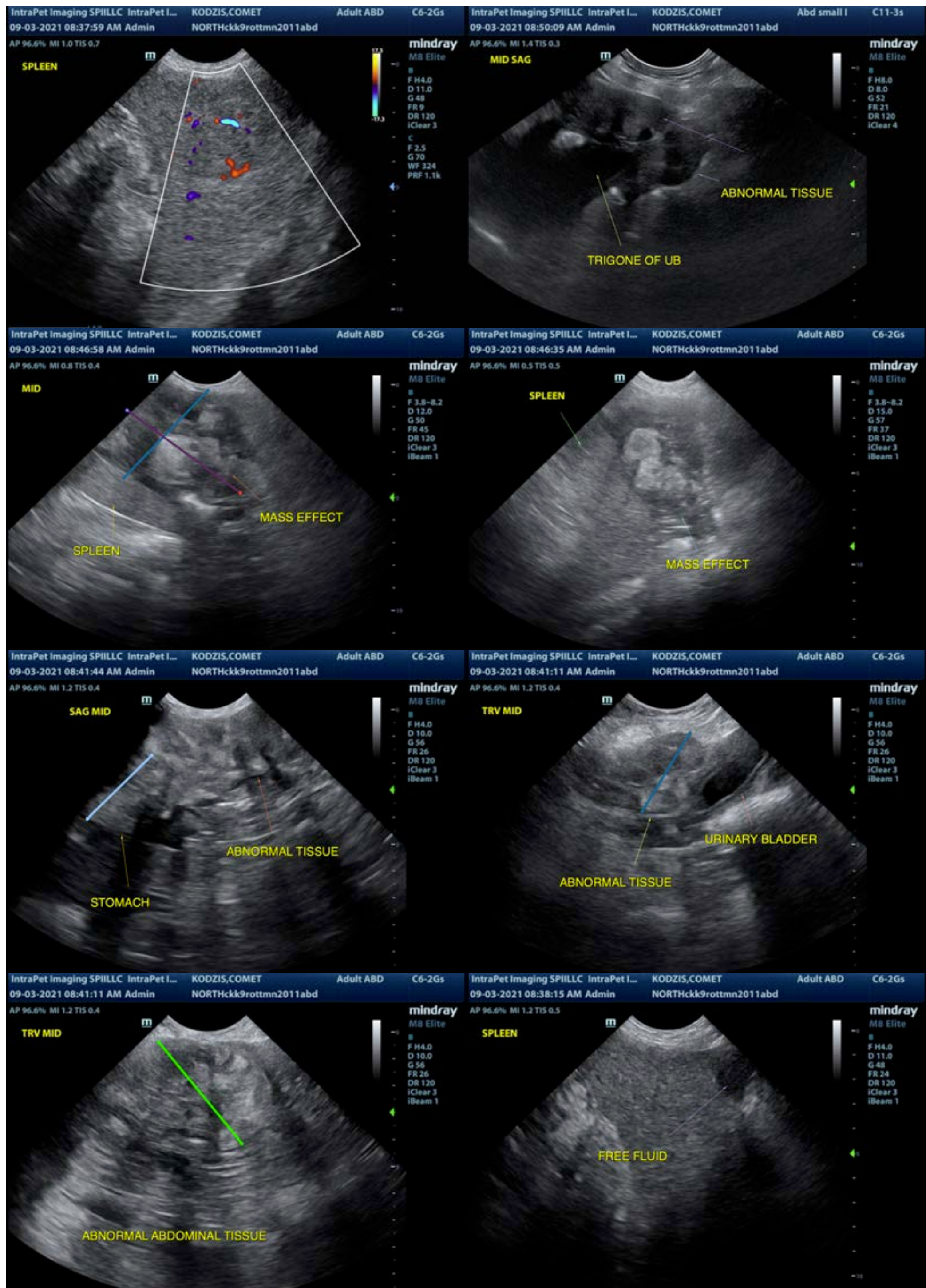
- Focal irregularity in the splenic body – differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, abscess, hematoma, other.

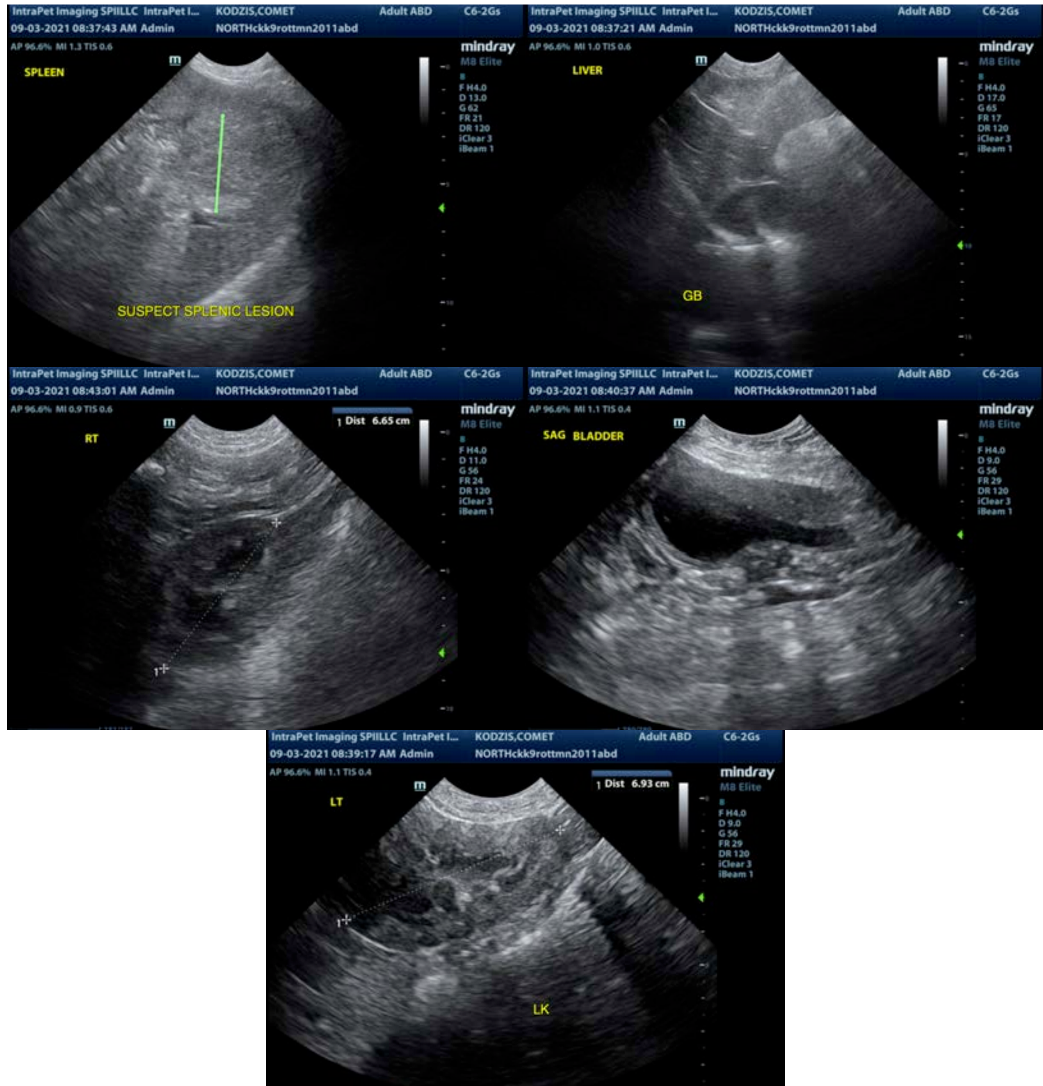
- Small amount of free fluid and hyperechoic omentum – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The scan is very abnormal, as there is a large amount of abnormal tissue extending from the cranial abdomen down into the pelvic inlet. The nature of this tissue is uncertain, as it is relatively ill-defined in nature, and its origin is unclear. This could represent metastatic disease, reactive foreign tissue, etc. Options moving forward include:

- Advanced imaging (CT scan of the abdomen).
- Fine needle aspirate of the abnormal mottled tissue as well as of the spleen.
- Referral to veterinary surgeon for exploratory surgery, biopsies, etc.
- Recommend 3-view thoracic radiographs.





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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