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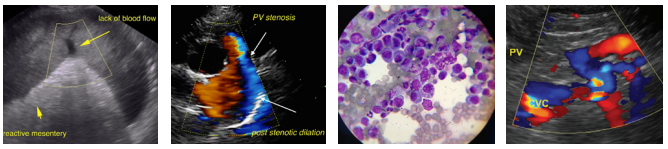


PATIENT
Edie Dalton

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
11 Years

WEIGHT
64 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
25178

DATE
9/3/21

PRESENTING CLINICAL SIGNS

Recheck pancreatitis, liver nodule FNA-Benign.

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 (5.97 cm). Overall echogenicity is normal with mildly reduced 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 (5.45 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. 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 0.56 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 0.76 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. 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

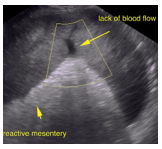
The liver is enlarged, irregular and hypoechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

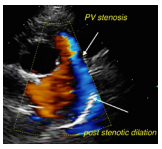
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

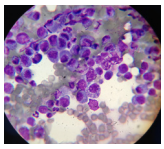
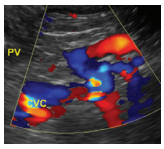
Gastrointestinal

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.

A large mid to caudal abdominal mass is visualized. This mass is large, amorphous and hypoechoic, and appears to be involving the small intestine. At its greatest dimensions it measures approximately 6.7 cm x 2.57 cm with complete loss of layering of the involved bowel loops, and wall thicknesses in excess of





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1.0 cm. There is echogenic fluid surrounding the general area of this mass, and hyperechoic mesentery. Some areas of normal bowel are visualized measuring 0.25 and 0.36 cm.

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 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 revealed a moderate amount of echogenic free fluid. No lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity, particularly in the area of the bowel mass.

PRIMARY FINDINGS

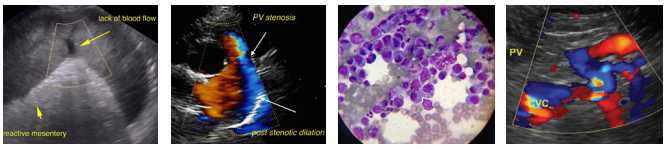
- Large, hypoechoic mass involving the small intestine – findings are strongly suggestive of a neoplastic process (round cell neoplasia, carcinoma, etc.).
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous, irregular, hypoechoic 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.
- Echogenic free abdominal fluid – This fluid is concerning for a neoplastic effusion or peritonitis (sterile or bacterial).
- Prominent mottled pancreas – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's images demonstrate a connection between the abdominal mass and the small intestine. Additionally, there is free fluid present, which is likely either peritonitis or a neoplastic effusion. It is difficult to assess the full extent of the mass lesion to determine if it is surgically resectable. General recommendations would be to sample the mass effect by fine needle aspirate and sample the fluid to determine its nature. If a diagnosis can be made, the consultation with a veterinary oncologist regarding treatment options (chemotherapy versus surgery) should be considered. If the effusion is septic,



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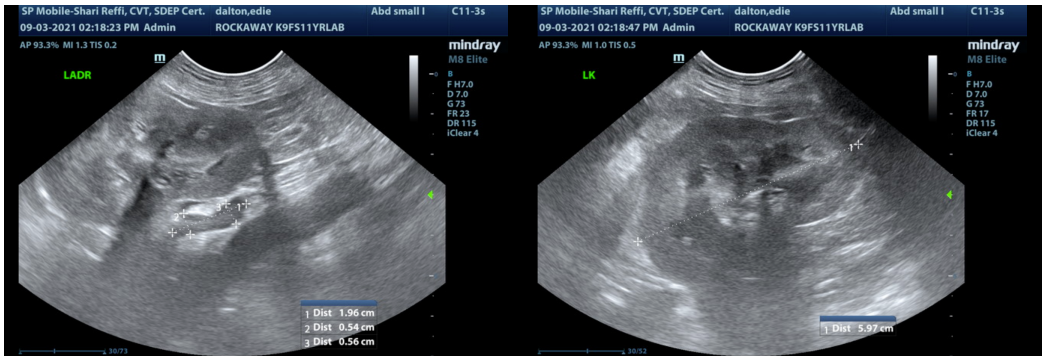
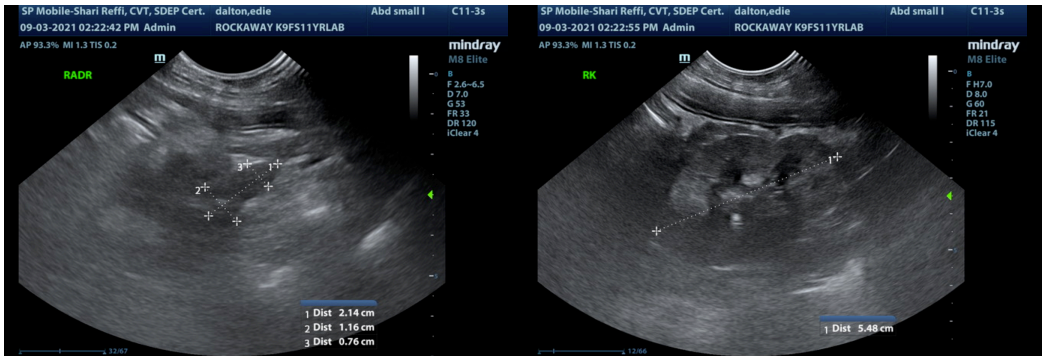
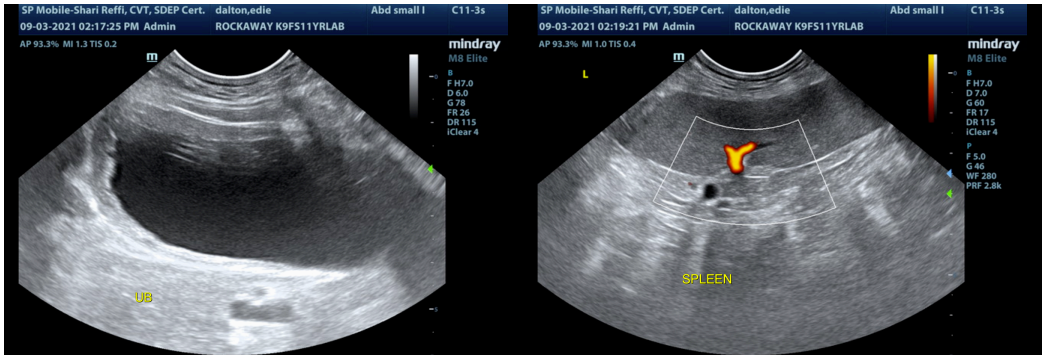
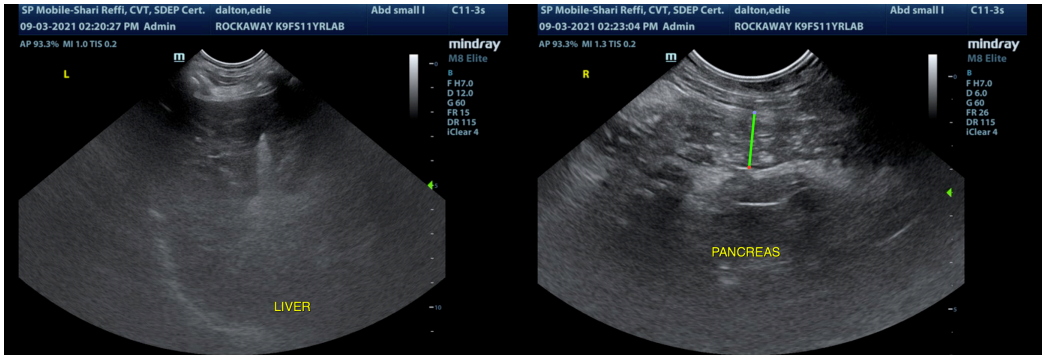
recommend referral to a veterinary surgeon for exploratory evaluation for resection and biopsy. Recommend 3-view thoracic radiographs and current blood work. I am suspicious that this represents a metastatic process with involvement of the spleen, liver and small intestine.









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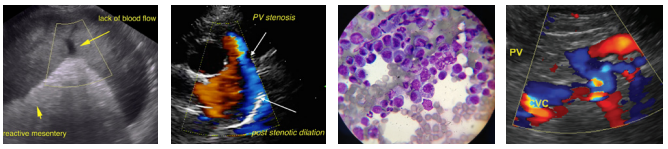

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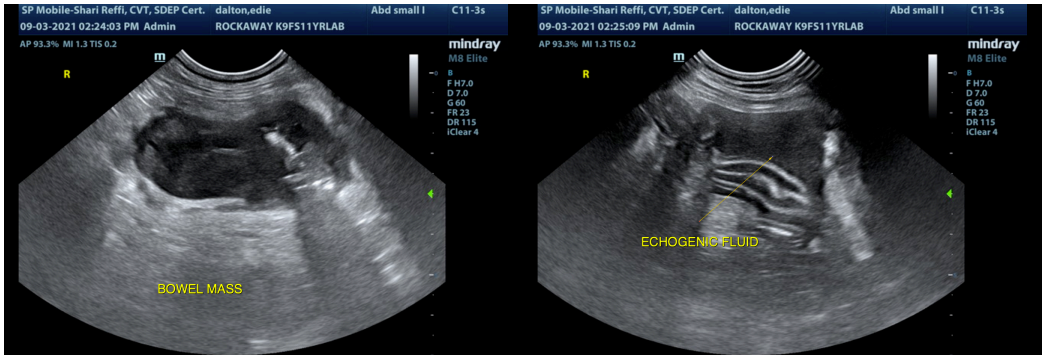

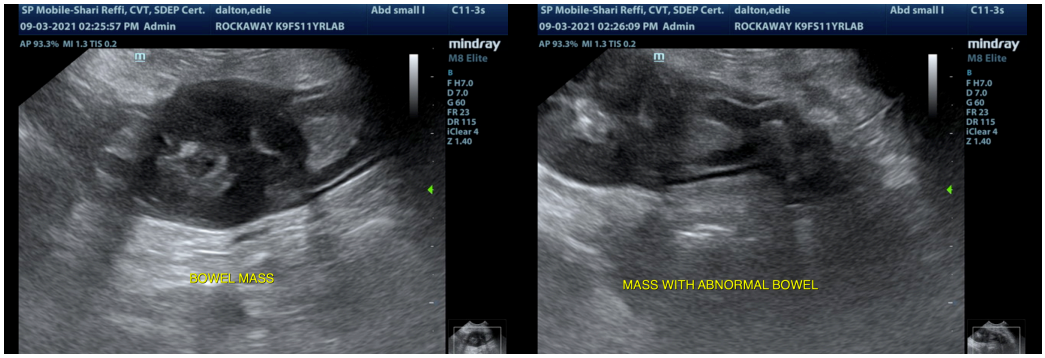

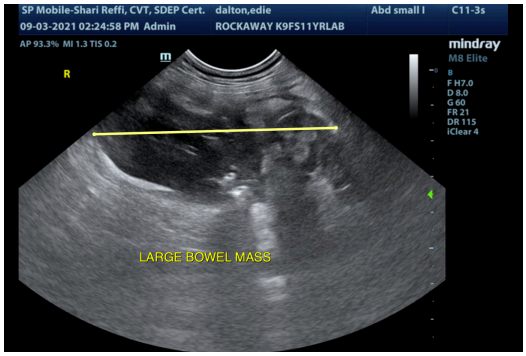

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com