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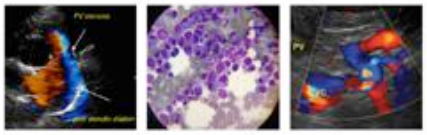

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Lucy Osborn

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4 years

WEIGHT

65 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Union Lake VH

INVOICE

30215

DATE

5/9/22

PRESENTING CLINICAL SIGNS

Anorexia, vomiting
Abnormal PE/Chem/CBC/UA Results: Abdominal mass palpable in caudal abdomen Question you want answered with an ultrasound: Is the abdominal mass a candidate for surgical removal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is inadequately filled, thereby affecting the ability to accurately measure wall thickness. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of sediment, cystoliths, polyps, or a mass.

Kidneys

The **left** kidney measures 6.45 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 6.70 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.54 cm at the cranial pole, and 0.49 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

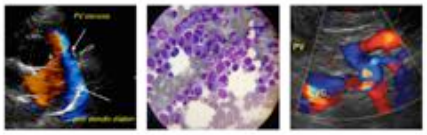
The **right** adrenal gland measures 0.58 cm at the cranial pole, 0.56 cm at the caudal pole and 2.98 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and appears to be within normal limits in echogenicity. A mild to moderate



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amount of perivascular cuffing is present, which may be due to deposition of fat. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

Panting artifact is present. A significant amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The duodenum is within normal limits in wall thickness and definition of the wall layers.

Right abdomen, small intestines: a segment of small intestine is corrugated. It measures 0.23 cm and a loss of the normal definition of the wall layers is observed. Decreased peristalsis is observed. This abnormal segment of bowel leads to a mass effect with a severely hypoechoic mucosa and complete loss of normal detail of the wall layers, as well as a lumen containing hyperechoic material. The mucosa measures from 0.70 cm and up to 1.78 cm. The structure measures up to 5.1 cm in length. In another view, it measures, 5.7 cm in diameter x 6.5 cm in length. It is severely hypoechoic with areas of hyperechogenicity at the periphery and echogenic material, suggestive of ingesta, in the center. In a transverse view, a dilated loop of jejunum is observed. The lumen is filled with fluid and gas and the mucosa is thickened at 0.73 cm. The surrounding mesentery is hyperechoic.

The structure appears to be a number of loops of bowel and omentum that are aggregated together. An obvious foreign body is not observed.

Abnormally dilated loops of bowel are observed mid-abdomen. They are filled with fluid.

The colonic wall is not thickened and mural detail is considered normal. Loose stools are present within the colon.

Pancreas

The **left limb** is very mildly hypoechoic, however, no abnormalities are observed with the mesentery surrounding the pancreas. There are no overt signs of active pancreatitis or neoplasia.

No overt abnormalities are observed with the echogenicity or echotexture of the right limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph nodes

No obvious abnormalities are observed.

Abdominal effusion is not visualized.

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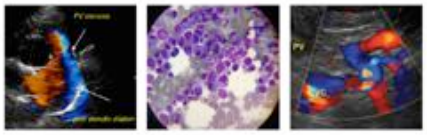

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ULTRASONOGRAPHIC FINDINGS

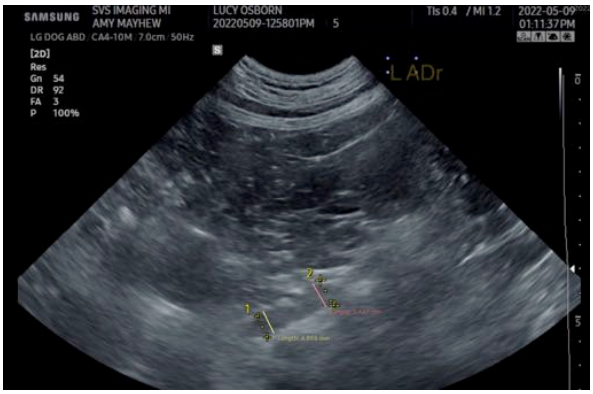
- A structure or "mass effect" involving the jejunum is visualized. A segment of jejunum with abnormal wall layering and luminal contents is observed on the right. This leads into a dilated loop of jejunum with hyperechoic, granular contents and severely thickened and hypoechoic walls with complete loss of wall layering. The appearance of the mass effect is gastrointestinal in nature, however, one cannot exclude the possibility of adhesions of other loops of bowel and omentum.
- The above structure is severely hypoechoic, therefore, one cannot exclude the possibility of inclusion of lymph nodes within the mass.
- Differential diagnoses for the mass include neoplasia, for example, lymphoma, adenocarcinoma, however, a fungal granuloma, pythiosis, etc. cannot be excluded. The mesenteric root does not appear to be involved from the images reviewed, therefore, surgical exploration with the goal of resection and anastomosis is recommended.

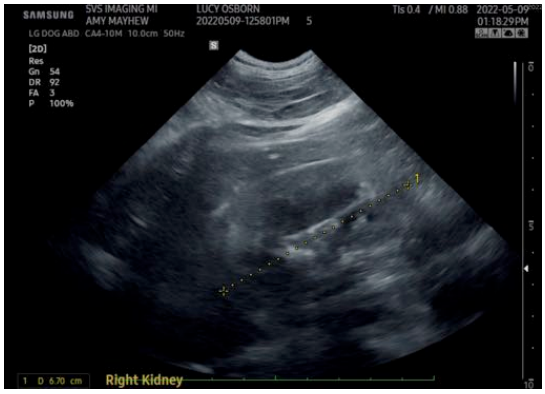
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploration with the goal of resection and anastomosis is recommended.

Changing of surgical gloves is recommended to avoid transplanting possible neoplastic cells throughout the abdomen.

Flushing the abdomen will be extremely important to decrease the risk of sepsis. An antibiotic, such as cefoxitin is recommended.





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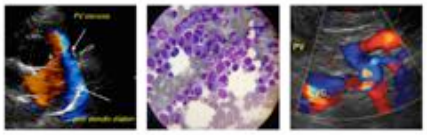

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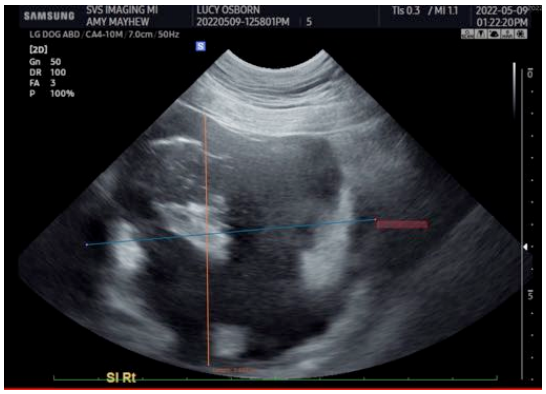

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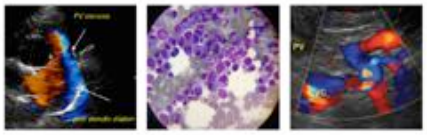

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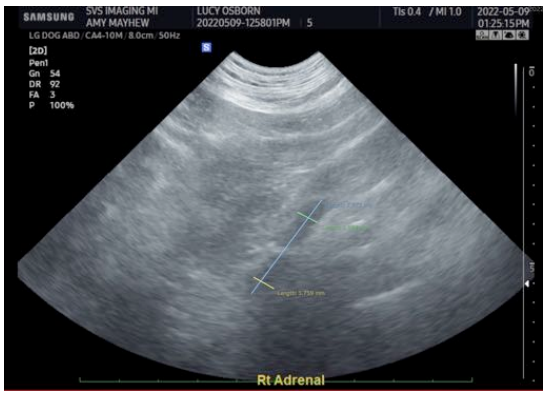

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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