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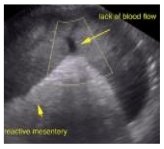
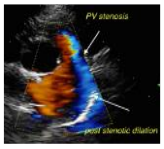
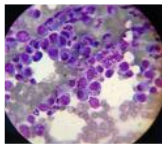
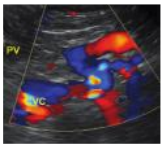





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Chris Sequra

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

M/N

**AGE**

12

**WEIGHT**

102.7

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

15842

**DATE**

1/13/23

## PRESENTING CLINICAL SIGNS

VOMITING Chronic diarrhea for a month Anorexia
Abnormal PE/Chem/CBC/UA Results: Previous blood work–within normal limits PLI–negative
Palpation–cranial abdominal mass

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of obvious pathology, although not definitively visualized.

No overt evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

The spleen was normal in size with a maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

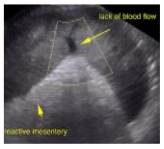
### *Liver/ Gallbladder*

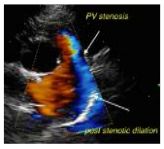
The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of hepatic vascular congestion. The gallbladder was mildly distended in size, likely secondary to anorexia / fasting, containing anechoic content with mild nonorganized echogenic luminal debris. The cystic and common bile ducts were normal.

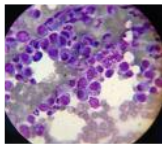
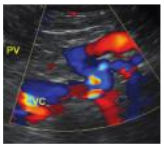
### *Gastrointestinal*

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The small intestine exhibited segmental intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental midabdominal intestinal segments exhibiting moderate to variable mural hypertrophy



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with indistinct wall layer detail and subjective associated mild metabolic to paralytic ileus to the level of the ileocolic junction.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

### *Pancreas*

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

Generalized nonuniform hyperechoic to nodular mesentery was present. An ill-defined mass lesion noted in the mid-cranial abdomen subjectively within the area of the pancreas or possible ileocolic junction was present measuring approximately 5.0-6.0 cm in diameter. No evidence of significant lymphadenopathy. Moderate volume peritoneal free fluid exhibiting mild echogenic changes suggestive of mild fluid cellularity was present.

## ULTRASONOGRAPHIC FINDINGS

- Micronodular splenic changes
- Generalized enterocolitis pattern with segmentally thickened midabdominal intestine
- Ill-defined mass lesion mid-cranial abdomen
- Generalized nonuniform / nodular mesentery
- Moderate volume peritoneal effusion exhibiting mild echogenic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric neoplasia potentially involving the pancreas, segmental intestinal tract, and possibly spleen with primary concern for carcinomatosis, lymphomatosis, or similar. Potential for non-neoplastic etiology for the sonographic findings such as active pancreatitis, segmental significant inflammatory bowel disease, and nonspecific peritonitis are possible although considered less likely.

Further assessment may include, if accessible and assuming normal clotting status, FNA cytology of the ill-defined mid to cranial abdominal mass, as well as effusion analysis, cytology, +/- C/S if evidence of inflammatory cells. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for pancreatitis may be considered less likely, given normal PLI.

As-needed gastrointestinal support pending additional diagnostics would be reasonable. However, a very guarded to suspect unfavorable prognosis is indicated.

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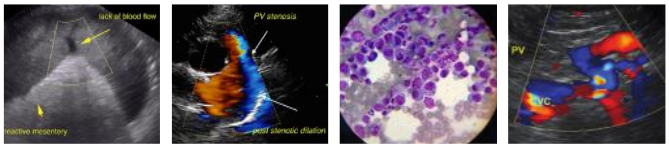

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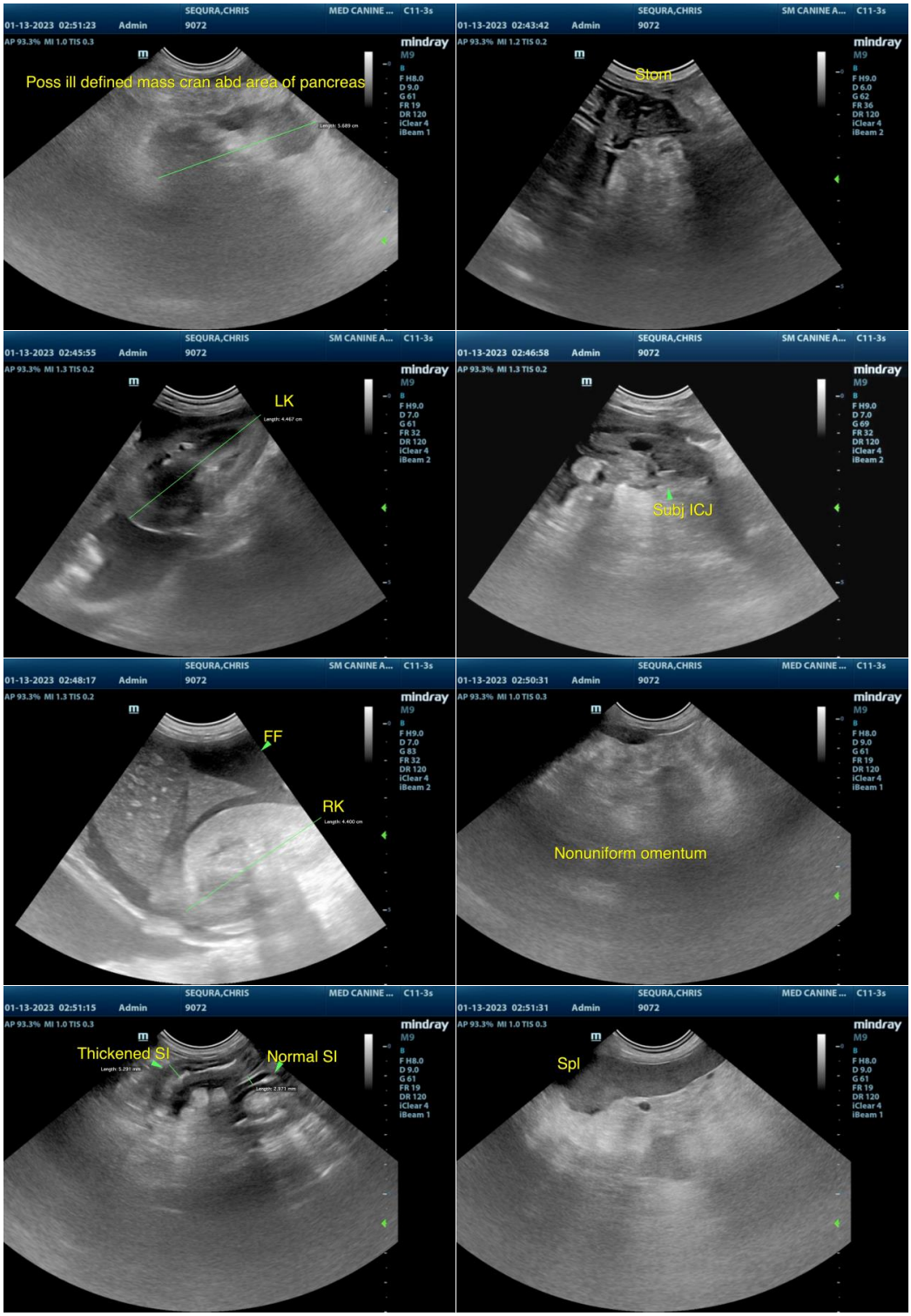

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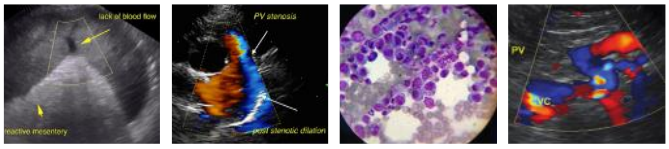


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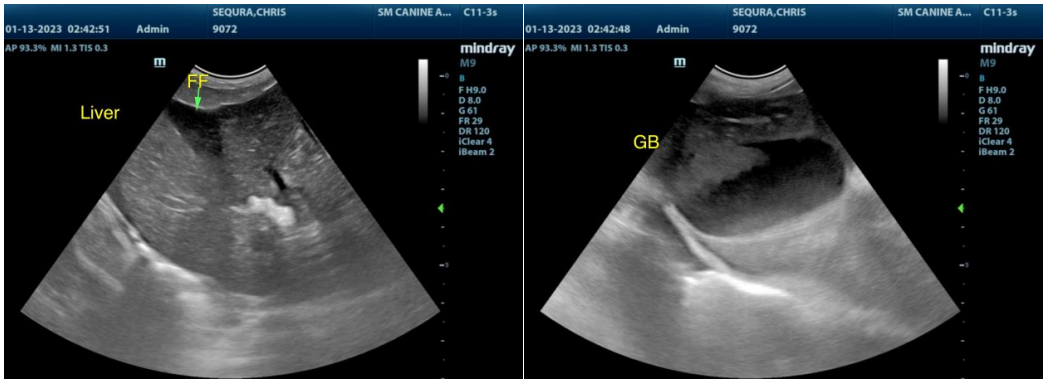


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**