

PATIENT PRESENTING CLINICAL SIGNS

Buster Magee History: Elevated pancreatic values, history of vomiting/diarrhea, resolved with medical management, lethargy, bloating, elevated heartrate, anemic, concern for abdominal mass

SPECIES Medication: Pepcid, Metronidazole, Probios

Canine WBC Hematocrit 33.9, reticulocytes 81.8, WBC 21.6 with neutrophilia and monocytosis, platelet 233, Chem panel Amylase 1585, Lipase 2069

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 were noted.

SEX

Neutered Male

The area of the residual prostate appeared normal and free of pathology.

AGE

9 years

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 6.3 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT

44 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.63 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

Liver / Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Coyle

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Potential for mildly prominent yet intact pylorus wall layering which is nonspecific. The pylorus wall measured 0.72 cm width. No evidence of mechanical pyloric outflow obstruction or retained gastric fluid, ingesta, or overt foreign material. The gastric body wall width measured 0.24 cm.

INVOICE

49375

DATE

1.7.2022



PATIENT

Buster Magee

A solitary small intestinal mural mass in the subjective mid to caudal abdomen was present. The mass exhibited hypoechoic asymmetrical mural hypertrophy and loss of distinct wall layering with associated mild segmental paralytic ileus. The mass exhibited a wall width measuring 0.9-1.0 cm in diameter.

SPECIES

Canine

The visualized colon exhibited unremarkable wall layering with subjective formed feces and luminal gas.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Pitbull

Free Abdomen

Associated regional peri-intestinal echogenic mesentery along with potential for associated peri-intestinal lymphadenopathy potentially obscured by the small intestinal mural mass. No overt evidence of effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

- Small intestinal mural mass - subjective mid to caudal abdomen distal jejunal or potential ileal to ileocolic location suspected.
- Associated regional reactive to potentially inflamed peri-intestinal mesentery and potential lymphadenopathy.

WEIGHT

44 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplastic, granulomatous, or favored neoplastic etiologies may be possible for the small intestinal mural mass. Primary concern for lymphoma, adenocarcinoma, stromal tumor, leiomyoma / leiomyosarcoma, or other neoplasia likely. Subjectively the small intestinal mural mass appears to be amendable to surgical resection. The possibility of regional omental seeding or associated infiltrative or neoplastic lymphadenopathy may be possible yet no overt evidence of additional omental or major organ metastasis. Potential intestinal bleeding associated with mass or ulceration possible given the anemia or if evidence of melena.

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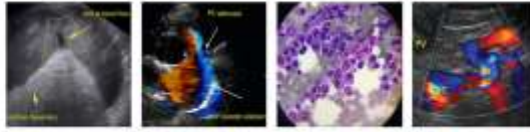
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