IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Eve Witt

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

64 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bowers

INVOICE

12393

DATE

10/11/21

PRESENTING CLINICAL SIGNS

12.5# weight loss, vomiting food and water, lethargic, not eating now
Abnormal PE/Chem/CBC/UA Results: P was mildly dehydrated and lethargic, we did note 12.5# weight loss (our last weight was 2 months ago but O says weight loss is just recently). BW showed some mild abnormalities - mild inc in WBC, Neutrophil, Monocytes. Glucose slightly high, mild inc ALT, low Na and Cl. Radiographs seemed suggestive for neoplasia - possibly GI in origin?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 6.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.83 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 3.3 cm length x 0.58 cm width at the caudal pole.

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.

Liver/ Gallbladder

The liver presented 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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet mild prominent wall layering. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.59 cm.

The small intestine exhibited primarily intact yet variable thickened walls exhibiting altered 1:3 muscularis/mucosa ratio. Segmental, moderate mural hypertrophy with indistinct wall layering and intestinal mural mass was present, subjectively in the mid-abdomen, likely in the jejunum, or potentially in the area of the Ileocolic junction. The intestinal wall approaching the mural mass measured up to 0.65 cm in width, while the mural mass itself measured approximately 3.5 cm x 3.5 cm.

Normal visible colon wall layers were present with semi-formed feces in lumen.

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 were evident.

Free Abdomen

Associated regional peri intestinal to generalized nonuniformly echogenic omentum along with small pockets of scant peri intestinal free fluid were noted. Focal to potential intermittent hypoechoic to mildly swollen mesenteric lymph nodes were present. An example of a lymph node measured 1.2 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy with variable mural thickening and segmental intestinal mural mass
- Associated regional peri intestinal to generalized reactive mesentery, small pockets of scant peri intestinal free fluid, and focal to intermittent lymphadenopathy - potential for peritonitis
- Mild hepatomegaly - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental to potential generalized small intestine is consistent with Infiltrative enteropathy. Considerations may Include inflammatory infiltrative enteropathy, IBD, or neoplastic infiltrative enteropathy i.e., lymphoma, carcinoma, or other. Neoplasia is favored in this case. The potential for other infiltrative intestinal processes i.e., fungal disease if clinically indicated, may be possible.

The concurrent mesenteric lymphadenopathy may indicate reactive hyperplasia, lymphadenitis, or concurrent early neoplastic lymphadenopathy, while the possibility of early regional omental seeding cannot be definitively excluded.

Intestinal +/- lymphatic biopsies with potential resection anastomosis of the mural mass are needed for a definitive diagnosis. However, intestinal involvement may potentially be extensive. The

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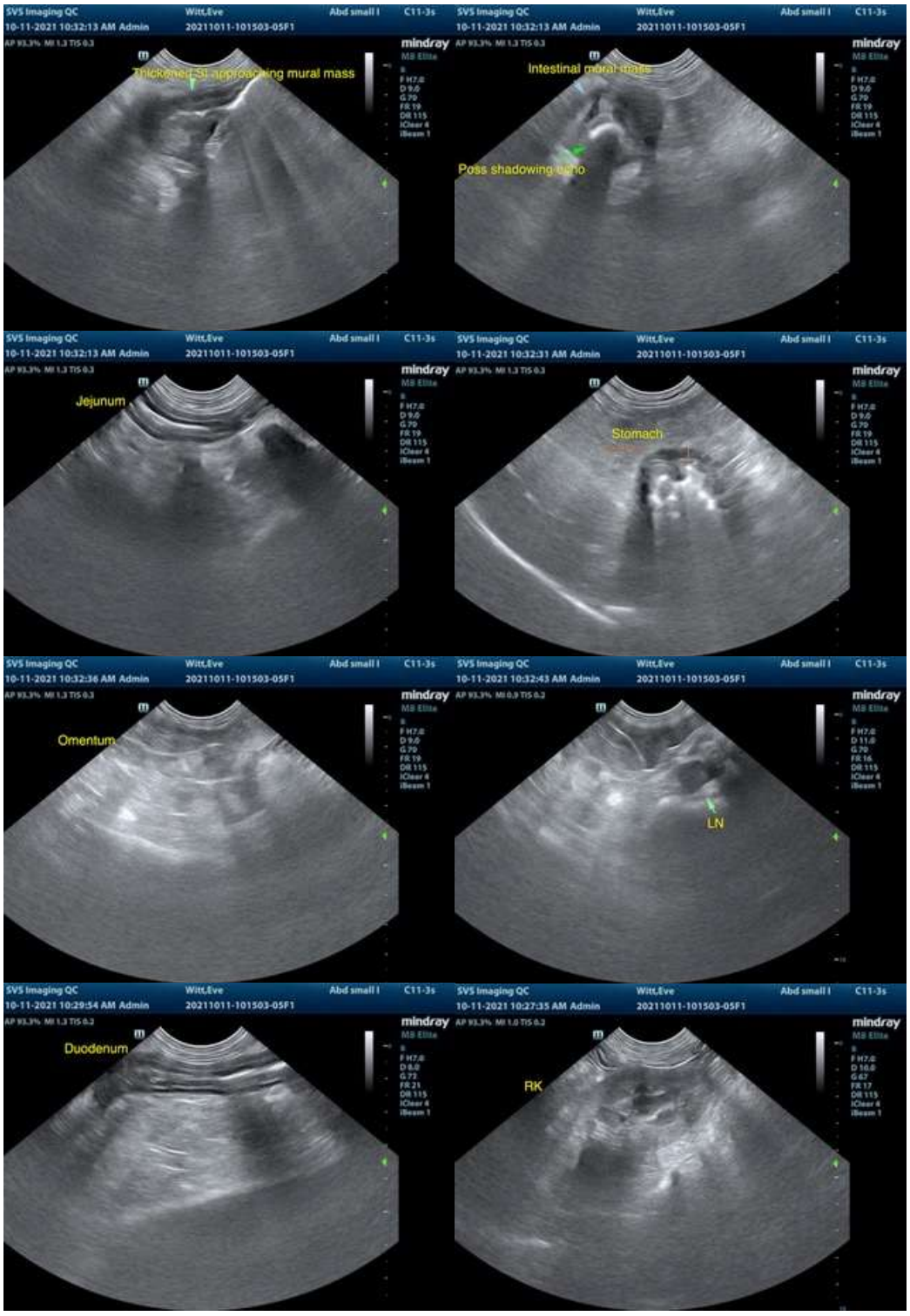
possibility of early hepatic involvement is considered unlikely. Screening hepatic FNA for cytology is recommended prior to surgical considerations. Three view chest radiographs are recommended.



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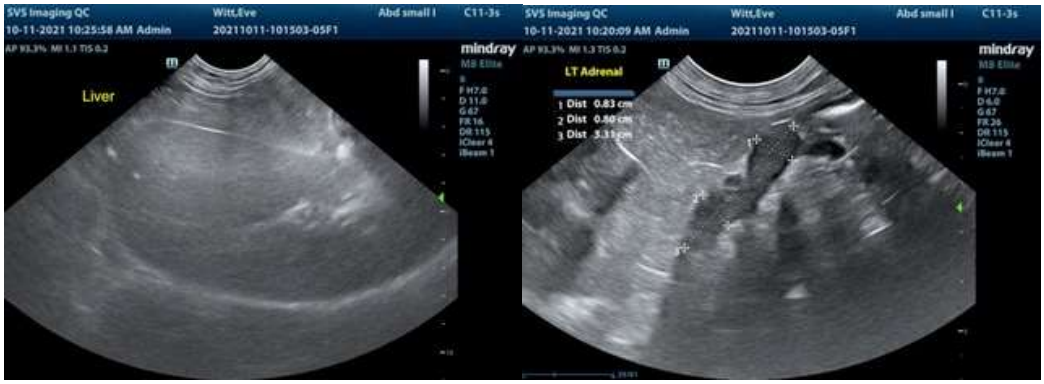

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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