



PATIENT

Buddy Walsh

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

26524

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Buddy is a twelve year old, MN, Cockapoo with a 1.5 month history of diarrhea, decreased appetite and weight loss. CBC, Chem, T4 on 9/21/21 showed decreased total protein (5.2), low normal albumin (2.8), and increased ALP (432). Comprehensive fecal showed no parasites. Recheck exam on 10/20/21 showed 4 # weight loss in one month, tense abdominal palpation and slightly pale mm. Bloodwork is attached as a pdf and shows regenerative anemia, lymphopenia, left shift (bands), increased SDMA, increased ALT and ALP, decreased total protein and albumin (2.3 now). cPL is still pending.

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 were noted.

The residual prostate was free of pathology.

The left kidney was mildly enlarged compared to the right. Moderate loss of corticomedullary border demarcation was noted in both kidneys with medullary pelvic mineral present in both kidneys as well, more prominent in the left kidney with mild left kidney pyelectasia and fluid dilation extending mildly into the lateral diverticuli. Subtle evidence of left kidney retroperitoneal inflammation was present. The left kidney measured 6.7 cm. The right kidney measured 5.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.62 cm at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.65 cm at the caudal pole.

Spleen

The spleen exhibited subjective mild generalized enlargement and maintained symmetrical capsule contour with mottled to non-homogeneous, mildly hypoechoic parenchyma.

Liver

The liver was moderately enlarged. Generalized mild hypoechoic hepatic parenchyma was noted with mild increased prominence of portal vasculature borders. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 duodenum exhibited intact yet prominent walls with generalized duodenal ileus extending caudally to a caudal duodenal to proximal jejunal mural mass, exhibiting hypoechoic mural hypertrophy and loss of distinct wall layering, measuring approximately 5.0 cm length x 3.0 cm width. Regional peritonitis was present. Duodenum wall measured 0.5 cm. The jejunum and ileum were sonographically unremarkable.

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



PATIENT

Pancreas

Buddy Walsh

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.

SPECIES

Canine

Free Abdomen

Multiple enlarged, hypoechoic cranial mesenteric and hepatic lymph nodes were present. Example measured 3.1 cm x 1.3 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

BREED

Cockapoo

Generalized perihepatic to perisplenic reactive mesentery noted.

SEX

Neutered Male

Small pockets of perihepatic to perisplenic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen
- Hepatomegaly with swollen contour and decreased parenchyma echogenicity
- Distal duodenal mural mass with generalized duodenal mural hypertrophy
- Multifocal cranial mesenteric and hepatic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study is consistent with multicentric neoplasia involving the segmental to generalized duodenum, spleen, cranial mesenteric to hepatic lymph nodes, and likely liver, with potential for regional periduodenal omental seeding and peritonitis. Assuming normal clotting status, ultrasound guided hepatosplenic FNA may be considered further staging and potential for oncology consult. However, a likely unfavorable prognosis is unfortunately indicated.

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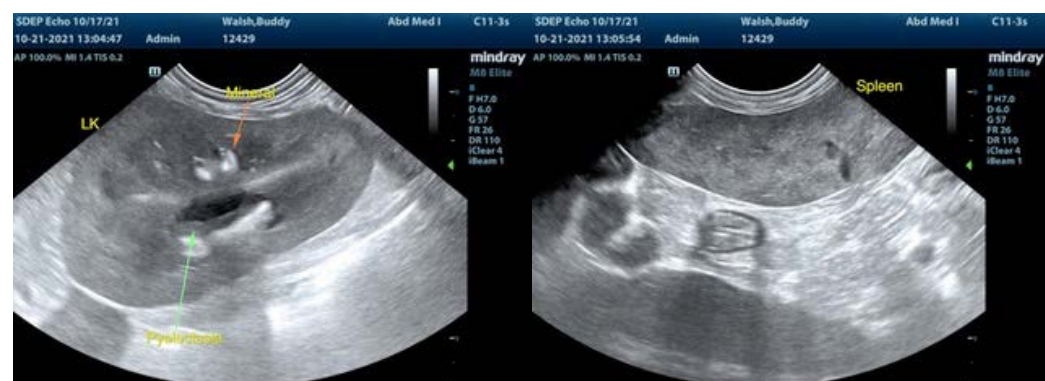
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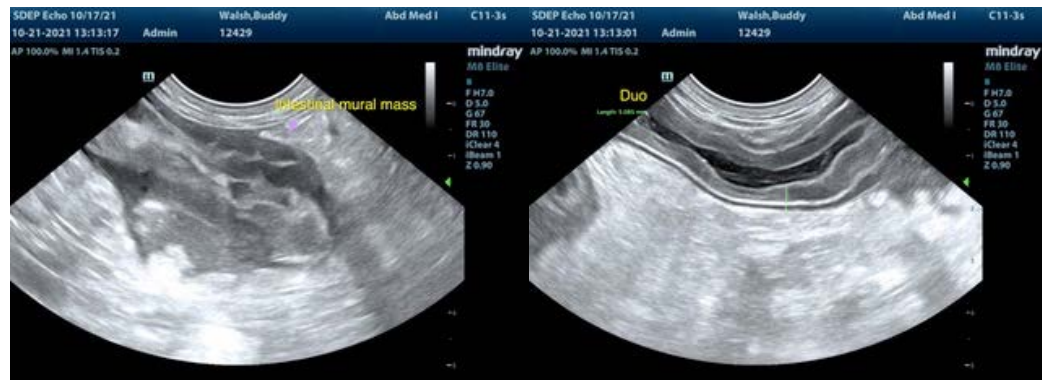
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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