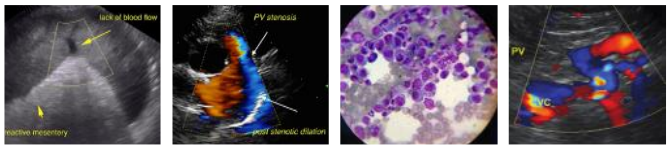
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Abbey Halliburton

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

14yr

WEIGHT

22.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Berthelemy

HOSPITAL NAME

Healing Traditions Holistic Vet

REFERRING VET

Dr. Vockeroth

INVOICE

11787ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

Reduced appetite. Came in for pre-anesthetic labs (dental). Started on antimicrobial therapy and Vit B.

Abnormal PE/Chem/CBC/UA Results: Non-regen anemia at 22%. Elevated WBC, reduced albumin, elevated globulins. Negative Coombs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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. A solitary thinly walled cyst containing anechoic fluid measuring 1.3 cm in diameter was present in the left kidney. The left kidney measured 5.6 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the cranial pole and 0.56 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

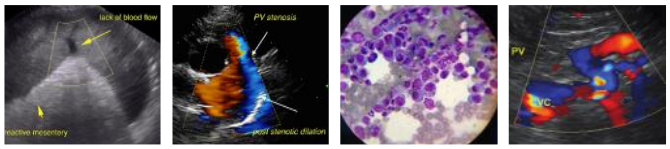
Liver

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. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild non-specific hyperechoic ingesta with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segment of mid abdominal intestine consistent with jejunal location exhibited moderate variable mural thickening with loss of distinct wall layering as well as a moderately sized homogeneous luminal mass. The abnormal segment of jejunum measured ~ 6 – 7 cm in length with wall width ~ 0.8 – 0.9 cm. The luminal mass measured ~ 3.2 cm x 2.5 cm. Associated mild retained anechoic fluid was present within the abnormal jejunum.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Subtle evidence of regional peri intestinal hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Segmental jejunal mural to luminal mass, associated mild paralytic jejunal ileus
- Mild hypomotile stomach containing mild retained fluid and non-specific ingesta

Secondary

- Mild chronic renal changes with left kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for a definitive diagnosis the segmental jejunal mural to luminal mass is most consistent with neoplastic criteria. The jejunal mass did not appear to be overtly obstructive without evidence of definitive proximal obstructive pattern although minor segmental paralytic ileus is suspected. Potential for very early omental seeding or metastatic lymphadenopathy cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs and normal cardiopulmonary status, laparotomy with gross inspection of the abnormal jejunum with potential for resection/anastomosis or biopsies could be considered.

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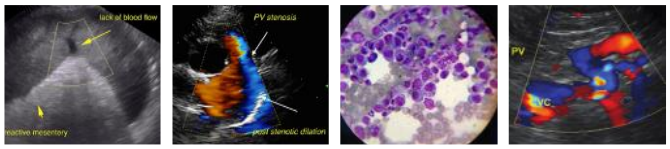

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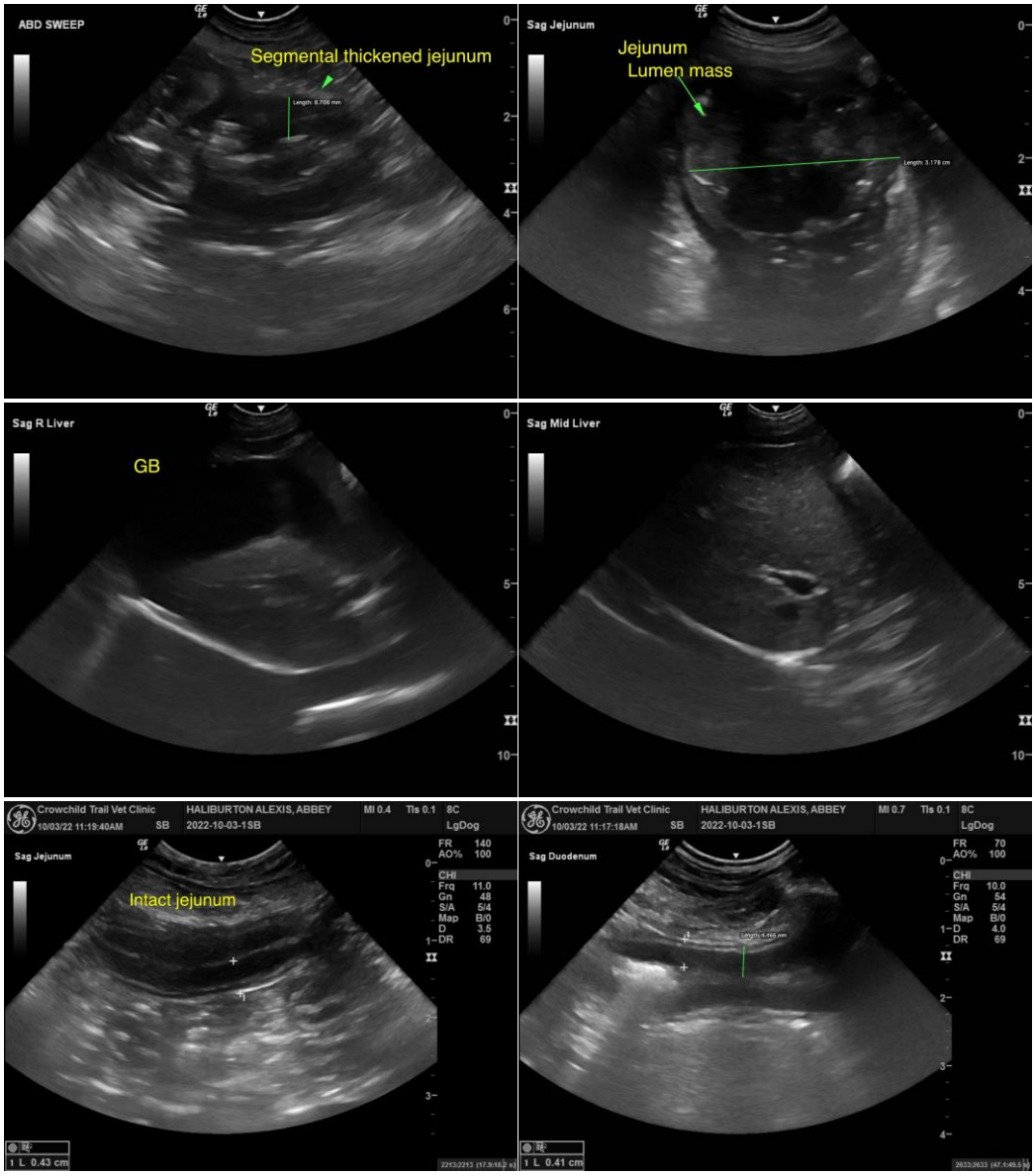

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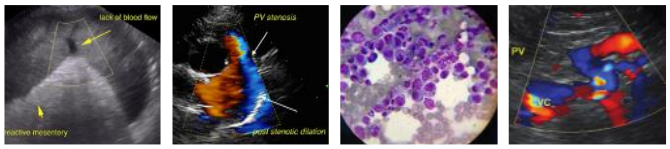

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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