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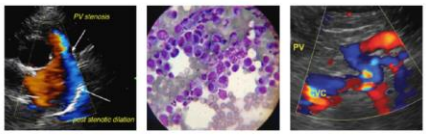

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Maggie Sprague

SPECIES
Canine

BREED
Boxer

SEX
FS

AGE
13yr 5 mos

WEIGHT
38.4 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
15553

DATE
11/22/22

PRESENTING CLINICAL SIGNS

Current Medications: Maropitant 24mg 2 tab PO SID for past week Entyce 1.7mL PO SID for past week Giving OTC zantac daily or omeprazole 20mg SID Rec RC GI LF dry +canned Patient History: Hx of weight loss- worse over the past 2 months (down 10lbs in less than 6mo). Decreased appetite for ~6 weeks. No vomiting or diarrhea noted, but occ ptyalism noted. O has tried various bland diets and prev diets, some days P will eat better than others. Hx of chronic pancreatitis before these episodes. Last BW done Oct 18 2022, showed elevated pancreatic enzymes, elevated globulin.

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: 11/15/22:QAR, poor BCS (1-2/5) Muscle wasting noted over lumbar spine and hips, but ribs now more apparent. Mildly tense on ab palpation with good gut sounds in all quandrants. Intestines palpate thickened and possibly gas filled caudally. Slow to rise, but still able to climb stairs and get around home ok. Peridontal disease with halitosis present.

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. Mild bilateral pyelectasia was present. Left kidney solitary cortical cyst was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 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 0.68 cm width at the caudal pole and 0.67 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.45 cm width at the cranial pole.

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.

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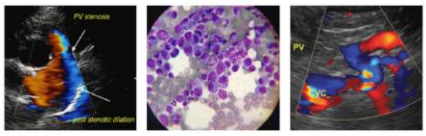

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 was empty with mild luminal gas with no evidence of gastric distention with retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.46 cm.

The small intestine presented intact subjective mildly prominent wall layering with a propensity for mildly prominent intestinal mucosa layer. No evidence of loss of small intestinal wall layering or small intestinal masses. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.45 cm width.

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

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

No overt lymphadenopathy or omental masses were present. A small pocket of scant free fluid was present in the caudal abdomen around the outer urinary bladder. The omentum exhibited uniform echogenicity.

Thorax

Brief sonographic assessment of the thorax revealed a large, mildly nonhomogeneous cranial thoracic to potential mediastinal mass measuring 7.0-8.0 cm in diameter. Overtly normal cardiac structure and function were noted. No obvious evidence of pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Intact subjective mild prominent small bowel walls - nonspecific
- Heterogeneous pancreas - age-related variant, minor remodeling owing to previous inflammatory episode, potential for low-grade chronic pancreatitis possible, no evidence of active pancreatitis or pancreatic neoplastic criteria
- Mild hepatosplenic parenchymal remodeling - benign
- Mild gallbladder debris - likely incidental if no evidence of cholestasis
- Cranial thoracic / mediastinal mass

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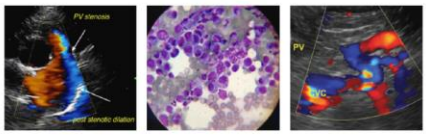

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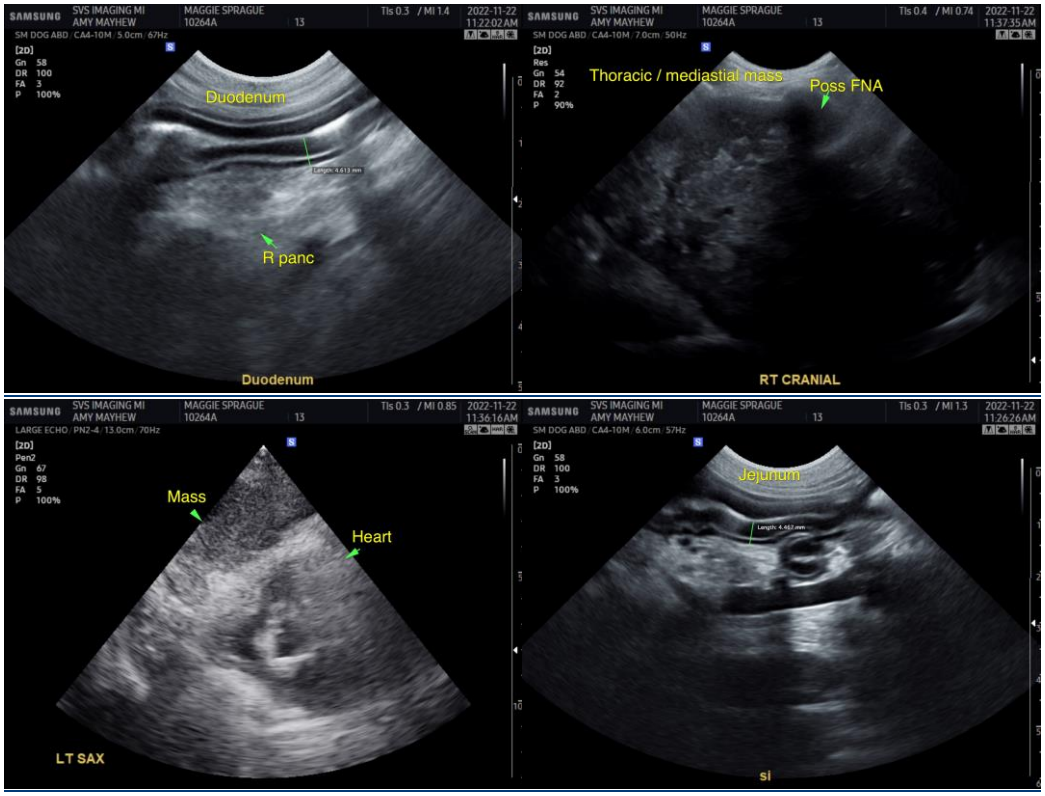
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the thoracic to potential cranial mediastinal mass, which, although sampling is required for further assessment, is most suggestive of neoplastic criteria.

Assuming normal clotting status, screening mass FNA cytology is warranted for further assessment. Ideally, thoracic CT is recommended, if possible, for further clarification +/- oncology consult pending mass cytology.

Concurrent essentially nonstructural intestinal disease and low-grade to chronic pancreatitis as contributing factors to the patient's clinical signs is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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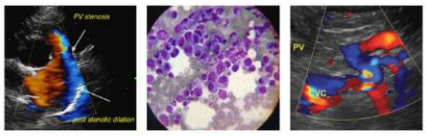

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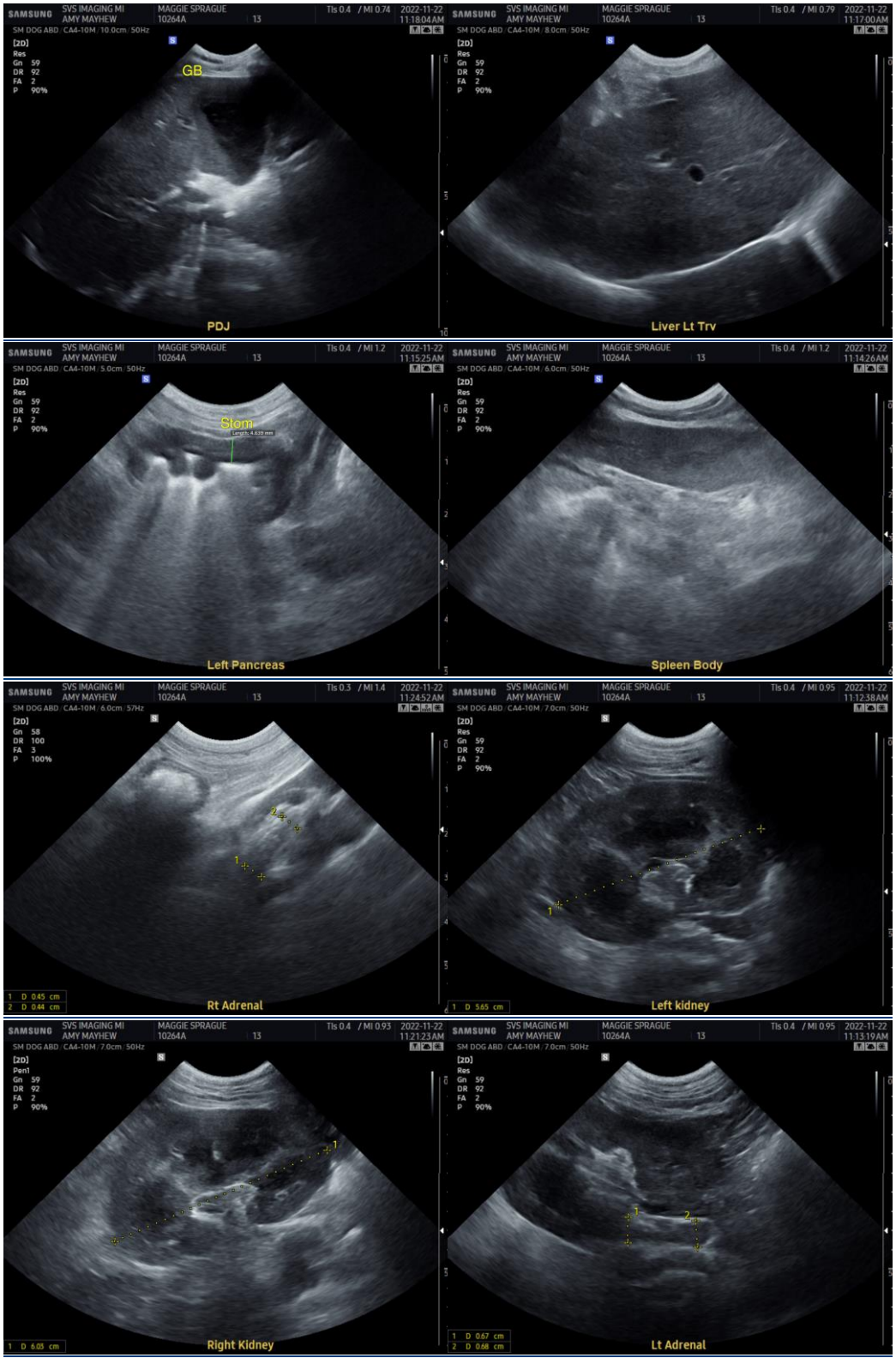

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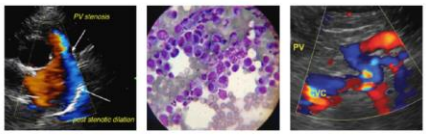

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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