



PATIENT PRESENTING CLINICAL SIGNS

Apollo Stepansky History: Sudden lethargy, vomiting, intermittent appetite, suspect laryngeal paralysis, slightly pale mm, uncomfortable abdomen

SPECIES Medication: Cosequin, Cerenia, 4 gentlemen (herb for larpar)

Canine Labs: Hct 30.9, Hypoglycemia, CPL normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Lab Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual pathology was free of pathology.

AGE The area of the aortic trifurcation was free of pathology.

12 years 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 7.2 cm.

WEIGHT 80 Pounds *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.95 cm at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.72 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited mild subnormal size, likely owing to volume contraction, with 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

Liver

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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REFERRING VET

Dr. Titcher

Gastrointestinal

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The stomach exhibited sonographically unremarkable wall layering, yet mildly gas distended with potential for minor retained echogenic fluid and/or chyme. Gastric body wall measured 0.55 cm.

DATE

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The small intestine revealed a moderately size to large, asymmetrically margined intestinal mural mass exhibiting marked yet variable hypoechoic mural hypertrophy and loss of distinct wall layering. The mass itself potentially measured 7.0 cm x 5.5 cm. Potential for areas of necrosis and possible mural gas



PATIENT Apollo Stepansky
SPECIES Canine
BREED Lab Mix
SEX Neutered Male
AGE 12 years
WEIGHT 80 Pounds

accumulation versus mineralization noted. Proximal and distal normal appearing small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with generalized small intestinal gas artifact. By comparison, normal appearing small intestinal wall measured 0.35 cm in width. Regional peri intestinal reactive mesentery noted around the intestinal mural mass. No overt evidence of significant lymphadenopathy, although potential for minor peri intestinal lymphadenopathy possible. No evidence of peritoneal effusion.

Normal visible colon wall layers were present with apparent 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 was evident.

ULTRASONOGRAPHIC FINDINGS

- Mid abdominal intestinal mural mass with peripheral reactive mesentery
- Overtly normal proximal and distal small intestine with generalized gas artifact
- Volume contracted spleen
- Mild hepatic parenchymal remodeling – subjectively benign
- Mild age related kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass is consistent with neoplastic criteria with considerations including lymphoma, adenocarcinoma, leiomyoma/leiomyosarcoma, stromal tumor, or other. Although not definitive, leiomyosarcoma may be a considered a top differential diagnosis if evidence of hypoglycemia has been noted (given this tumor’s commonly produced insulin-like factor). No overt evidence of regional metastasis. The intestinal mural mass is suspected to be small intestine in origin, although definitive location was difficult to ascertain owing to regional intestinal gas artifact.

Assuming no evidence of thoracic metastasis on 3-view chest radiographs, laparotomy for further assessment, biopsy versus potential for resection and anastomosis along with gross inspection of the regional peri intestinal omentum and gastrointestinal tract could be considered.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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ARDMS/RVT

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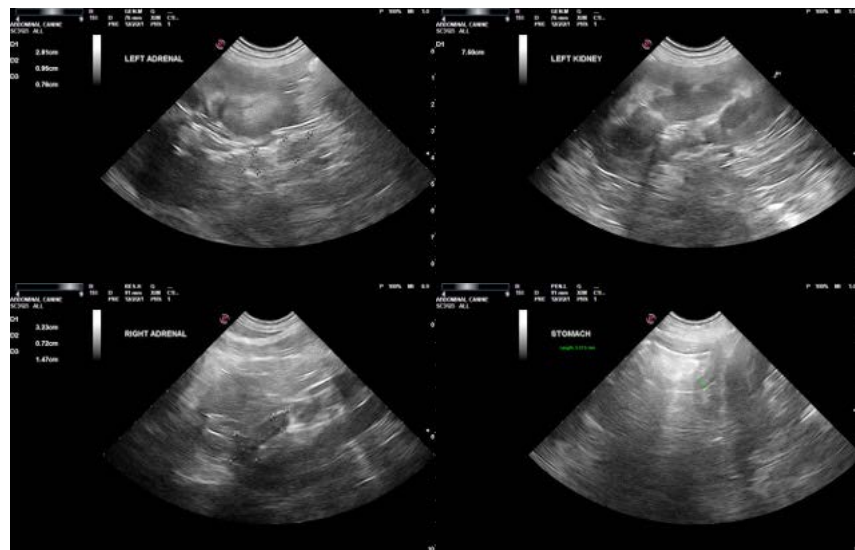
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PATIENT

Apollo Stepansky

SPECIES

Canine

BREED

Lab Mix

SEX

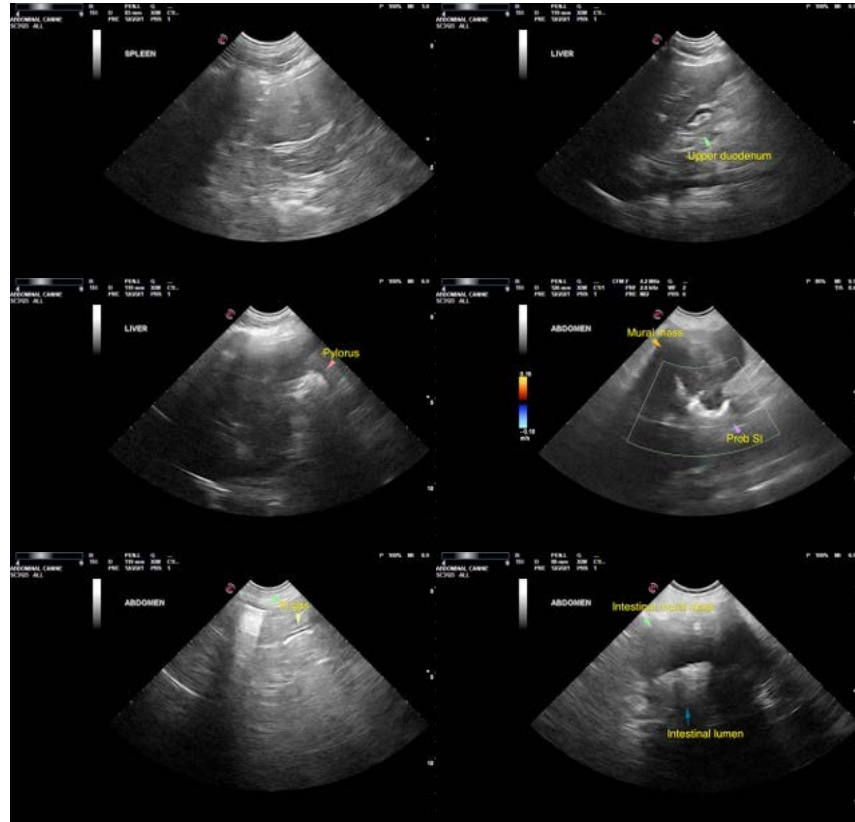
Neutered Male

AGE

12 years

WEIGHT

80 Pounds



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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)
mac.daniel@sonopath.com