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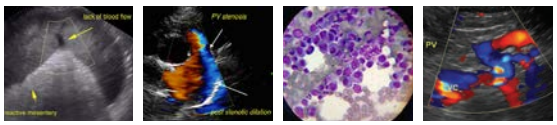


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Jenny Shubert

SPECIES

Canine

BREED

Basenji X

SEX

Spayed Female

AGE

13 Years

WEIGHT

49.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

INVOICE

33137

DATE

12/1/21

PRESENTING CLINICAL SIGNS

Patient presents with a history of gradually decreasing appetite, worsening 5 days ago, sporadic vomiting, and weight loss of about 3.5 lbs. She has a prior history of multiple mast cell tumors excised, diagnosed on cytology (no histopathology). She also was diagnosed with a cranial thoracic/mediastinal mass on radiographs. Mass was not worked up and has grown slightly since it was first identified. Temp elevated at 104.9 (patient is subject to nervous hyperthermia, but not usually this high).
Abnormal PE/Chem/CBC/UA Results: Chem 10: ALT 131, ALP 1046 CBC: RBC 5.28 (Hct low normal at 37.8). Retic Hgb 30.9. Neuts elevated at 12,110 Radiographic Findings Abdominal radiographs show decreased detail and contrast in the cranial abdomen, with suspected hepato and/or splenomegaly, with stomach axis not clearly seen. Thoracic rads show slight enlargement of previously identified anterior mediastinal mass.

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.

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. Small cortical cyst present in both kidneys. The left kidney measured 5.3 cm. The left kidney measured 6.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland exhibited generalized enlargement with maintained capsule integrity. Symmetrical, yet expanded contour present with generalized non-homogeneous, non-mineralized parenchyma. Potential for vascular invasion, specifically phrenicoabdominal vein invasion cannot be excluded. The left adrenal gland measured 3.4 cm length x 2.3 cm in width.

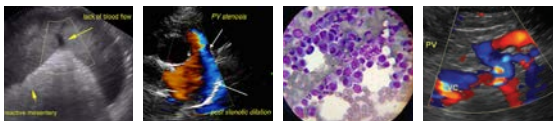
The right adrenal gland normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.4 cm length x 0.52 cm at the caudal pole.

Spleen

The spleen exhibited mild generalized enlargement with maintained symmetrical capsule contour and primarily finely textured homogeneous parenchyma. A solitary, non-expansive, hypoechoic intraparenchymal nodule was noted in the medial spleen.

Liver

The liver presented generalized enlargement, extending caudally to the level of the stomach with potential gastric displacement. Generalized hypoechoic nodular parenchyma noted. The hypoechoic nodules were variably sized to expansive, some exhibiting subtle central echogenicity with hypoechoic



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periphery. The gallbladder was distended in size with moderate hyperechoic to potentially mineralized luminal debris. The common bile duct was normal.

Gastrointestinal

The stomach exhibited intact yet subjective prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.54 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.36 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

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

Several enlarged, hypoechoic cranial mesenteric root lymph nodes were present. Example measured 2.7 cm x 1.4 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.

Generalized reactive mesentery and small pockets of scant free fluid were noted.

Brief sonographic assessment of the heart and cranial mediastinum revealed overtly normal cardiac structure and function. Ovoid hypoechoic mass was present in the cranial mediastinum, measuring approximately 8.0 cm x 6.5 cm.

PRIMARY FINDINGS

- Hepatomegaly with diffusely nodular parenchyma, suspect target lesions
- Mild splenomegaly with focal non-expansive hypoechoic nodule
- Concurrent cranial mesenteric lymphadenopathy
- Cranial mediastinal mass
- Left adrenal mass

SECONDARY FINDINGS

- Bilateral chronic renal changes
- Gastroenterocolitis pattern
- Moderate gallbladder debris (non-mucocele)

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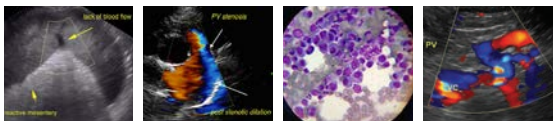

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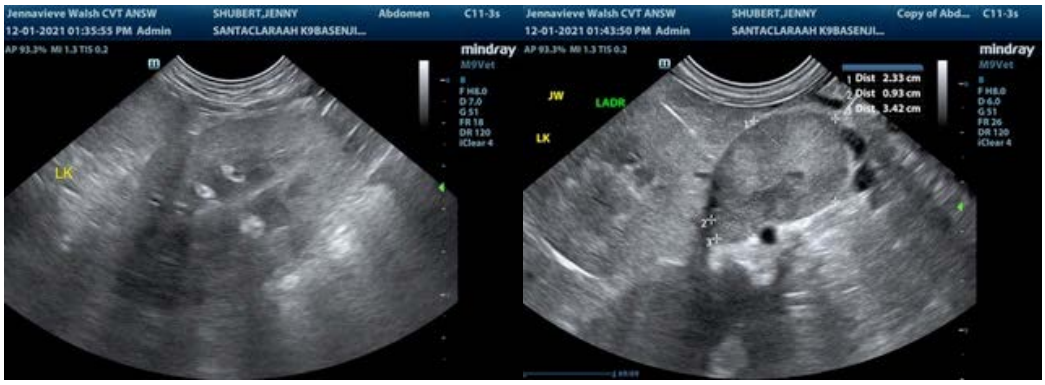
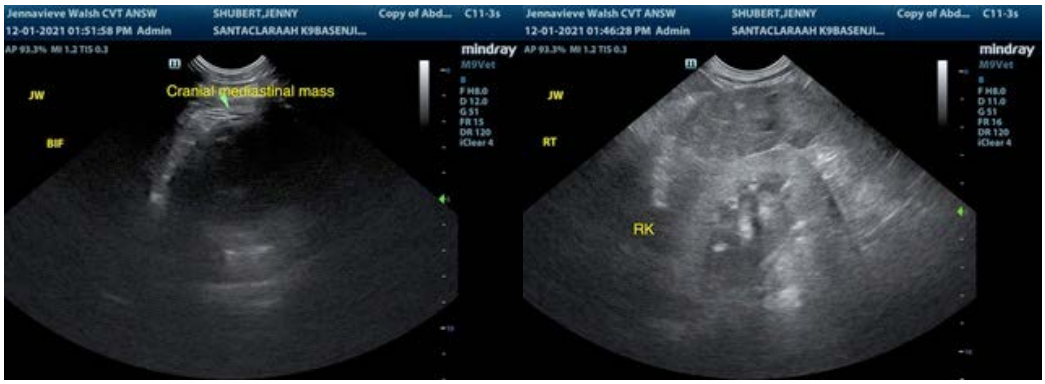
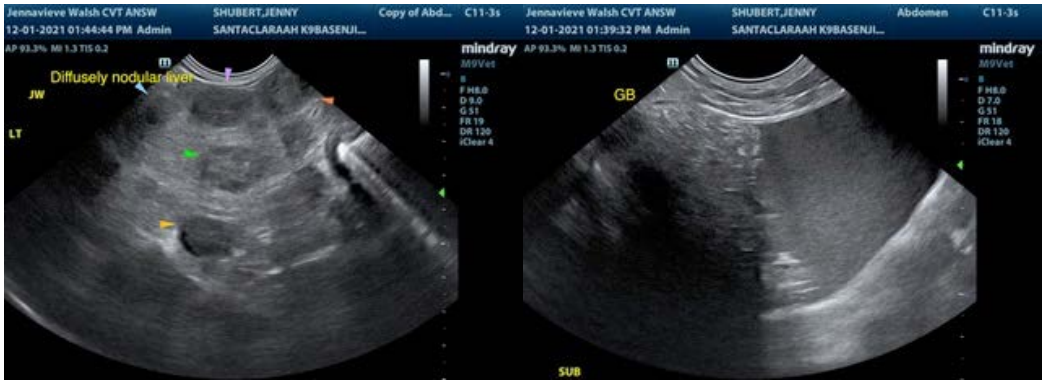
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic findings are consistent with multicentric neoplasia, primarily involving the cranial mediastinum and diffuse liver as well as probable cranial mesenteric lymph nodes with potential splenic and/or early gastroenterocolic involvement. Multicentric lymphoma versus other round cell neoplasia likely.

Assuming normal clotting status, ultrasound guided FNA of the liver +/- further staging FNA of the spleen, lymph node if accessible, and cranial mediastinal mass with potential for oncology consult could be considered. However, unfortunately, an unfavorable prognosis is likely indicated.







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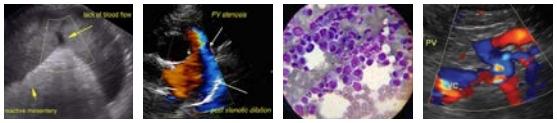

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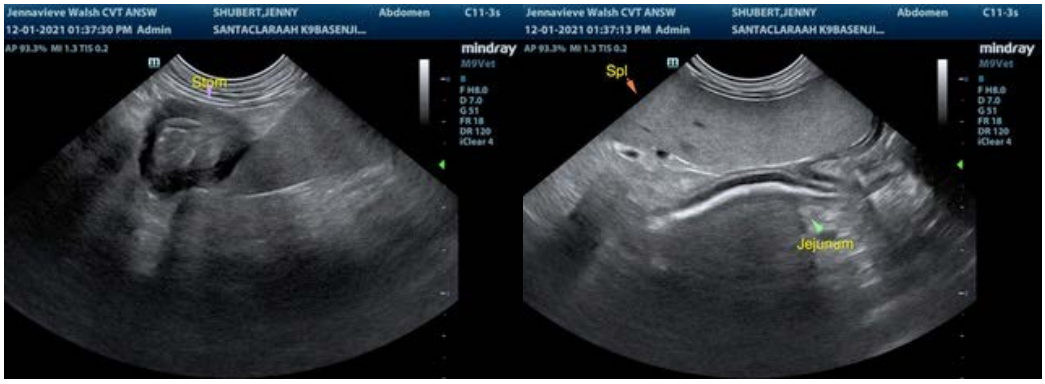

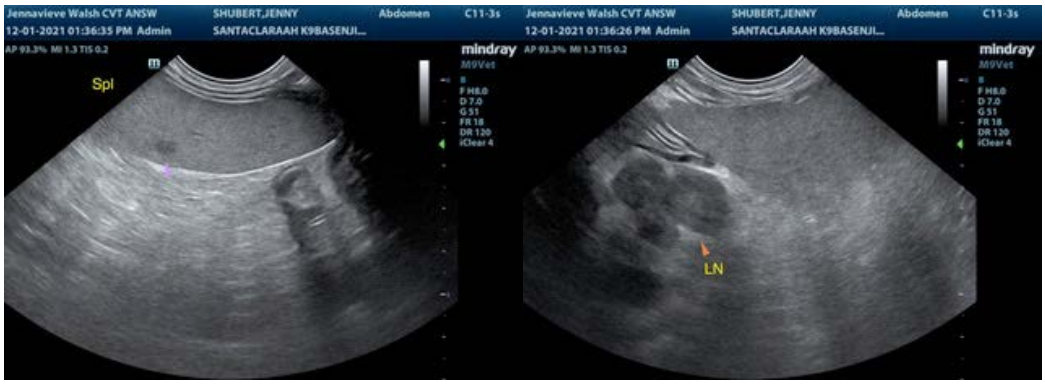

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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