



PATIENT

Jordan Sinha

PRESENTING CLINICAL SIGNS

Collapsed, no appetite, febrile, ataxic. Current meds: NSAID for arthritis.
Abnormal PE/Chem/CBC/UA Results: ALKP 1,586 otherwise unremarkable. U/A pending

SPECIES

Canine

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.

BREED

Labrador Retriever

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

14 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 7.2 cm.

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 0.97 cm at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.85 cm at the caudal pole.

WEIGHT

58 Pounds

Spleen

The spleen exhibited generalized enlargement with mild parenchymal swelling, primarily in the mid spleen with mild associated symmetrical capsule distention. No overt splenic masses or nodules. The spleen maintained finely textured homogeneous parenchyma. Normal splenic vascularity.

INTERPRETED BY

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

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

Gastrointestinal

The stomach exhibited intact yet mildly thickened wall layering. Ventral gastric body wall measured 0.68 cm. The stomach was primarily empty without evidence of retained ingesta, fluid or foreign material and with mild luminal gas present.

REFERRING VET

Dr. Mitrovic

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild areas of duodenojejunal metabolic ileus were present. Jejunum wall measured 0.39 cm. Duodenum wall measured 0.46 cm.

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

DATE

12/17/21



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Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

SPECIES

Canine

Free Abdomen

Several mildly prominent to enlarged hepatic lymph nodes were present adjacent to the portal vein. Example measured 0.76 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

BREED

Labrador Retriever

Small pockets of scant peritoneal free fluid were noted around the ventral liver and between intestinal loops.

SEX

Spayed Female

An unspecified non-homogeneous mass lesion exhibiting mixed echogenic parenchyma and cystic component was present in the area of the right pancreatic limb and caudate liver. This mass measured approximately 8.0 cm x 7.0 cm. The mass appeared to impinge somewhat upon the dorsal duodenum, as well as dorsally into the area of the caudal vena cava. The mass appeared to directly efface the caudate liver lobe as well as the right pancreatic limb. Regional right cranial abdominal reactive mesentery was present.

AGE

14 Years

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

WEIGHT

58 Pounds

PRIMARY FINDINGS

- Hepatosplenomegaly – Hyperplasia, hematopoiesis, incidental splenitis, emerging neoplasia possible.
- Probable mild active to chronic active pancreatitis
- Non-homogeneous mass lesion exhibiting cystic component in area of right pancreatic limb and caudate liver – neoplasia, consolidated abscess, necrotic granuloma, or other possible.
- Scant peritoneal free fluid
- Gastritis/gastroenteritis pattern

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SECONDARY FINDINGS

- Mild chronic renal changes

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Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the unspecified mass in the area of the right pancreas, caudate liver, as well as hepatosplenic FNA using 25-gauge needle warranted for screening cytology. ECG assessment could be considered to assess for arrhythmogenic disease. Empirically, continued gastrointestinal supportive care and broad-spectrum antibiotics recommended.

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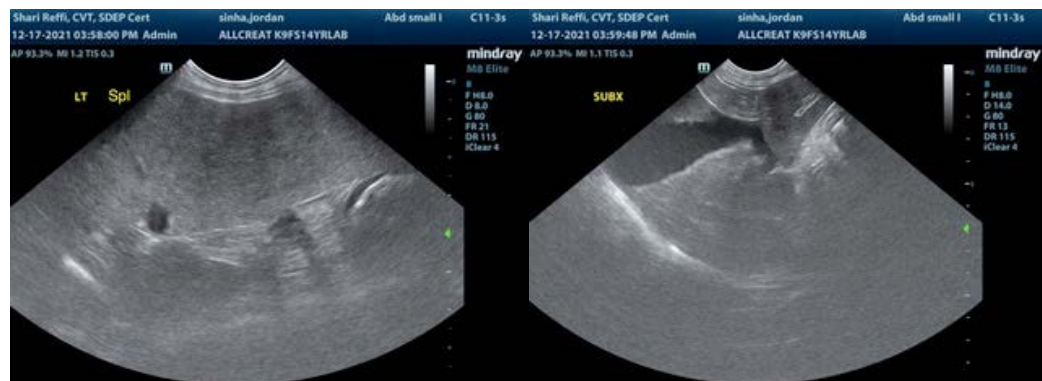
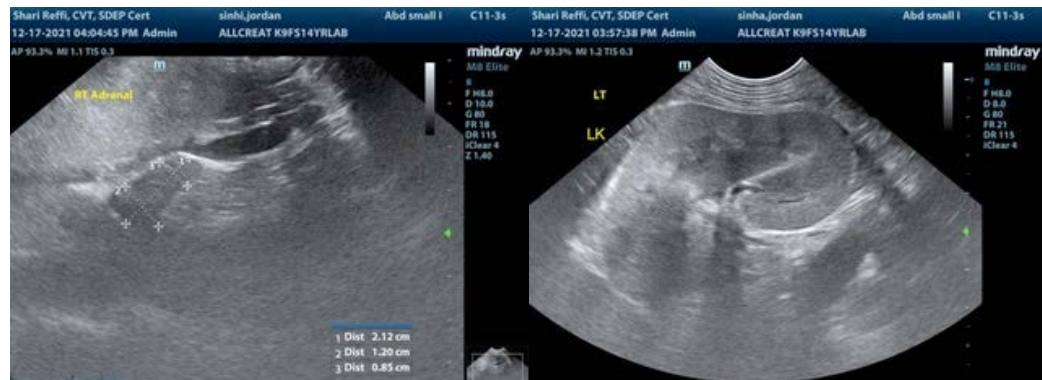
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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