SonoPath
Clinical Sonography & Telecytology
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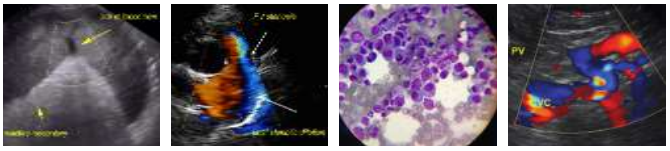


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Diesel Deckert

SPECIES
Canine

BREED
Mix

SEX
MN

AGE
9 Years

WEIGHT
97 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
VCA Blairstown Animal Hospital

REFERRING VET
Dr. Harker

INVOICE
49252

DATE
12-27-21

PRESENTING CLINICAL SIGNS

Possible internal blood loss, decreased appetite, lethargy. No current meds.
Abnormal PE/Chem/CBC/UA Results: Hct 20%, retics 331, possible reactive lymphocytes, TP 5.1, ALB 2.2, USG 1.013, strip wnl, 4dx neg.

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.63 cm in width.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 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 2.9 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm length x 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited 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.

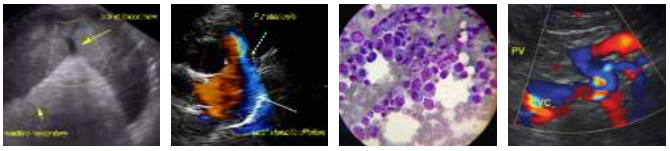
Liver / Gallbladder

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a primarily normal wall layer ratio and mild luminal gas and potential minor retained chyme. No evidence of ileus, obstruction or foreign material. The gastric body wall width measured 0.55 cm.

The small intestine revealed segmental mural mass exhibiting variable yet moderate hypoechoic mural hypertrophy with loss of distinct wall layer detail. The intestinal mural mass was subjectively located in the mid to left abdomen medial to the spleen measuring potentially 8.0-9.0cm in length with wall width measuring 1.2 cm. By comparison, normal appearing small intestine measured 0.32 cm wall width.



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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.

Free Abdomen

Regional nonuniform to nodular omentum present around the intestinal mural mass. No overt evidence of peritoneal effusion.

No evidence of significant lymphadenopathy although potential for regional peri-intestinal lymphadenopathy around the intestinal mural mass possible.

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

ULTRASONOGRAPHIC FINDINGS

- Intestinal mural mass with associated regional peritonitis - potential for associated mesenteric infiltrative mass deriving from the intestinal mural mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, the intestinal mural mass is most likely consistent with neoplastic criteria such as lymphoma, carcinoma, stromal tumor, or other. Non-neoplastic etiology such as severe inflammatory process or granulomatous disease considered less likely differential diagnoses.

Although not definitive, potential associated infiltrative mesenteric mural mass deriving from the intestinal mural mass possible. Jejunal location of the mural mass most likely. Given the lack of reported melena, ulcerative intestinal lymphoma may be considered a primary differential diagnosis.

Subjectively, the intestinal mural mass appears to be amendable to surgical resection with likely resection of adjacent compromised mesentery. Overt evidence of major organ metastasis was not definitively evident.

Exploratory laparotomy for gross assessment potential for resection anastomoses or biopsy may be considered assuming no evidence of thoracic pathology on three-view chest radiographs.

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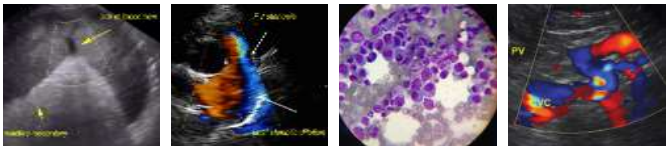

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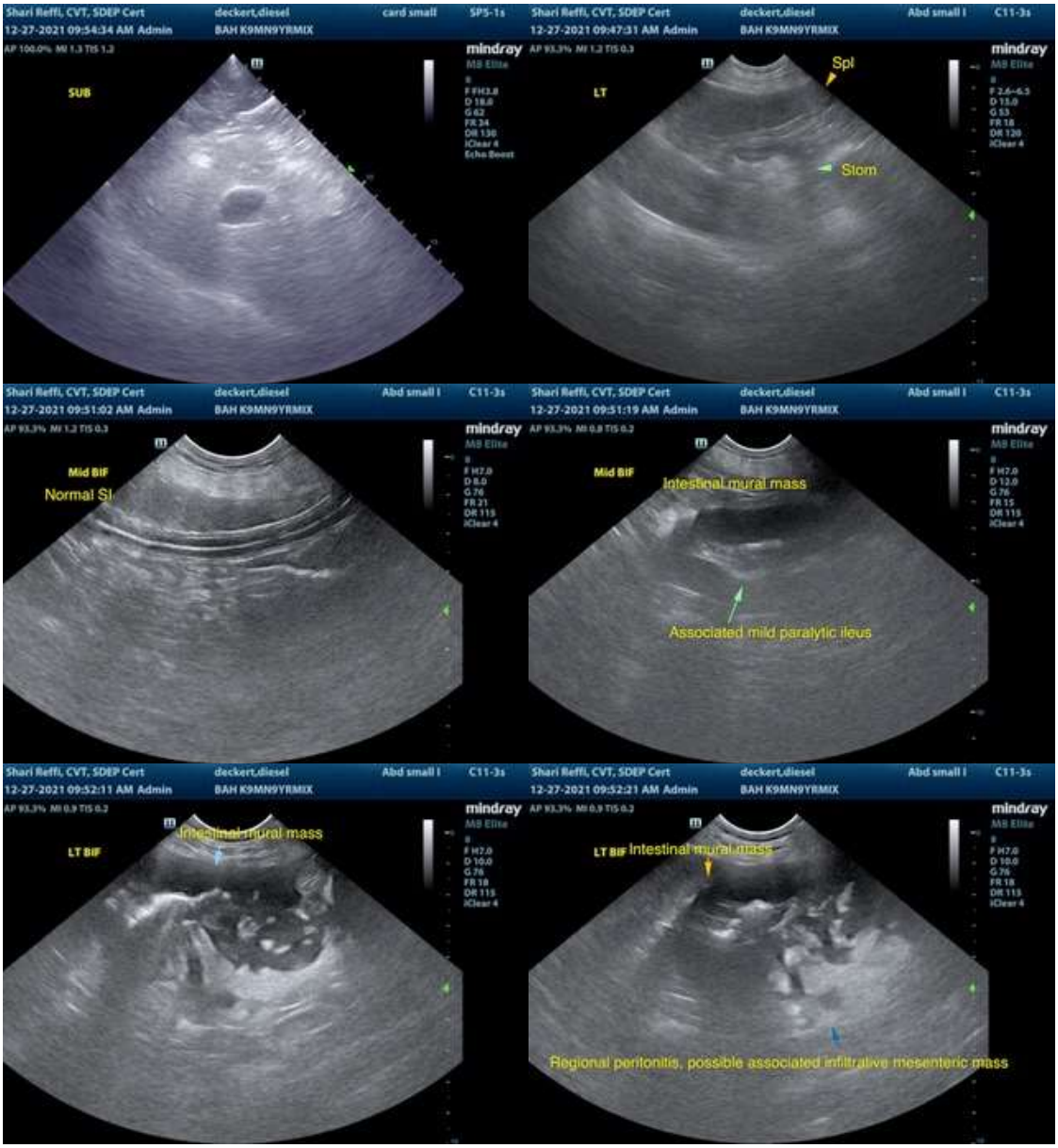

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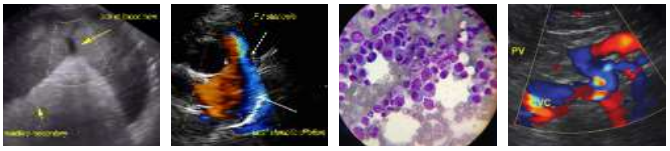

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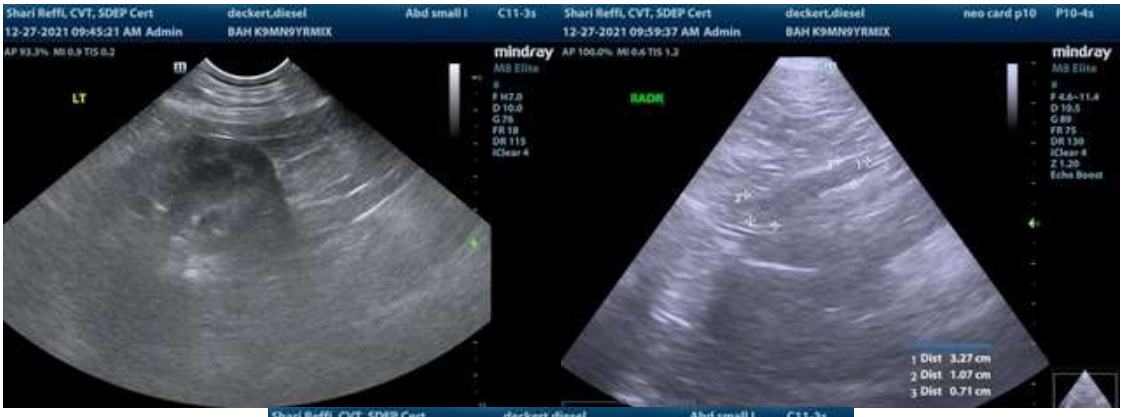

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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