



PATIENT

Otis Munson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

11.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McMullin

INVOICE

13366

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Presented this morning for decreased appetite and weight loss over past few weeks. Anorexia and lethargy for 3-4 days. Diarrhea since last weekend. Vomited bile last week, but not since. IV Torbugesic for US.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, rounded abdomen, + Murphy on pressure of mid to cranial abdomen. BW: Hct 32%, Retics 123 H, WBC 28.69 H, Neut 20.28 H, Lymphs 5.27 H, Monos 3.11 H, Eos low. ALT 169, Alb 3.0.

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. Pinpoint areas of mineralization were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 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 0.71 cm width at the caudal pole and 0.73 cm width at the cranial pole.

The right adrenal gland was not definitively visualized owing to periadrenal pathology and increased omental artifact.

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 exhibited generalized enlargement with asymmetrical hepatic contour and generalized nonuniform to mixed echogenic parenchyma. A large, expansive, nonhomogeneous mass in the area of the right lateral to caudate liver was present. The mass appeared to displace the duodenum ventrally. The measured approximately 7.0-8.0 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Otis Munson	The stomach exhibited generalized mild mural thickening, decreased mural echogenicity, and loss of discernable wall layering. The ventral gastric body wall width measured 0.72 cm. The stomach contained a mild amount of retained fluid and gas.
SPECIES	
Canine	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio primarily. The small intestinal wall width measured 0.35 cm.
BREED	
Yorkshire Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	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 were evident.
AGE	<i>Free Abdomen</i>
10 years	Multiple, variably sized, hypoechoic to swollen mid to cranial mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example of a mesenteric lymph node measured 1.7 cm x 1.3 cm. Associated perilymphatic to perihepatic hyperechoic mesentery and moderate volume peritoneal free fluid was present.
WEIGHT	
11.6 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Nonhomogeneous liver exhibiting asymmetrical hepatic contour, expansive nonhomogeneous mass in area of right lateral to caudate liver • Thickened stomach exhibiting decreased mural echogenicity and loss of discernable wall layering • Multifocal hypoechoic to swollen mid to cranial mesenteric lymphadenopathy • Associated perilymphatic to perihepatic reactive mesentery and moderate volume peritoneal free fluid
Dr. Ebersole	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Scanvet	Unfortunately, sonographic findings are consistent with multicentric neoplasia involving the right lateral to caudate and likely generalized liver, as well as multiple mid to cranial abdominal lymph nodes and suspicion for gastric or gastrointestinal involvement. The peritoneal free fluid may be owing to hepatic pathology and secondary portal hypertension with primary concern for suspect lymphatic obstruction potentially secondary to diffuse neoplasia, lymphomatosis or similar.
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DATE	Further assessment may include hepato-lymphatic FNA for screening cytology, as well as effusion analysis and cytospin cytology. However, unfortunately, an unfavorable prognosis is indicated.
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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