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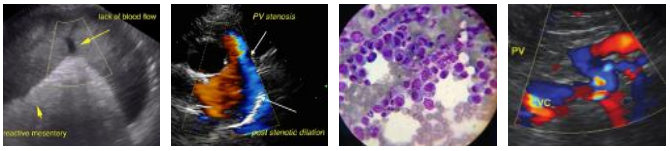


PATIENT

Toshi Duge-Turner

SPECIES

Canine

BREED

Shibu Inu

SEX

MN

AGE

2012

WEIGHT

34.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. David Gray / Dr. Cora Hollomon

INVOICE

50125

DATE

2-7-22

PRESENTING CLINICAL SIGNS

Presented for vomiting and diarrhea, had originally started 2 weeks ago, was treated with antibiotics, probiotics, anti-nausea meds and improved. 3 days ago pt started with the same symptoms and is not eating. On PE pt is 5% dehydrated. there is a possible grade I/VI heart murmur, heart sounds are slightly muffled. Lungs sound clear. tartar 3/4 on oral exam. decreased muscle mass of pelvic limbs. abdomen mildly distended/tense, unable to palpate any obvious abnormalities. Medications: metronidazole, propectalin, cerenia
Abnormal PE/Chem/CBC/UA Results: Lab Results: HCT 42.5% (normal) with MCV 52.8 and MCH 19.6, RDW 22.5%. neutrophils 9.78 (normal) but with left shift. monocytosis (2.44), eosinopenia (0.05), platelets 89,000 (not confirmed with manual). Chem/Lytes is all WNL, high normal globulins (4.4), low normal potassium (3.6). Radiographic Findings - See attached films - Decreased abdominal detail with possible mass effect in cranial to mid abdomen on lateral view. lateral thoracic view displays no obvious abnormalities.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 0.92 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 4.9 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

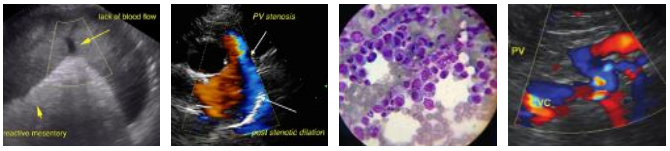
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.56 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 exhibited subjective mild enlargement in size with subtle uniform decreased parenchyma echogenicity. 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.



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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 mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The duodenum exhibited segmental to generalized corrugation along with areas of variable duodenal ileus and intact yet mildly prominent duodenum wall layering. Segmental mildly expansive nonhomogeneous mural mass present in the mid abdomen subjectively medial to the right kidney measuring approximately 5.0-6.0 cm length x 3.0-4.0 cm in width. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.40 cm width.

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 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 reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 0.33 cm width.

Focally enlarged mid abdominal suspect colic lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm diameter.

Associated regional primarily peri-intestinal generalized nonuniform hyperechoic mesentery along with small pockets of scant peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Generalized gastroenterocolonopathy exhibiting moderate duodenitis and generalized colitis.
- Moderately sized to expansive intestinal mural mass.
- Associated primarily peri-intestinal peritonitis with associated mesenteric mild (jejunal or colic) lymphadenopathy.
- Possible concurrent mild pancreatitis.
- Mild hepatomegaly exhibiting subjective mild decreased parenchyma echogenicity.

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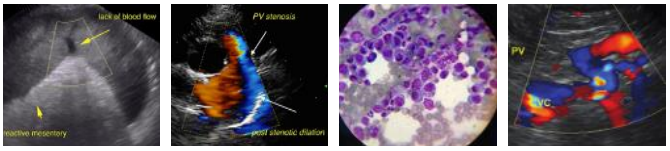

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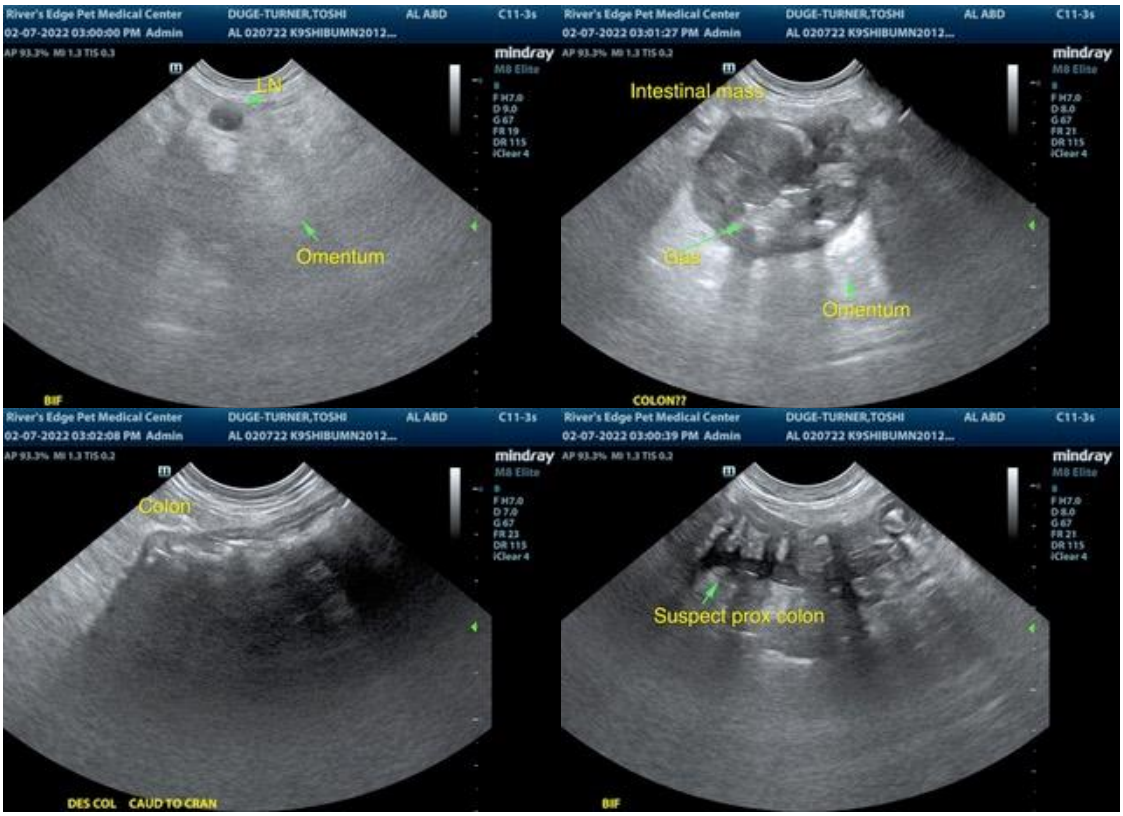
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the intestinal mural mass is suspected to be within the distal small intestine, ileocecocolic junction, or potential proximal colon. Although sampling is required for further clarification, neoplasia is favored with nonneoplastic etiologies such as severe inflammation or granulomatous etiology possible. The extent of potential gastroenterocolic involvement was difficult to determine given generalized inflammatory gastroenterocolic changes. Likewise, the intermittent peri-intestinal lymphadenopathy may indicate lymphoid hyperplasia, associated reactive lymphadenitis, or early neoplastic lymphadenopathy.

Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass could be considered for screening cytology.

If no evidence of thoracic pathology on three view chest radiographs, exploratory laparotomy for gross inspection, further clarification, potential biopsies, or resection anastomoses versus abdominal CT for further assessment, surgical planning, as well as assessment for nonobvious metastasis may be considered.



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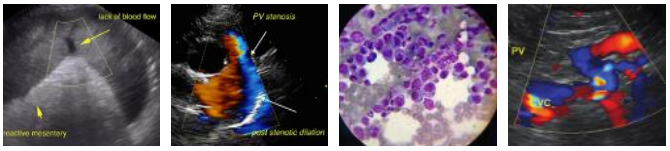

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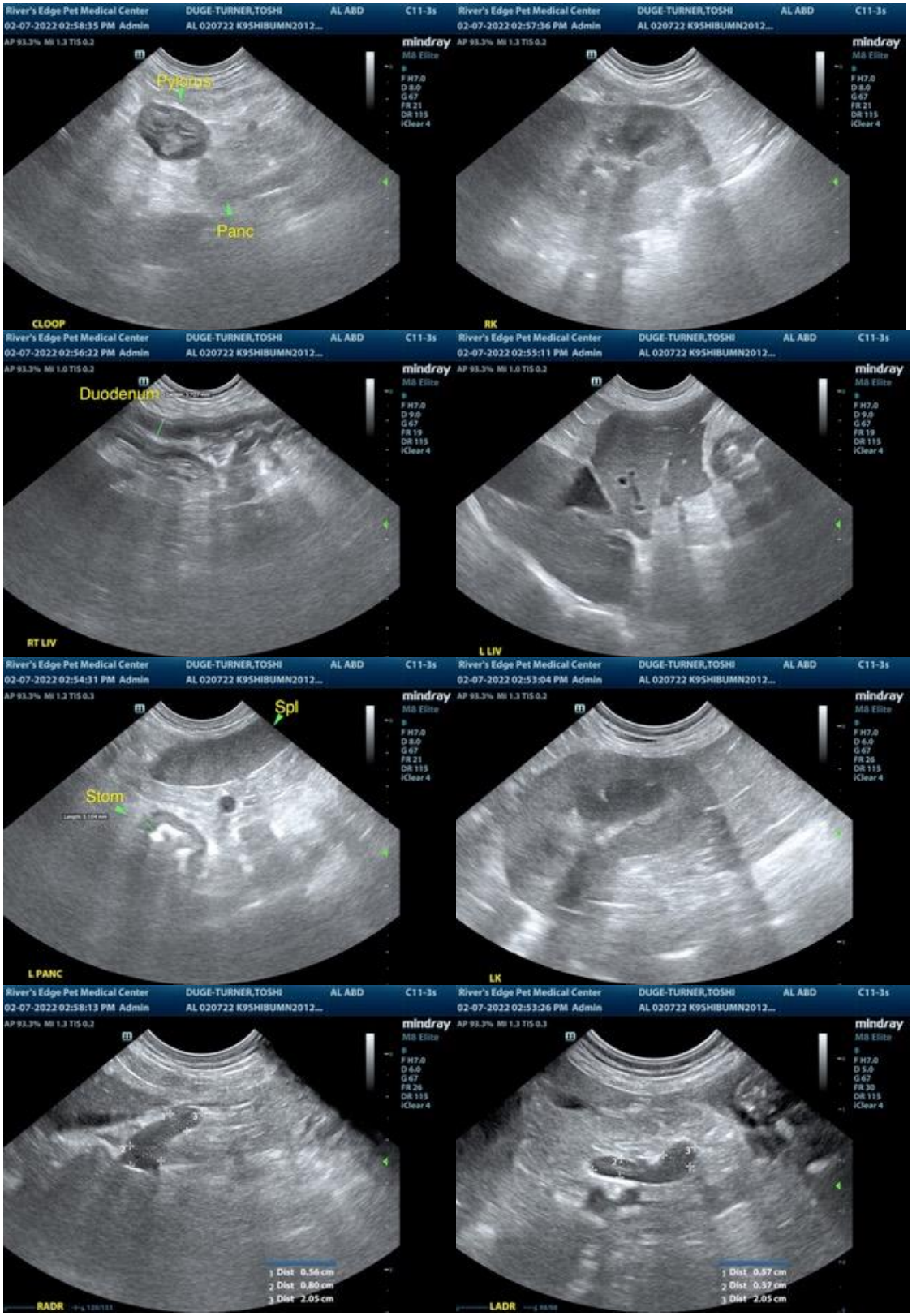

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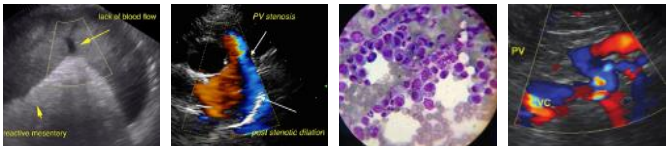

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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