

**PATIENT**

Leia Craig

SPECIES

Canine

BREEDMiniature Australian
Shepherd**SEX**

FS

AGE

9 years

WEIGHT

30.5 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Julie Smiley

INVOICE

16072

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Not eating much for ~ 3 weeks. Problems started after they moved and construction started. Vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: Radiographs: Decreased abdominal serosal detail may represent an accumulation of free fluid, peritonitis, or carcinomatosis. The irregular margins of the spleen may be secondary to nodular regeneration, other reactive process, regions of hemorrhage/necrosis, fibrosis, or inflammatory or neoplastic infiltrates. There is no evidence for radiopaque gastrointestinal foreign material or an obstructive small intestinal pattern.

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.

No overt medial iliac or sublumbar lymphadenopathy.

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. No evidence of pelvic dilation was present. Right kidney solitary lateral cortical cyst vs. emerging cortical hypoechoic nodule was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

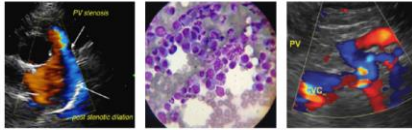
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to regional periadrenal artifact.

Spleen

The spleen was mildly enlarged in size exhibiting generalized mild parenchyma heterogeneity with areas of mild capsule asymmetry. A solitary, mildly expansive, irregular to hypoechoic splenic macronodule to small mass was present measuring 2.8 cm in diameter.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The liver exhibited subjective reduced hepatic parenchyma 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.

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Gastrointestinal

The stomach presented intact mildly prominent wall layering. The stomach was empty.

Diffuse, variably thickened wall layering with segmental jejunal and ill-defined ileocolic mural masses were present. The jejunal mass potentially measured 5.0-6.0 cm in length with wall width up to 1.0 cm. The ill-defined ileocolic mass measured approximately 6.0 cm in diameter. Intact small intestinal wall measured 0.56 cm width. No evidence of an obstructive pattern.

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

Pancreas

The pancreas base and right pancreatic limb 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

Multiple, midabdominal jejunocolic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Regional perilymphatic to generalized hyperechoic omentum was present. An example lymph node measured 3.0 cm x 2.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive hypoechoic splenic macronodule / small mass
- Diffuse thickened small bowel with segmental jejunal and ill-defined ileocolic mural masses
- Associated significant hypoechoic to swollen jejunocolic lymphadenopathy
- Bilateral mild chronic renal changes with right kidney cortical cyst vs. emerging cortical nodule
- Possible concurrent low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the gastrointestinal presentation combined with splenic macronodule to small mass lesion is consistent with multicentric, likely high grade round cell neoplasia such as lymphoma or other. Screening FNA cytology of accessible lymph node +/- splenic macronodule to small mass assuming normal clotting status and using a 25-gauge needle could be considered for further clarification, oncology consult, and possible chemotherapeutic intervention. This case appears to be nonsurgical. Unfortunately, an unfavorable prognosis is indicated.



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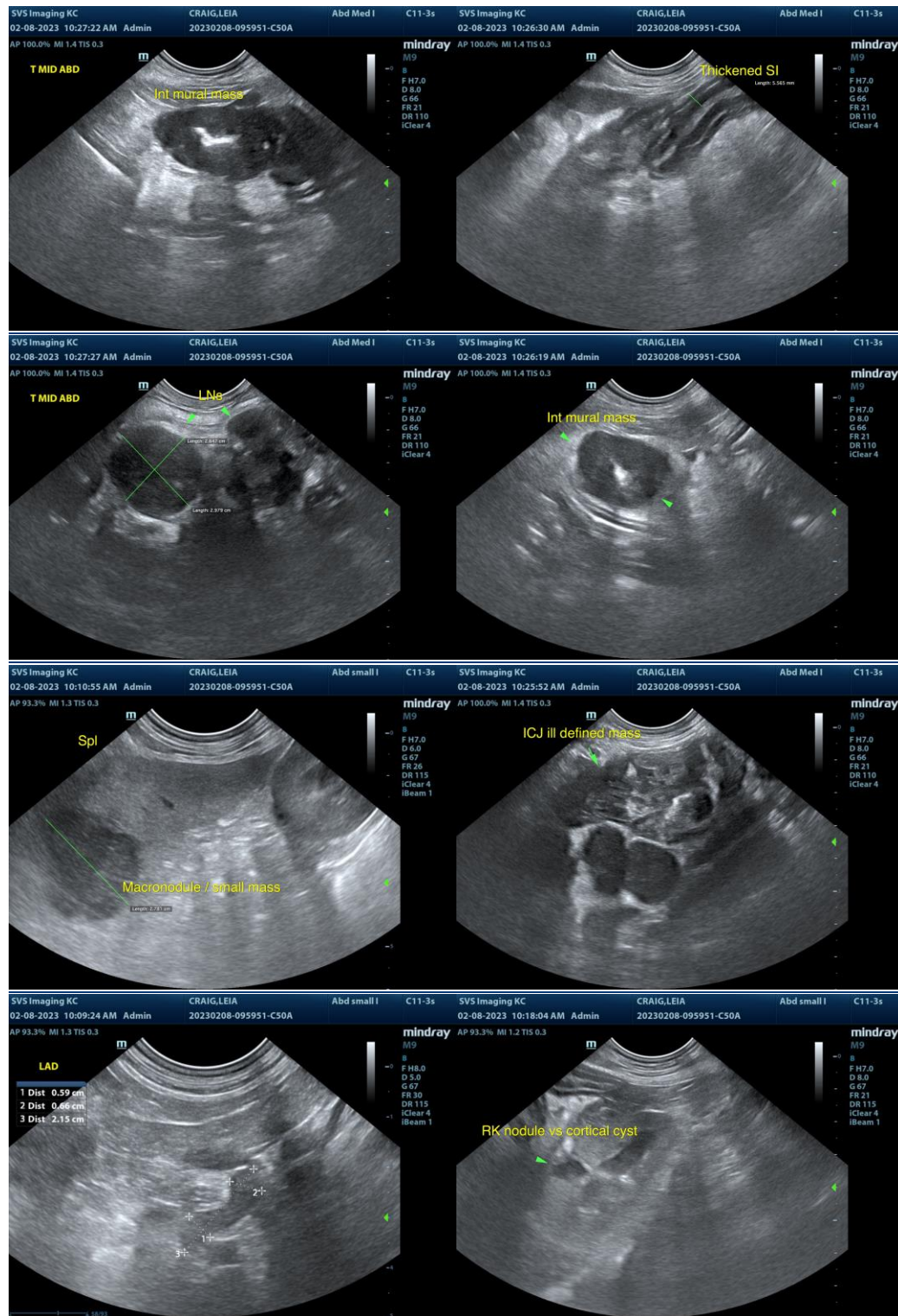
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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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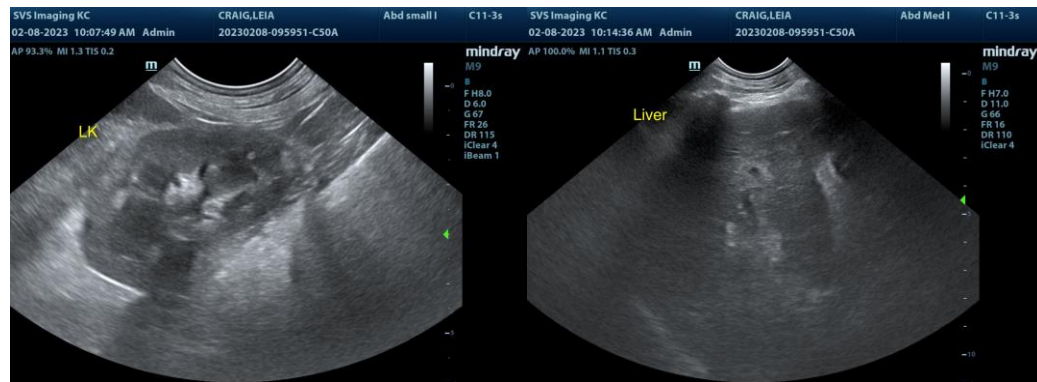
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com