



PATIENT

Rolo Denena

PRESENTING CLINICAL SIGNS

PU/PD and incontinence started 4 months ago, now has resolved but the last month appetite has decreased. Barely has eaten anything the last few days. Energy level is low. Strains to urinate.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/biochem/ua normal (4 months ago)

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size. Variably thickened dorsoapical and ventral bladder walls exhibiting mild non-homogenous mural echogenicity and asymmetrical luminal surface contour were present. The trigone and cystourethral junction did not exhibiting overt mural thickening. The proximal urethra was not definitively visualized. The ventral urinary bladder wall measured 1.1 cm in width. Anechoic urine was present in the lumen with no uroliths or sediment. Subtle evidence of regional pericyclic hyperechoic omentum was present.

SEX

FS

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.6 cm in length. The right kidney measured 8.5 cm in length.

AGE

10.5yr

WEIGHT

76lb

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.90 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Elyse Hauer

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Mariposa Veterinary
Hospital

Liver/Gallbladder

The liver presented mildly 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.

REFERRING VET

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Gastrointestinal

DATE

03/14/2023



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The stomach was indistinctly visualized owing to regional perigastric omental artifact. The stomach appeared to contain mild variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral pyloric wall measured 0.64 cm in width.

SPECIES

Canine

The small intestine presented intact prominent wall layering with mildly prominent mucosa and submucosa layers. Within the mid abdominal intestinal tract likely jejunal location, segmental mural hypertrophy with loss of wall layer detail measuring ~ 2.5-3.0 cm in diameter with wall width up to 1.0 cm was present. This area of thickening did not appear to be obstructive. By comparison, intact small intestine wall measured 0.43 cm in width.

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

Pancreas

SEX

FS

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

AGE

10.5yr

Regional mid abdominal to generalized non-uniform/nodular hyperechoic omentum was present with mild volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

76lb

- Non-distended thickened urinary bladder-chronic cystitis, potential for neoplastic criteria.
- Non-specific subjective mild hepatomegaly.
- Enteropathy with mid abdominal intestinal mural mass-suspect segmental to possible generalized infiltrative neoplastic criteria.
- Non-uniform/nodular hyperechoic omentum with mild volume peritoneal free fluid-peritonitis, decreased hydrostatic pressure, omental neoplastic disease and secondary neoplastic effusion possible.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Assuming normal clotting status and if accessible, an intestinal mural mass and liver FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S is recommended. A screening BRAF assay is warranted.

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Primary concern for multicentric neoplasia warranted although sampling and effusion analysis is indicated for further assessment. Correlation with full CBD/chemistry/UA recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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An extremely guarded to unfavorable prognosis is indicated.

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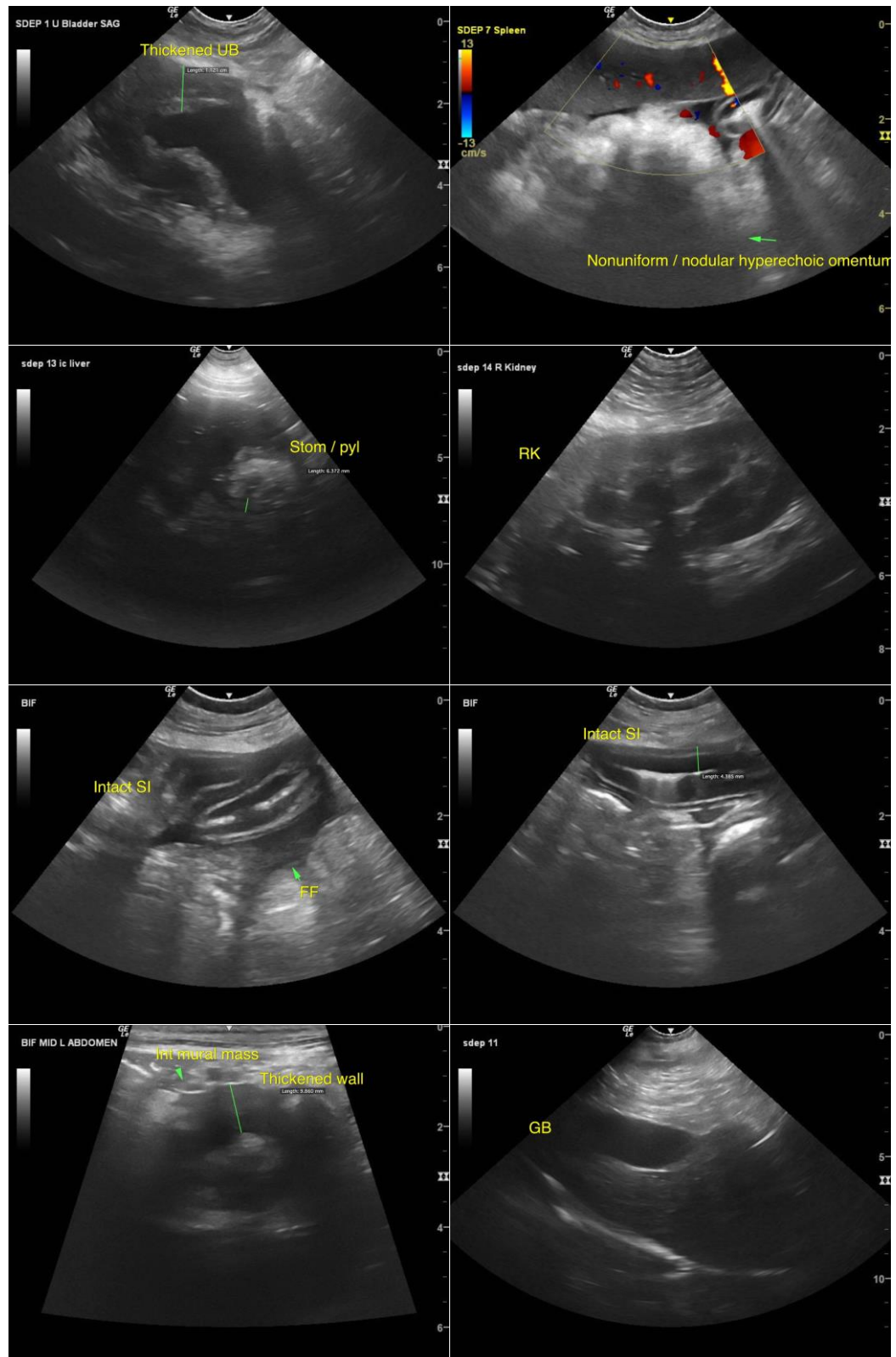
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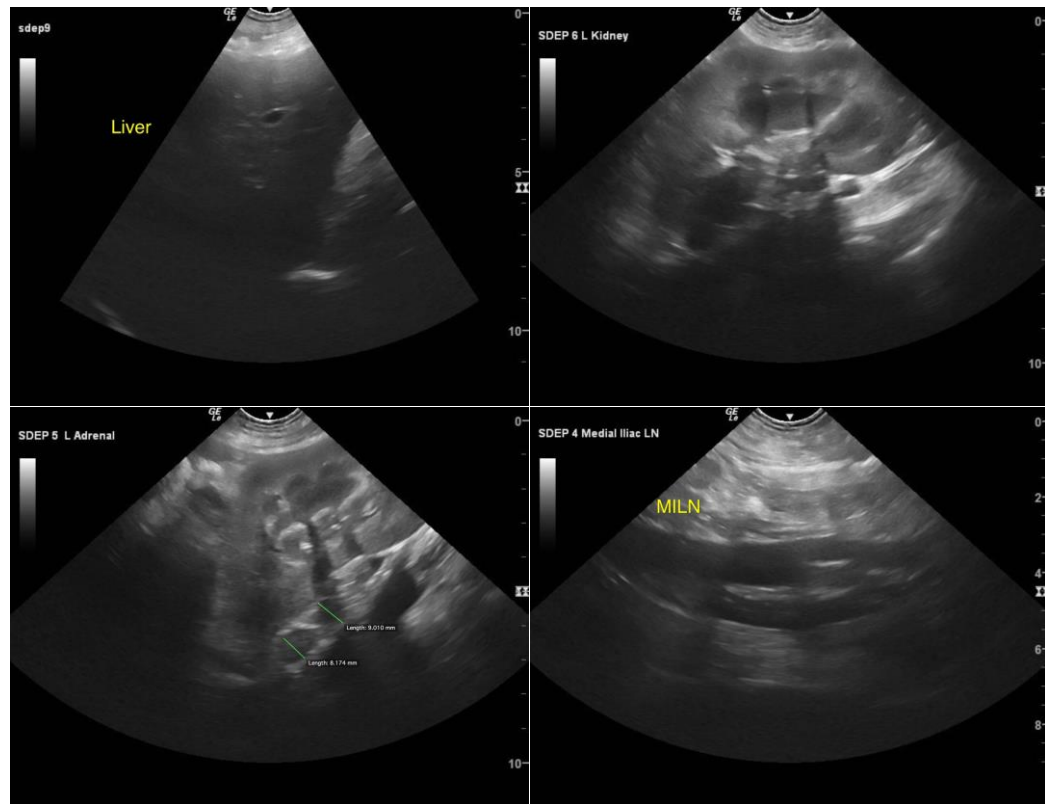
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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