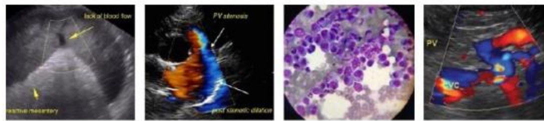


PATIENT

Louie Bostrom

SPECIES

Canine

BREED

Pug X

SEX

Neutered Male

AGE

14 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Animal Hospital of Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

14538

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: Weight loss with now very prominent spine but total loss of weight only 1 lbs. Tummy very distended and potty in appearance. Concern for mass. Bloodwork unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present in both kidneys. Mild pyelectasia was present in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.76 width in the caudal pole.

No obvious pathology associated with the right adrenal gland although indistinctly visualized.

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.

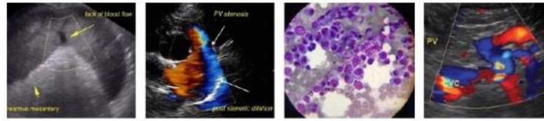
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate, regionally inspissated, yet subjectively nonorganized to mobile gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering with mild retained non-shadowing chyme, along with focally shadowing nonspecific ingesta.



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The visualized segments of discernable small intestine exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio. Segmental non-shadowing chyme was present in the small intestine without overt evidence of mechanical obstruction or foreign material. Segmental area of atypical variably thickening intestine was present in the mid abdomen, along with directly adjacent irregular, mildly complex to expansive mass, measuring approximately 9-10 cm in diameter. Associated regional reactive mesentery was present. Potential for concurrent lymphadenopathy. The mass and atypical intestine, potentially in the area of the ileocecocolic junction, contained luminal gas as well as potential non-formed proximal colonic feces.

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.

Other

A rapid view of the heart was normal.

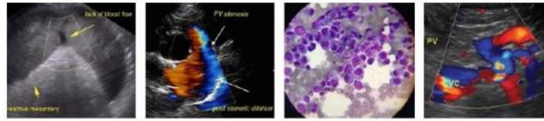
ULTRASONOGRAPHIC FINDINGS

- Irregular, subjectively complex, mixed echogenic mass in the mid abdomen, directly adjacent to unspecified segmental, atypical to variably thickened intestine- potentially in the area of the ileocecocolic junction, although not definitive. Associated regional reactive mesentery and potential lymphadenopathy.
- Mild chronic renal changes, exhibiting left kidney pyelectasia and bilateral small cortical cysts
- Mild age-related hepatosplenic changes- no obvious neoplastic criteria
- Mild retained gastric chyme and focally shadowing nonspecific ingesta
- Moderate inspissated yet mobile gallbladder debris- potential early gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study confirms the presence of an intraabdominal mass. Although sampling is required for further clarification, the mass is consistent with neoplastic criteria and suspected to be of intestinal origin, potentially in the area of the ileocecocolic junction. Non-intestinal origin of the mass with potential impingement upon segments of the intestine and possible colon, however, cannot be definitively excluded, given the size and extensiveness of the mass.

Assuming normal clotting status, ultrasound guided FNA of the mass could be considered for screening cytology and further clarification. Assuming no evidence of thoracic pathology/metastasis on three-view chest radiographs, exploratory laparotomy could also be considered for further assessment, potential biopsy or resection. However, very guarded prognosis is likely indicated.



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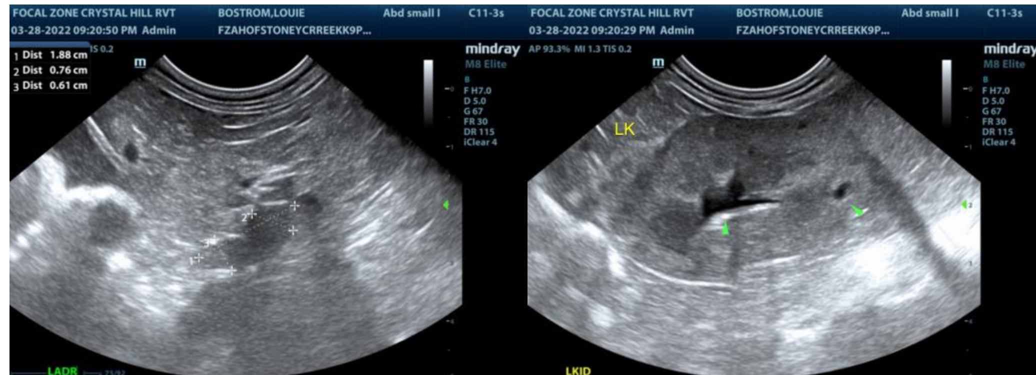

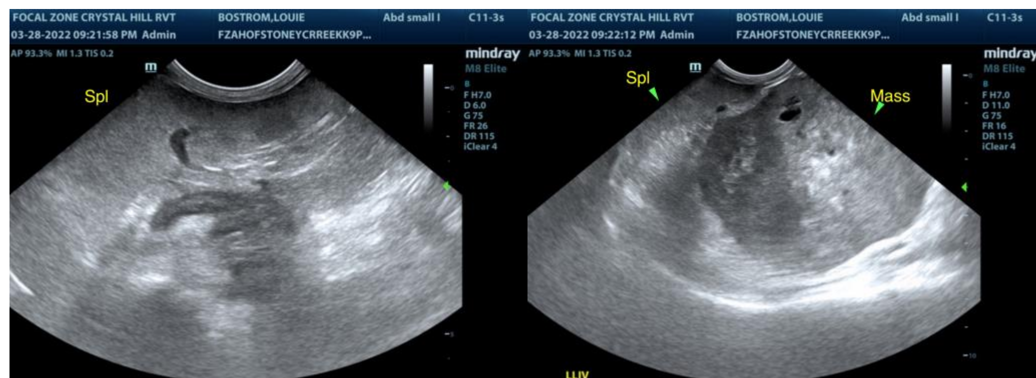

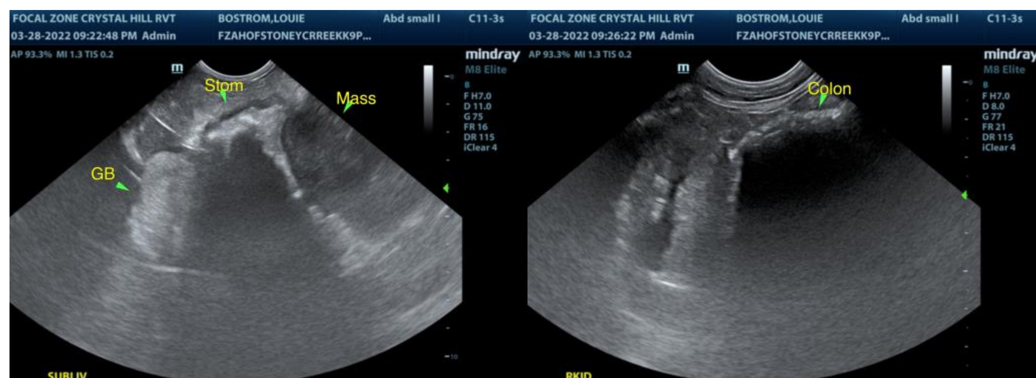

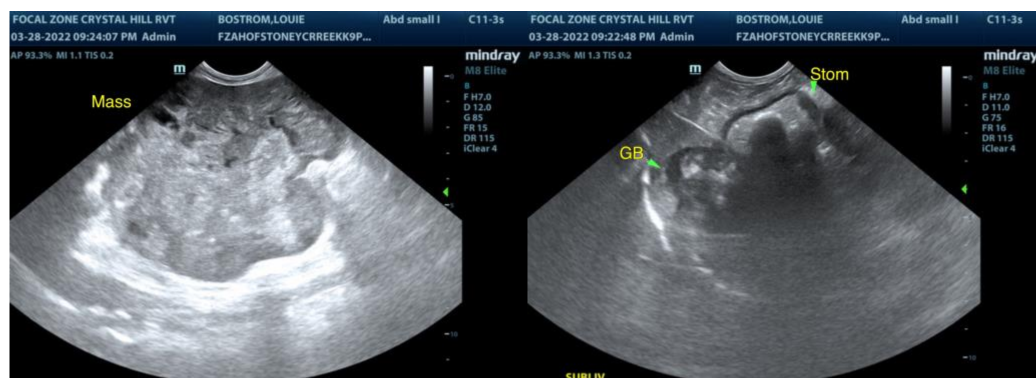

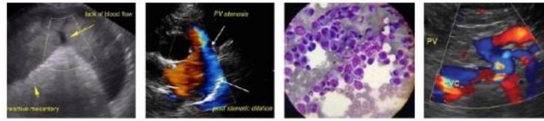

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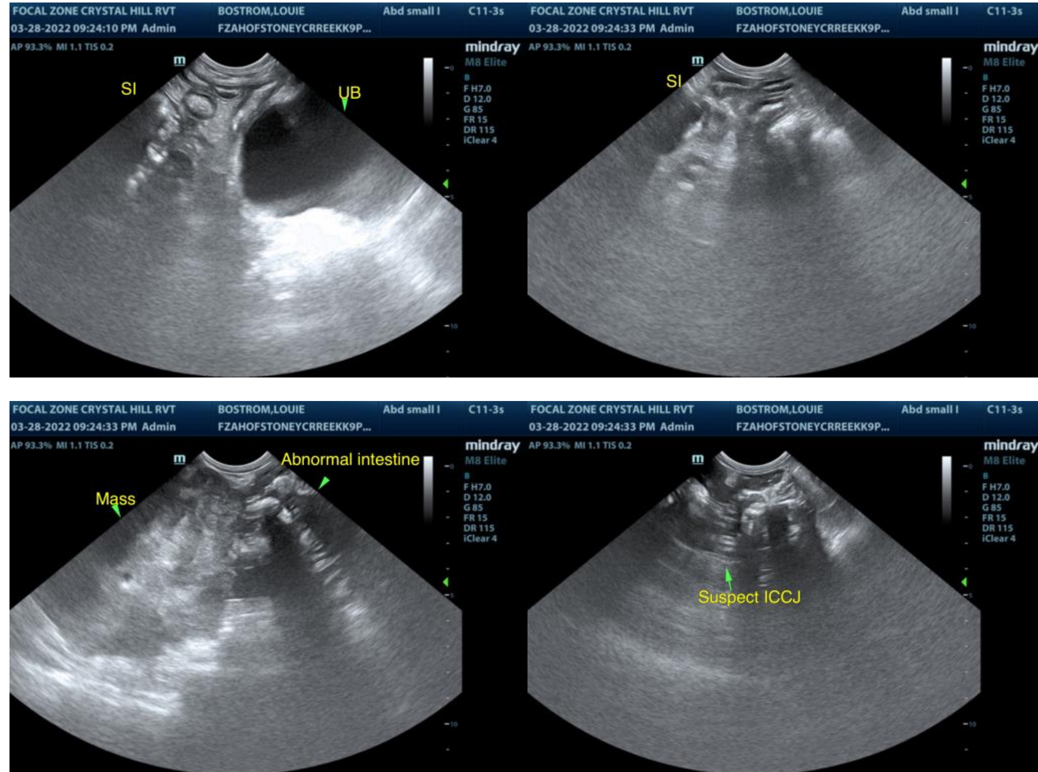

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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