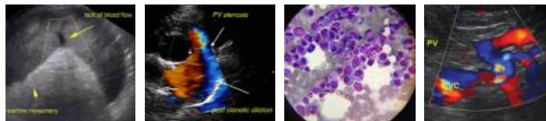
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Lulu Nelson

SPECIES
Canine

BREED
Feline

SEX
Spayed female

AGE
9 years

WEIGHT
9.25 pounds

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

IMAGING PERFORMED BY
Jenna Walsh CVT

HOSPITAL NAME
VCA Salem Animal Hospital

REFERRING VET
Dr. Williams

INVOICE
10248ag

DATE
03/29/2022

PRESENTING CLINICAL SIGNS

History: 3/26- Lulu presented for vomiting and low appetite. Abdomen: Soft, mildly uncomfortable; ASSESSMENT Vomiting, low appetite Lethargy Abdominal mass effect Radiographic findings DIAGNOSTICS 3V abdominal x-rays (radiologist review): Four radiographs of the abdomen are submitted for evaluation. The stomach is empty and contracted making it difficult to visualize. There is no evidence of small bowel dilation. The liver, spleen, both kidneys, and the bladder are visible and appear normal. A kidney shaped soft tissue mass is identified between the bladder and the colon. This appears to be to the right of midline on the VD projection. Abdominal serosal detail is considered good. Degenerative spinal changes are evident and are likely incidental. The thorax and both coxofemoral joints appear normal. Assessment: A soft tissue mass is evident in the caudal abdomen. The origin is uncertain, particularly in a spayed female. An ultrasound examination is recommended. There is no current evidence of pulmonary metastasis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 mildly 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 4.2 cm in length. The right kidney measured 4.4 cm in length.

An unspecified spherical cystic appearing lesion in the area of the ileac trifurcation was present. This lesion was potentially encapsulated with subtle evidence of peripheral omental reactivity to inflammation was observed. The cystic appearing lesion measured approximately 3.2 cm x 2.0 cm.

Adrenal Glands

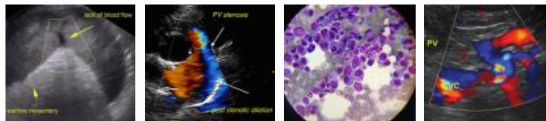
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

Spleen

The spleen exhibited borderline enlargement measuring 0.95 cm in width. Decreased yet uniform splenic parenchyma echogenicity exhibiting areas of asymmetrical medial capsule contour and potential folding of the cranial spleen was noted. No distinct splenic masses or nodules were noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT
Lulu Nelson

SPECIES
Canine

BREED
Feline

SEX
Spayed female

AGE
9 years

WEIGHT
9.25 pounds

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

IMAGING PERFORMED BY
Jenna Walsh CVT

HOSPITAL NAME
VCA Salem Animal Hospital

REFERRING VET
Dr. Williams

INVOICE
10248ag

DATE
03/29/2022

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. Segments of mid to caudal abdominal jejunum exhibited subtle mural hypertrophy with intact indistinct wall layering and mild decreased mural echogenicity yet without evidence of significant mural hypertrophy. The normal appearing jejunum measured 0.24 cm in width whereas the atypical segmental jejunum measured up to 0.31 cm in width. Subtle peri intestinal hyperechoic mesentery and minor jejunal lymphadenopathy were present.

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

Pancreas

The pancreas was normal is size and contour with mildly hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was mildly dilated. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Segmental enteropathy-nonspecific, segmental inflammatory enteropathy suspected while potential early neoplastic infiltrative enteropathy cannot be excluded.
- Unspecified cyst like potentially encapsulated lesion in the area of the ileac trifurcation-potential considerations may include cystic, necrotic or abscessed medial ileac lymph node, adjacent omental cyst necrosis or abscess, neoplasia or other. Uterine remnant pathology i.e. stump pyometra, uterine stump necrosis or neoplasia is considered less likely.
- Possible low-grade pancreatitis.
- Nonspecific borderline splenomegaly exhibiting medial capsule asymmetry-patient variant, hyperplasia, hematopoiesis, splenitis, early neoplasia possible.

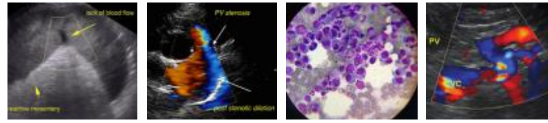
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided splenic FNA as well as FNA of the cyst like lesion for screening cytology +/- fluid analysis cytology and/or C/S if clinically indicated is recommended. The unspecified cyst like lesion did not appear to exhibit significant vascularity on color Doppler.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Pending additional diagnostics, laparotomy with full thickness intestinal biopsies and gross inspection of the cyst like lesion with potential for resection or biopsy could be considered.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lulu Nelson

SPECIES

Canine

BREED

Feline

SEX

Spayed female

AGE

9 years

WEIGHT

9.25 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Salem Animal Hospital

REFERRING VET

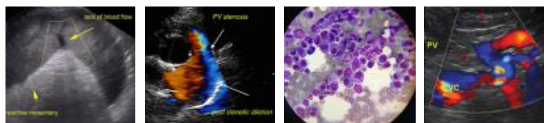
Dr. Williams

INVOICE

10248ag

DATE

03/29/2022



PATIENT

Lulu Nelson

SPECIES

Canine

BREED

Feline

SEX

Spayed female

AGE

9 years

WEIGHT

9.25 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Salem Animal Hospital

REFERRING VET

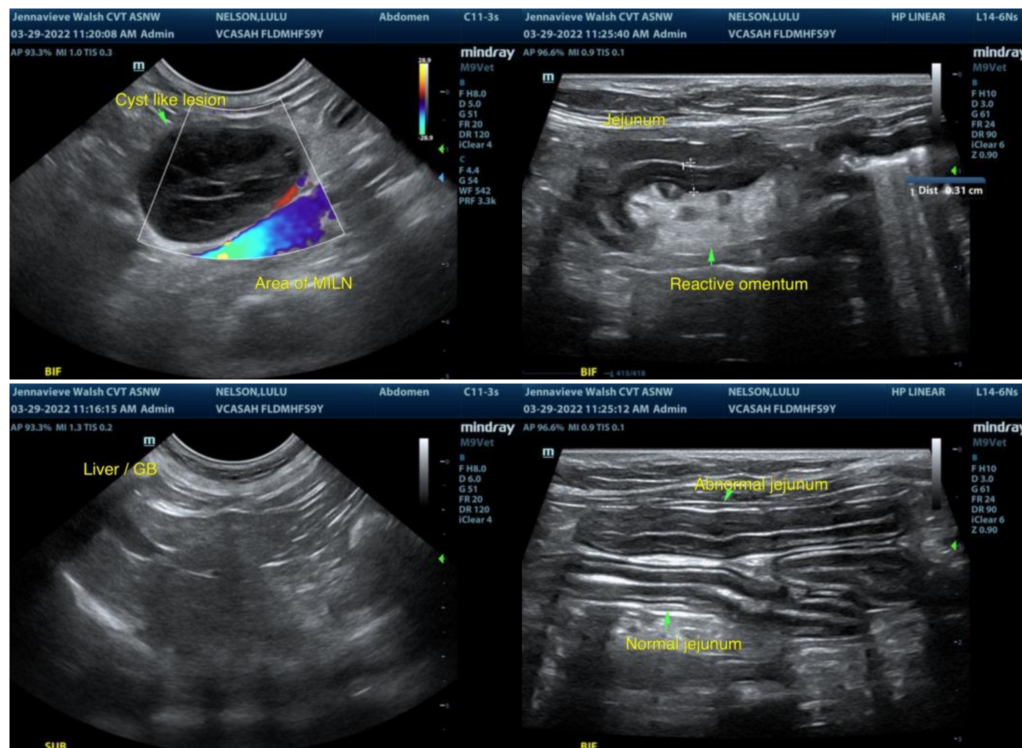
Dr. Williams

INVOICE

10248ag

DATE

03/29/2022



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