



PATIENT PRESENTING CLINICAL SIGNS

Nesquick Theissen History: Gastrointestinal stasis, potential neoplasia. Current meds: Buprenex/famotadine/cerenia/reglan, in O2 support.

SPECIES

Lagomorph

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Holland Lop

Urinary System

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

SEX

Spayed female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney was not definitively visualized.

AGE

1 year 10 months

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

WEIGHT

4.2 pounds

Spleen

The spleen was not definitively visualized.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained progressively shadowing hyperechoic ingesta with no signs of ileus, obstruction or foreign material.

HOSPITAL NAME

Westwood Regional VH

The small intestine presented segmental severe ileus pattern consisting of significant retained luminal fluid and potential mechanical obstructive pattern. The small intestinal walls were thickened exhibiting decreased mural echogenicity and loss of discernable wall layering within the mid abdomen. The thickened walls exhibited severe mural proliferation extending into the adjacent peri intestinal mesentery.

REFERRING VET

Dr. Cattiny

The descending colon exhibited thickened walls containing non formed feces.

INVOICE

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Pancreas

The pancreas was not definitively visualized due to regional peripancreatic pathology.

DATE

04/15/2022

Free Abdomen



PATIENT

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Generalized non uniform to mixed echogenic mesentery with suspect ill-defined mesenteric infiltrative mass lesion to lesions. Concurrent prominent hypoechoic lymphadenopathy was present along with small amounts of free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Gi infiltrative pattern exhibiting significant mural proliferation to ill-defined mesenteric infiltrative mass.
- Associated mesenteric lymphadenopathy and free fluid.

BREED

Holland Lop

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the findings for the patient are most consistent with lymphoma, lymphomatosis or similar neoplasia. Granulomatous intestinal disease is possible yet thought less likely. Ultrasound guided FNA of the thickened intestine and adjacent mesentery +/- effusion analysis with cytospin cytology could be considered for further assessment and definitive diagnosis. Given the patient's clinical status, an unfavorable prognosis is indicated.

SEX

Spayed female

AGE

1 year 10 months

WEIGHT

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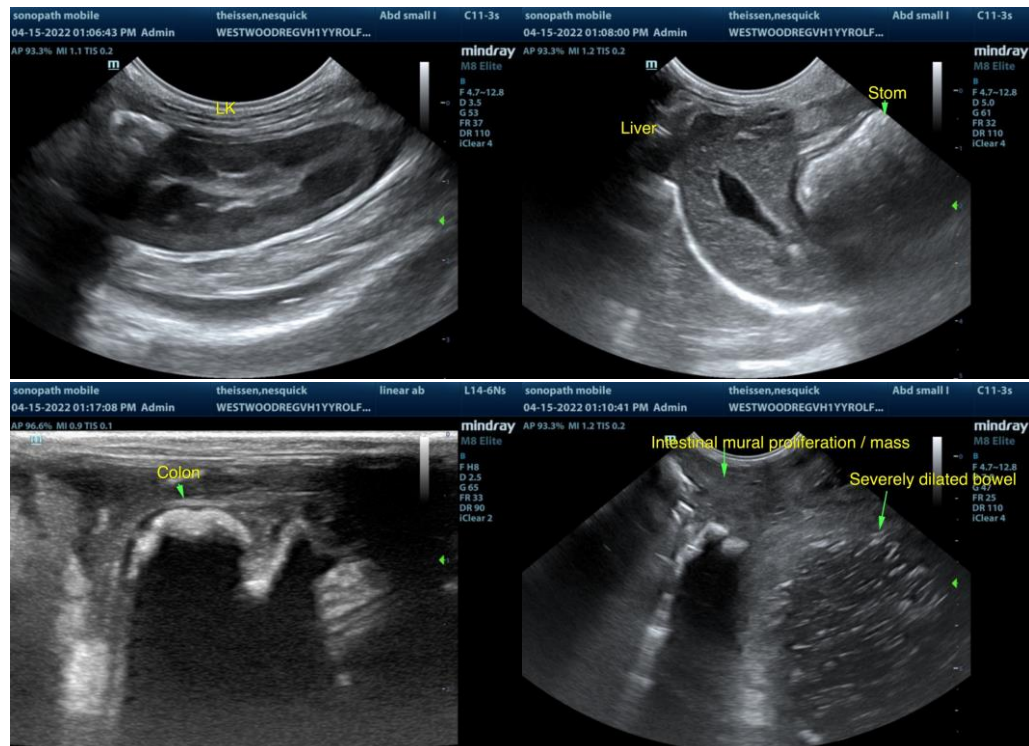
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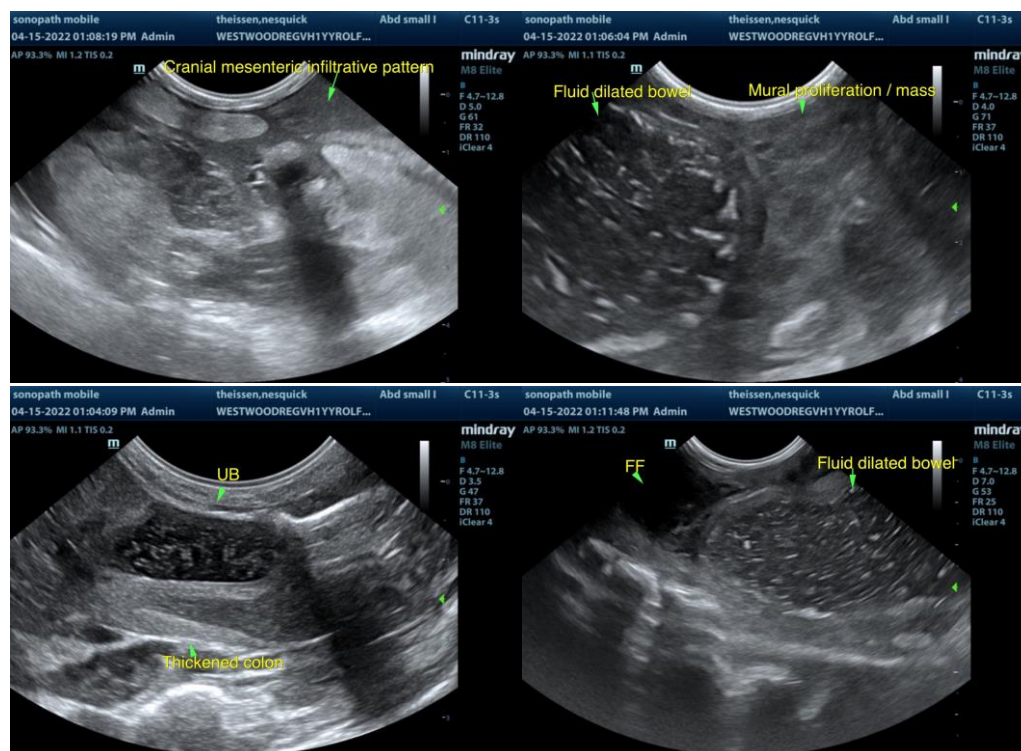
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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