



PATIENT PRESENTING CLINICAL SIGNS

Molly Carpenter

History: Historic FAF and possible GB changes Current Medications Ondansetron, Cerenia, Entyce
Primary Question/Differential to Be Answered in This Exam r/o mass effects/evidence of neoplasia vs pancreatitis

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 3/30/22- ALKP = 570, t bili/GGT WNL; CBC WNL, UA unremarkable aside from mildly dilute urine

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

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 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.

NM

AGE

12 years

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 increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor dystrophic medullary mineral observed bilaterally. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

7.23 pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm width in the cranial pole and 0.46 cm width in the caudal pole. The right adrenal gland measured 1.7 cm width in the cranial pole and 0.49 cm width in the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh CVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

West Eugene Animal
Hospital

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 exhibited mild to moderate distention with normal walls and primarily anechoic luminal content with mild nonorganized echogenic sludge. The cystic and common bile ducts were normal.

REFERRING VET

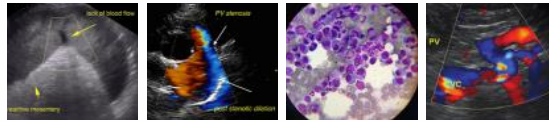
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INVOICE

10463ag

DATE

04/27/2022



PATIENT *Gastrointestinal*

Molly Carpenter 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 ventral gastric body wall measured 0.30 cm in width.

SPECIES

Canine The small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio. Subjective mild prominent to corrugated mid to distal duodenum was present. The duodenum wall measured 0.37 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

BREED

Dachshund Potential for intact yet mildly prominent ileal walls to the level of the ileocecolic junction was noted. The colon and potential cecum exhibited variable hypoechoic mural hypertrophy and loss of wall layering measuring approximately 3 cm x 3 cm. Semi formed to non-formed feces was present in the proximal colon and cecum with concurrent cecal gas. Regional hyperechoic mesentery and small pockets of scant free fluid were noted around the ileocecolic junction, proximal colon and cecum.

SEX

NM

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Pancreas

The left limb, right limb, and base of the pancreas 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

Regional hyperechoic mesentery and small pockets of scant free fluid were noted around the ileocecolic junction, proximal colon and cecum. No evidence of significant lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Proximal colon/cecal mass with regional peritonitis
- Potential concurrent mild duodenitis and ileitis
- Distended gallbladder containing mild sludge-non mucocele with no evidence of post hepatic obstruction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal colon/cecal mass with regional peritonitis has general etiologies including inflammatory, granulomatous or neoplastic disease although neoplastic disease is favored given the sonographic presentation and loss of wall layering. No overt evidence of significant lymphadenopathy or additional organ metastasis was observed although the possibility of regional omental seeding cannot be excluded. Laparotomy with potential for biopsies or resection/anastomosis is required for further clarification and could be considered assuming no thoracic pathology on three view chest radiographs.

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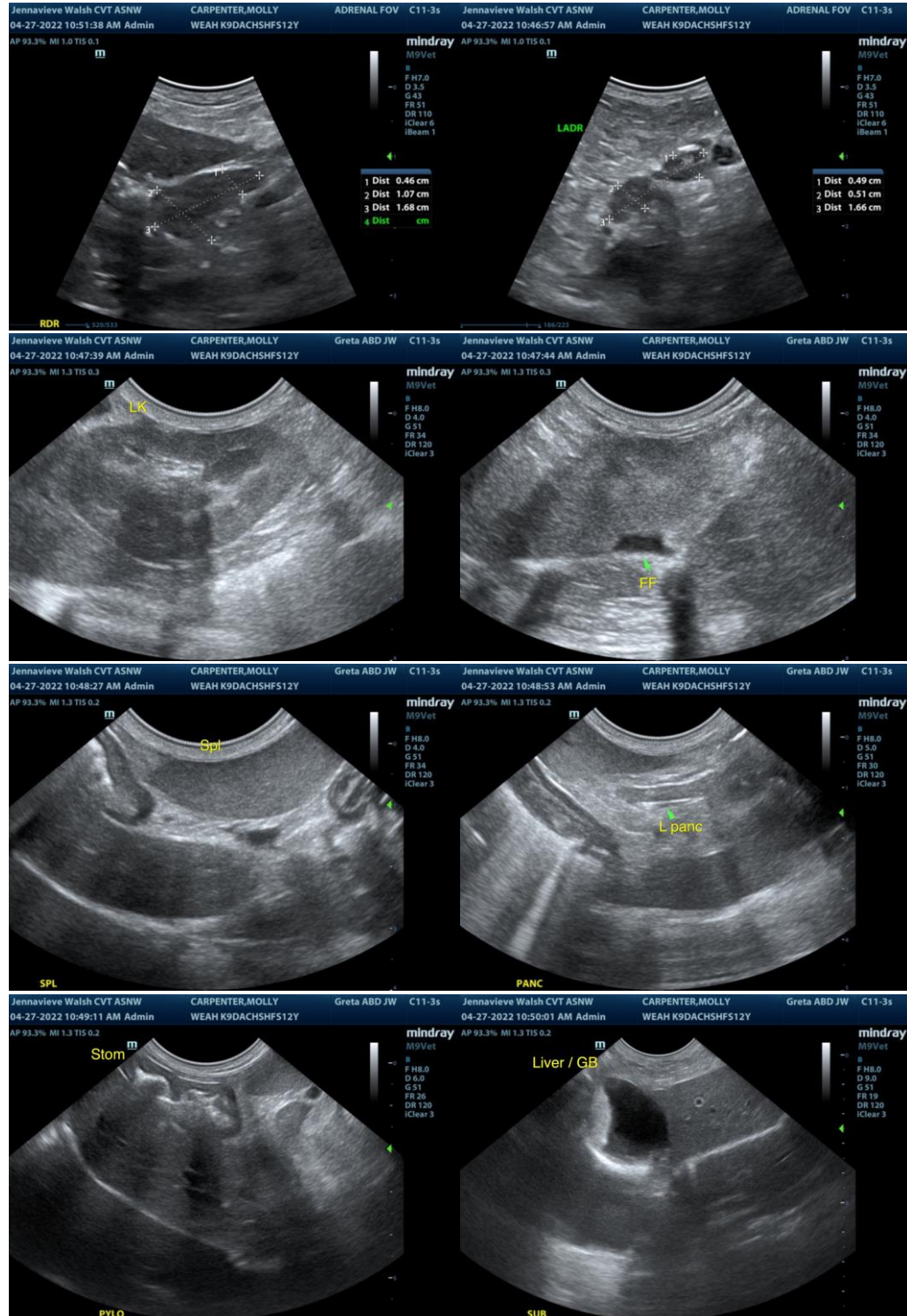
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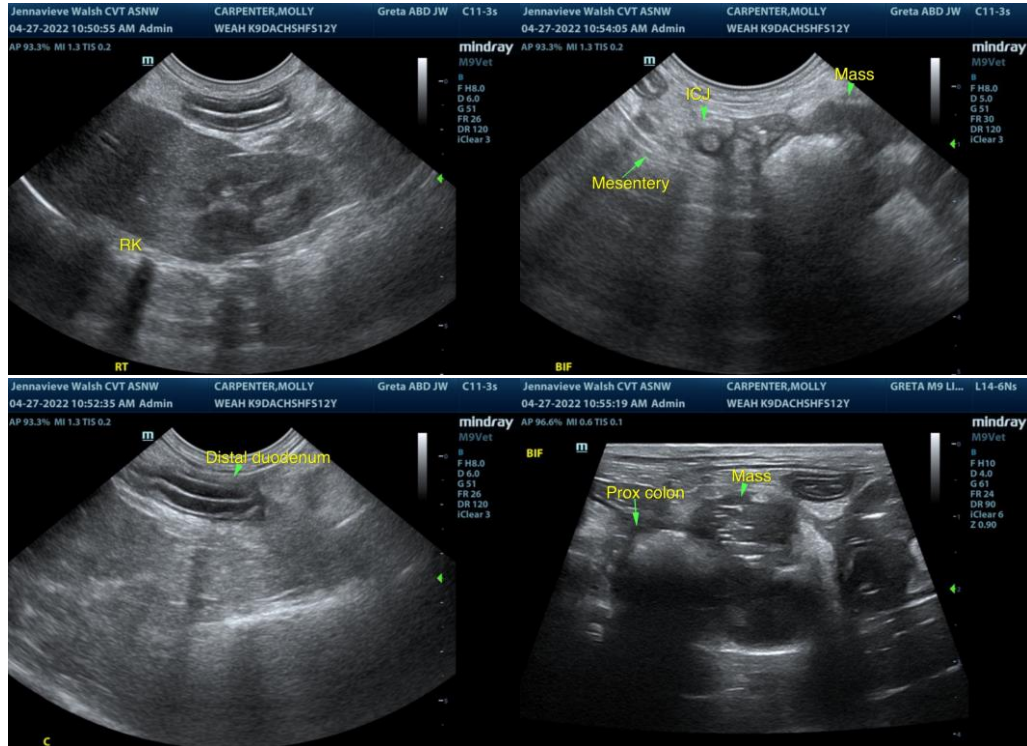
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com