SonoPath
Clinical Sonography & Telecytology
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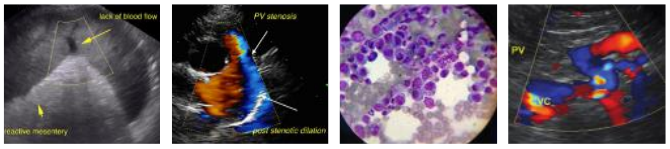


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Ali Joo

**SPECIES**
Canine

**BREED**
Alaskan Malamute

**SEX**
Spayed Female

**AGE**
12 Years

**WEIGHT**
98.5

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

**IMAGING PERFORMED BY**
Dr. Sharkaway

**HOSPITAL NAME**
Kew Gardens AH

**REFERRING VET**
Dr. Sharkaway

**INVOICE**
21902

**DATE**
4/5/23

## PRESENTING CLINICAL SIGNS

History: Vomiting Lethargic Lameness Anorexia
Abnormal PE/Chem/CBC/UA Results: Mid abdominal mass palpated Blood work–elevated ALP K, GGT, none regenerative anemia CPLI–positive Radiograph–suspected abdominal effusion, mid-abdominal mass

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Normal size and margination were present in the left kidney. 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. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length.

The right kidney was not definitively visualized.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

The spleen was subnormal in size consistent with volume contraction. Maintained symmetrical capsule contour was present with subtle splenic parenchyma heterogeneity. No splenic masses or nodules were noted.

### *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 indistinctly visualized. No obvious evidence of gallbladder distention or overt posthepatic obstructive criteria.

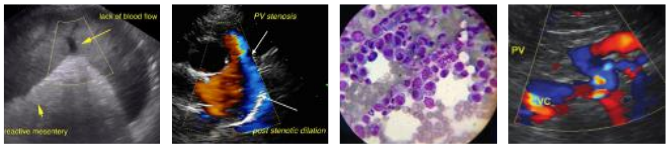
### *Gastrointestinal*

The stomach exhibited severe distention with retained primarily anechoic fluid and a mild amount of nonspecific hyperechoic ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

### *Pancreas*



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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*

A large irregular nonhomogenous mass was noted, occupying the majority of the abdominal cavity, measuring at least 15 cm in diameter, but likely larger, as the entire mass would not fit into a single viewing window. The mass appeared to encompass segments of the intestinal tract, including the possible level of the ileocolic junction with possible intramass areas of intestinal ingesta/chyme and luminal gas. Regional hyperechoic peripheral to surrounding hyperechoic omentum was noted around the mass. No overt evidence of peritoneal free fluid. The mass did not appear to originate from the spleen or obviously the liver.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling
- Severe fluid dilated stomach with mild retained nonspecific ingesta
- Volume contracted yet intact spleen
- Left kidney mild chronic renal changes
- Large irregular nonhomogenous unspecified mass, occupying the majority of the mid abdominal cavity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the unspecified abdominal mass is most likely consistent with neoplastic criteria with intestinal omental lymphatic origin possible. It is suspected that the mass is obstructing the intestinal tract leading to severe gastric distention with retained fluid. Assuming normal clotting status, screening FNA cytology of the mass may be considered for further clarification. Assuming no evidence of pathology on three view chest radiographs, abdominal CT would be required for further clarification and definition. However, given the size of the mass, potential involvement of the intestinal tract and unknown definitive origin, surgical options are suspected to be precluded.

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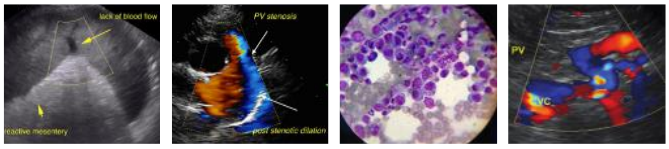

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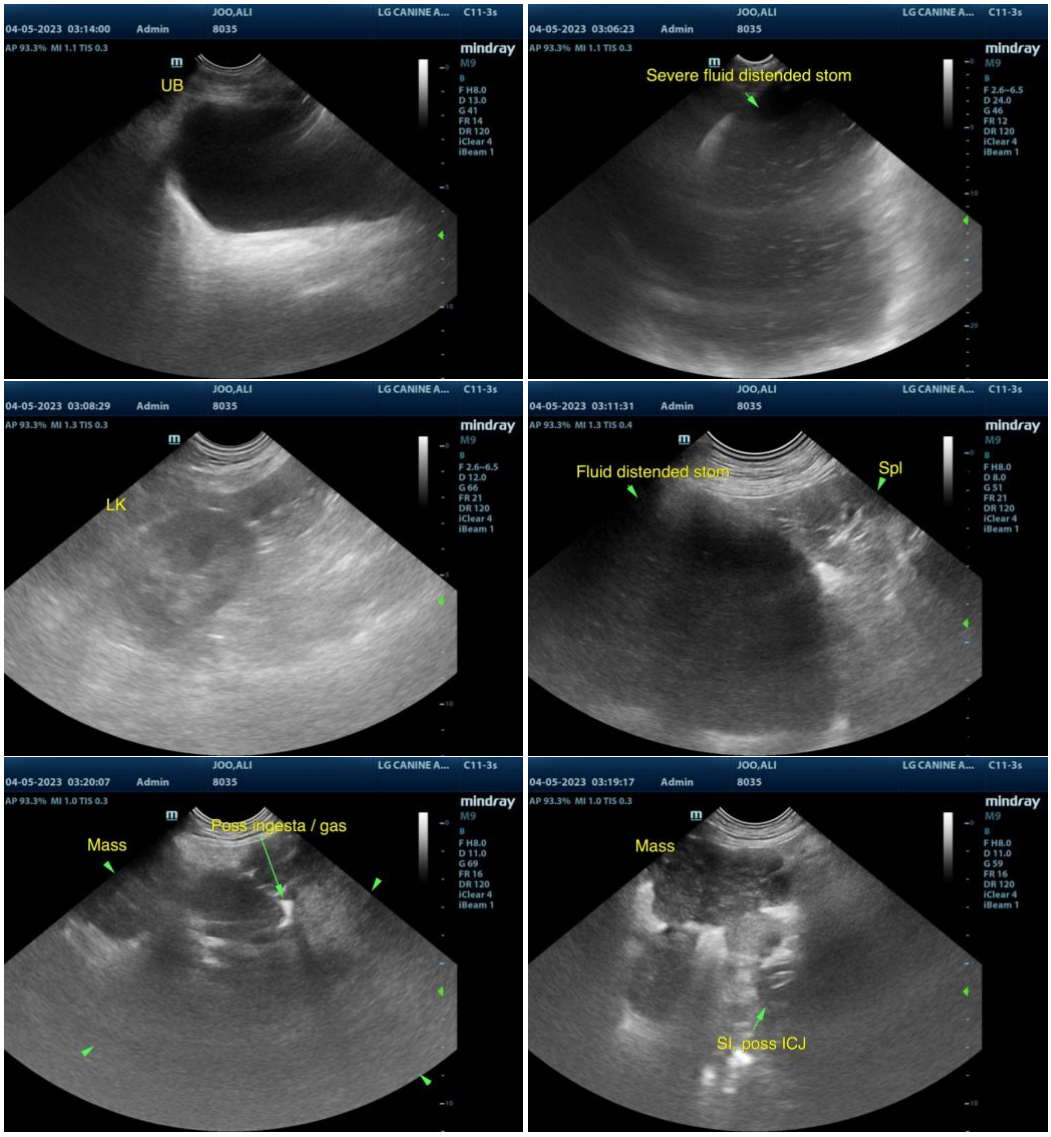

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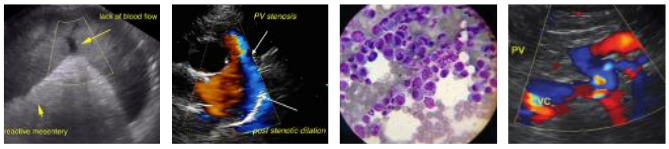

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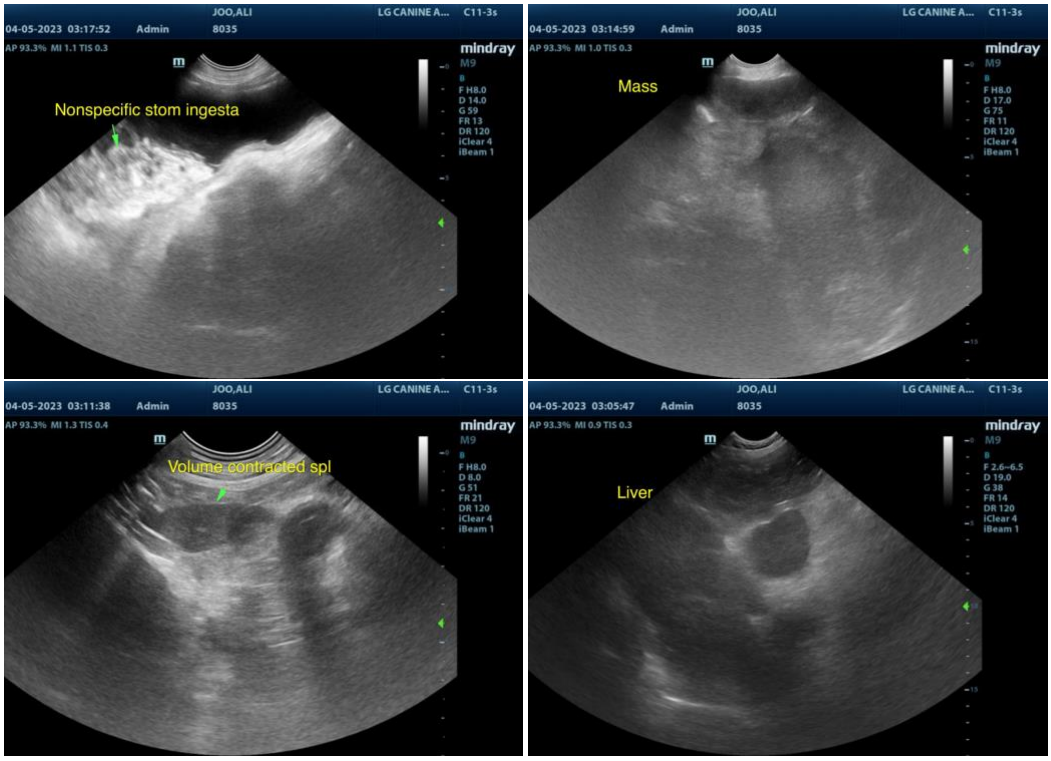


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**