

PATIENT

Dagny Schulz

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 yrs

WEIGHT

18.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park
Animal Clinic

REFERRING VET

Dr. Heyward

INVOICE

10169

DATE

4/7/2023

PRESENTING CLINICAL SIGNS

Presented 2 weeks prior with history of vomiting and partial anorexia recent few days. The episodes occur at night and are unobserved as they occur, but the owner describes green fluid (presumed gastric fluid and bile) ranging to more food-like, less digested material, and then perhaps runnier more uniform ingesta. Radiographs did not indicate any specific foreign bodies or abnormalities; contrast is limited because of little abdominal fat. Weight loss 2.5 lbs since visit of Feb 2022, BCS 4. PE generally unremarkable and typical for this dog, which is originally Mexico stray and always lean and coarse coated. Subsequently, the owners realized at least some of the material is actually feces, and they brought some... I saw pieces of semi-formed discrete fecal clumps in watery mucousy slime. Neg of ova, parasites, and Giardia at Idexx. Recheck 4/5 lost another 1.5 lb, temp 101.4, Heart and respiratory rate and character are normal, no lymphadenopathy is present, no abdominal masses palpable; appetite remains reduced. She will eat canned or softened food but not her usual dry. But owner has only fed her dry in last 2 days, so can't answer the question about appetite and food intake. Current Medications None

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. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt medial iliac or sub lumbar lymphadenopathy 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 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 4.1 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

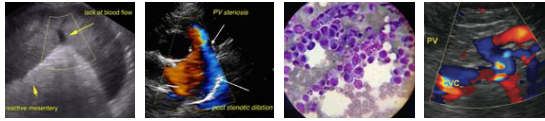
The left adrenal gland is indistinctly visualized, owing to region periadrenal omental artifact and pathology. No overt left adrenal pathology was present. The left adrenal gland subjectively measuring 0.59 cm cranial and caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.

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.

Liver/ Gallbladder

The liver is exhibiting subjective borderline to mild subnormal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal hepatic vascular volume was



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noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited normal intact visualized gastric wall layering but the area of the pyloric outflow was indistinctly visualized. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post-prandial presentation without signs of ileus, obstruction or foreign material. No obvious evidence of mechanical outflow obstruction. Sonographically the appearance of the gastric ingesta is consistent with food.

The small intestine exhibited generalized to variable prominent wall layering owing to mild altered muscularis/mucosa ratio. Segments of the intestine exhibited indistinct wall-layered detail with subjective mild mural hypertrophy, primarily mid abdomen consistent with the jejunal location. The small intestinal wall width is 0.35 cm to 0.40 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

The colon exhibits an overtly normal wall layering, with formed fecal matter present in the visualized distal to descending colon.

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 were evident.

Free Abdomen

Large, irregular non-homogenous to mixed echogenic mid-abdominal mass, which appeared to impinge upon or surround segments of midabdominal small intestine measuring 7.0 cm to 8.0 cm in diameter. Regional associated hyperechoic omentum surrounding the mass with possible indistinctly visualized concurrent omental lymphadenopathy. No overt peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

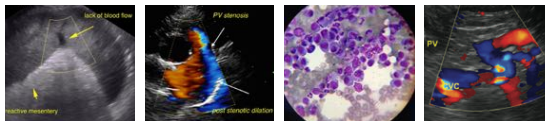
- Generalized enteropathy exhibiting variable thickened to altered wall layering.
- Large unspecified non-homogenous mass mid-abdomen with regional peritonitis and possible omental lymphadenopathy.
- Gastric ingesta/sonographically consistent with food.
- Overtly normal spleen.

Secondary Findings

- Subjective borderline/mild subnormal liver size-suspect patient variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although, nonspecific primary concern for a large midabdominal mass of likely intestinal origin and strongly suggestive of neoplastic criteria. Potential for non-neoplastic origin of the mass i.e., omental lymphatic pancreatic uterine remnant, etc. cannot be definitively excluded given the size of the mass.



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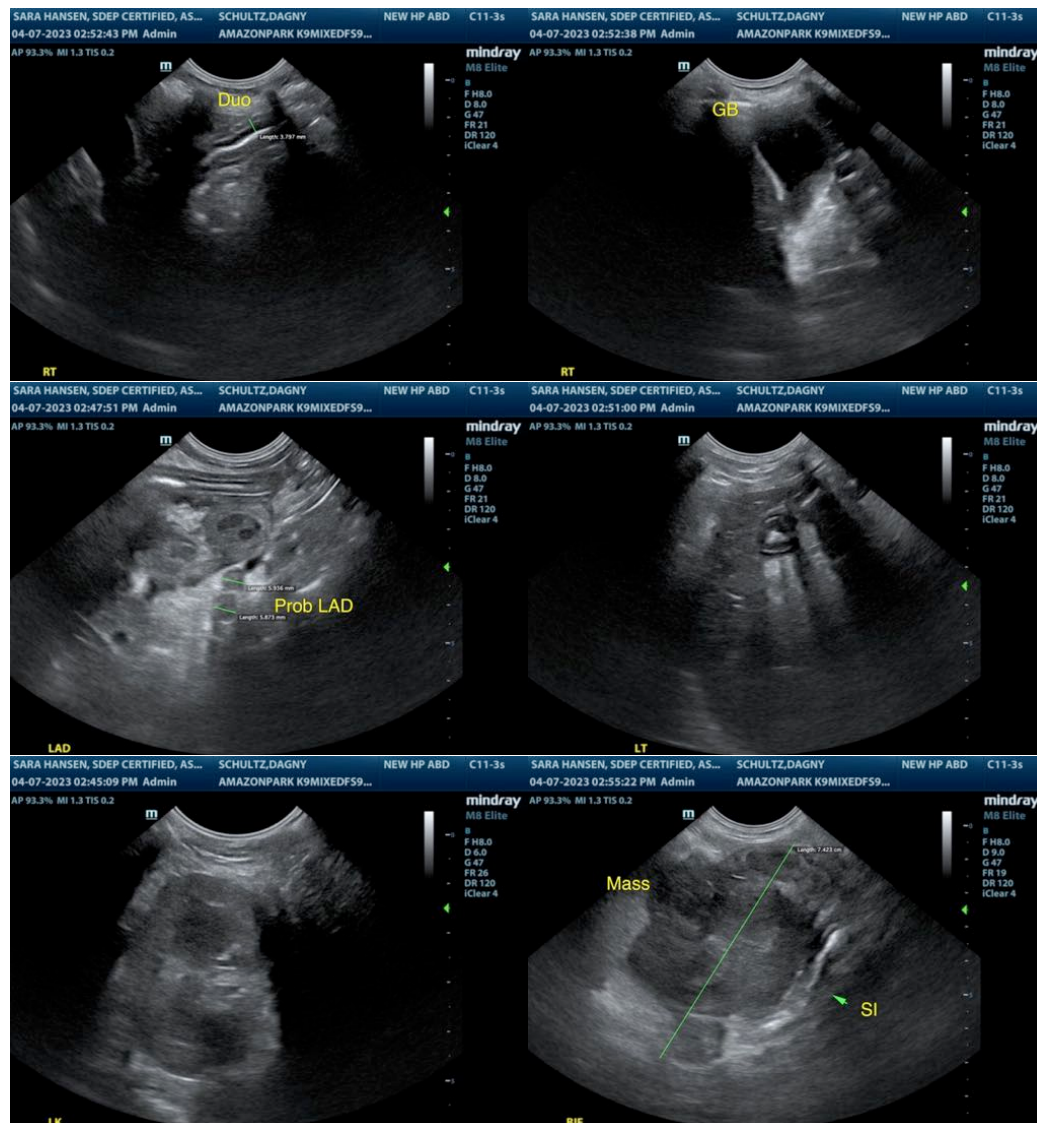
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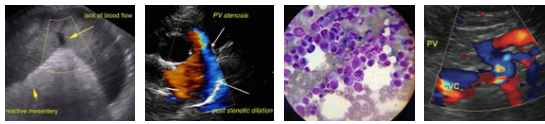
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However, sonographically intestinal involvement appeared to be likely. Further assessment may include assuming normal clotting status, FNA cytology of the mass. Although, histopathology likely required for definitive diagnosis. Surgical resectability of the mass highly questionable given strongly suspected intestinal involvement. An abdominal CT assuming no evidence of pathology on 3-view chest radiographs, likely ideal for further clarification and potential surgical planning if surgical options are a potential in this case. Extremely guarded to unfavorable prognosis likely indicated.





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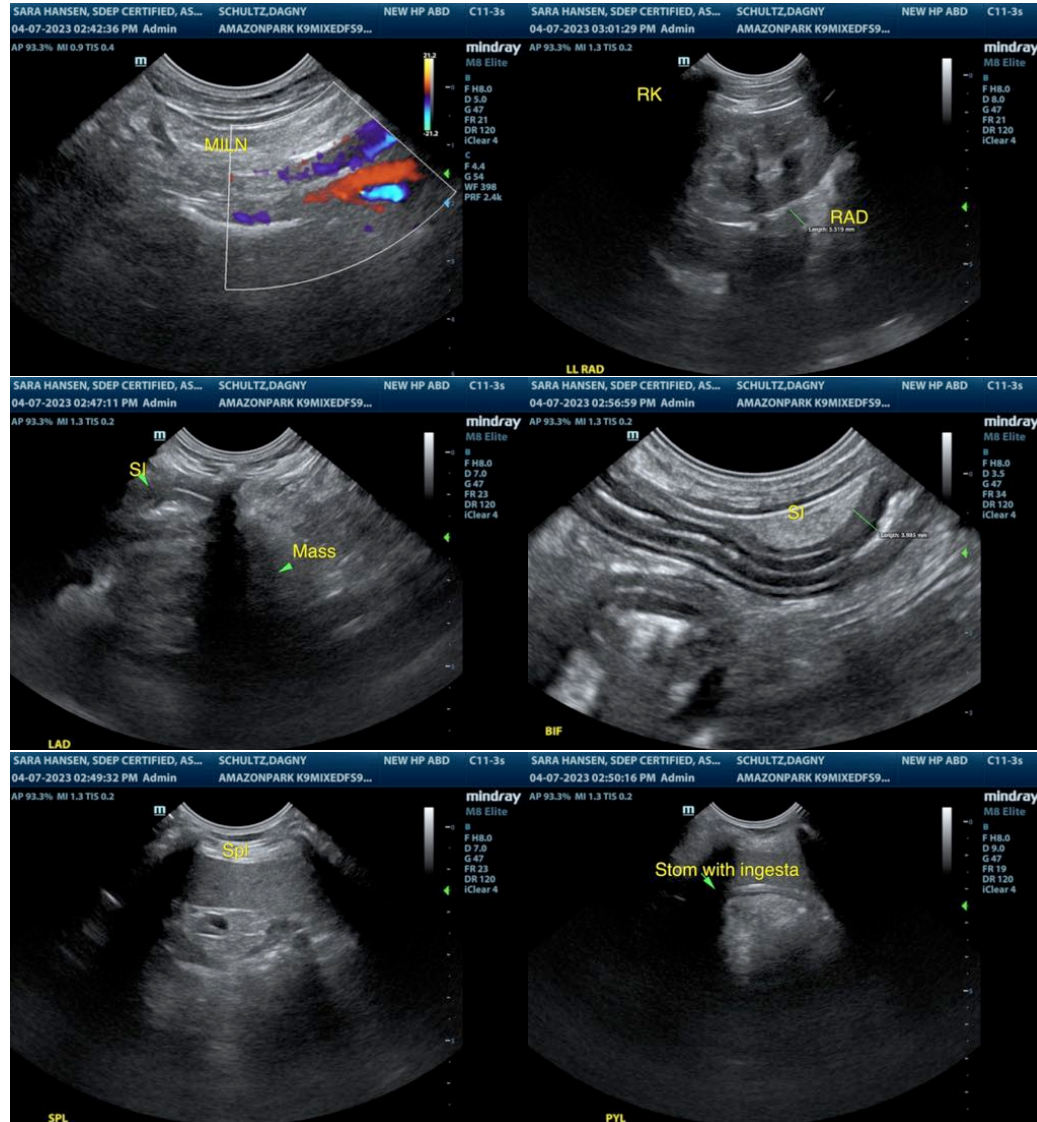
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com