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Clinical Sonography & Telecytology
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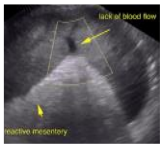
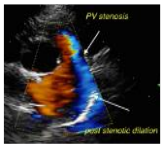
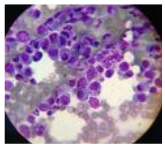
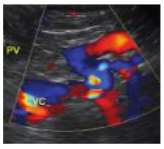




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruger Cejnowski

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

-

AGE

7 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Werner AH

REFERRING VET

Dr. Timothy Werner

INVOICE

13884

DATE

5/17/22

PRESENTING CLINICAL SIGNS

mass lesion discovered in abdomen with US spot check, suspect GI origin. On phenobarbital, keppra, zonisamide.
Abnormal PE/Chem/CBC/UA Results: mild ALT and ALKP elevations; slight lymphopenia.

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.39 cm width at the caudal pole.

Spleen

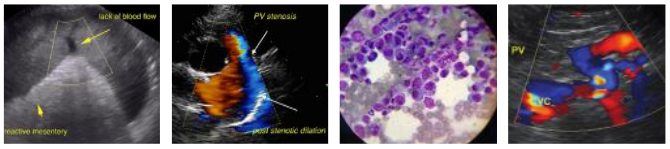
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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.

Gastrointestinal

The stomach exhibited regional wall thickening exhibiting decreased mural echogenicity and loss of discernable wall layer detail, subjectively in the caudal gastric body wall. The caudal gastric body wall width measured up to 0.99 cm. Moderate retained nonshadowing variably echogenic ingesta and



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chyme were present in the stomach. By comparison, normal-appearing gastric wall width measured 0.30 cm. No overt evidence of mechanical pyloric outflow obstruction was noted.

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. The duodenum wall width measured 0.26 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Multifocal, cranial mesenteric lymph nodes caudal and adjacent to the stomach were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of an enlarged mesenteric lymph node measured 3.5 cm x 1.9 cm. Similar-appearing hypoechoic mass lesion was noted in the right cranial abdomen caudal to the right lateral and caudate liver lobe in the area of the pancreas base and pylorus, measuring 3.5 cm x 3.0 cm. Regional perigastric and perilymphatic reactive mesentery were present. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Regionally thickened to hypoechoic caudal gastric stomach wall exhibiting loss of wall layer detail
- Multifocal hypoechoic to swollen cranial mesenteric lymphadenopathy
- Hypoechoic mass lesion right cranial abdomen - suspect marked lymphadenopathy, potential for pancreatic involvement is considered less likely yet cannot be definitively excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the regionally thickened gastric body wall, as well as multifocal hypoechoic to swollen cranial abdominal lymphadenopathy are consistent with multicentric round-cell neoplasia such as lymphoma or other. Non-neoplastic etiology i.e., regional inflammatory gastropathy with cranial mesenteric lymphadenitis is possible yet considered less likely.

Ultrasound guided FNA of an enlarged cranial mesenteric lymph node and / or mass lesion vs. suspected marked right cranial abdominal lymphadenopathy Is recommended for cytology and potential for oncology consultation. Three view chest radiographs are recommended.

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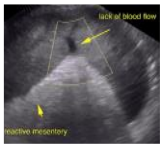
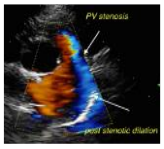
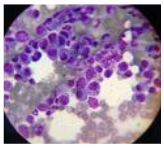
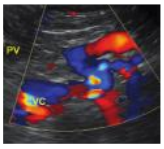

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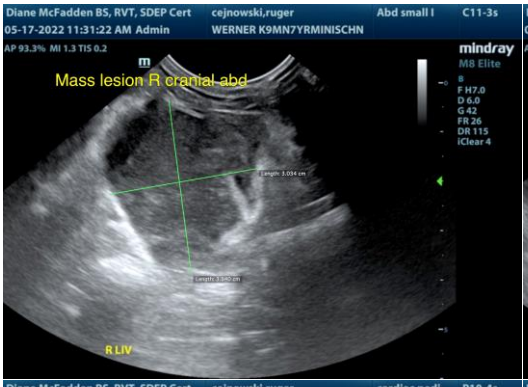

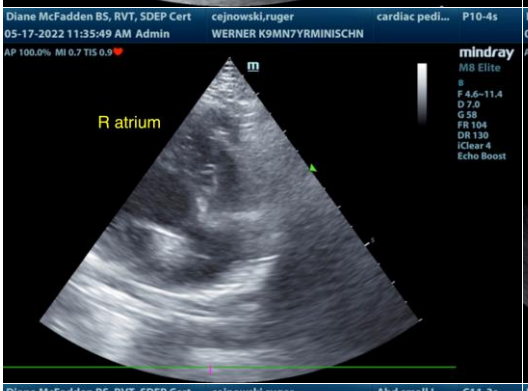

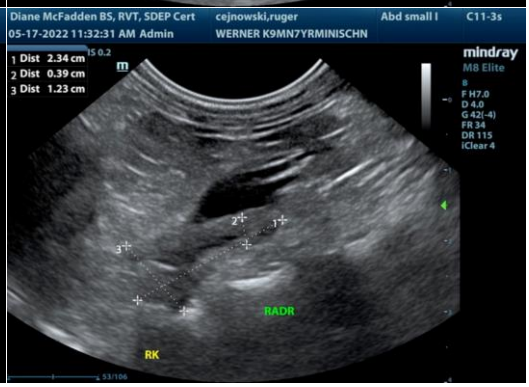

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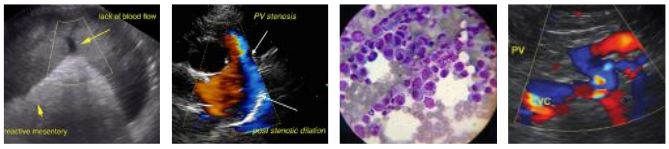

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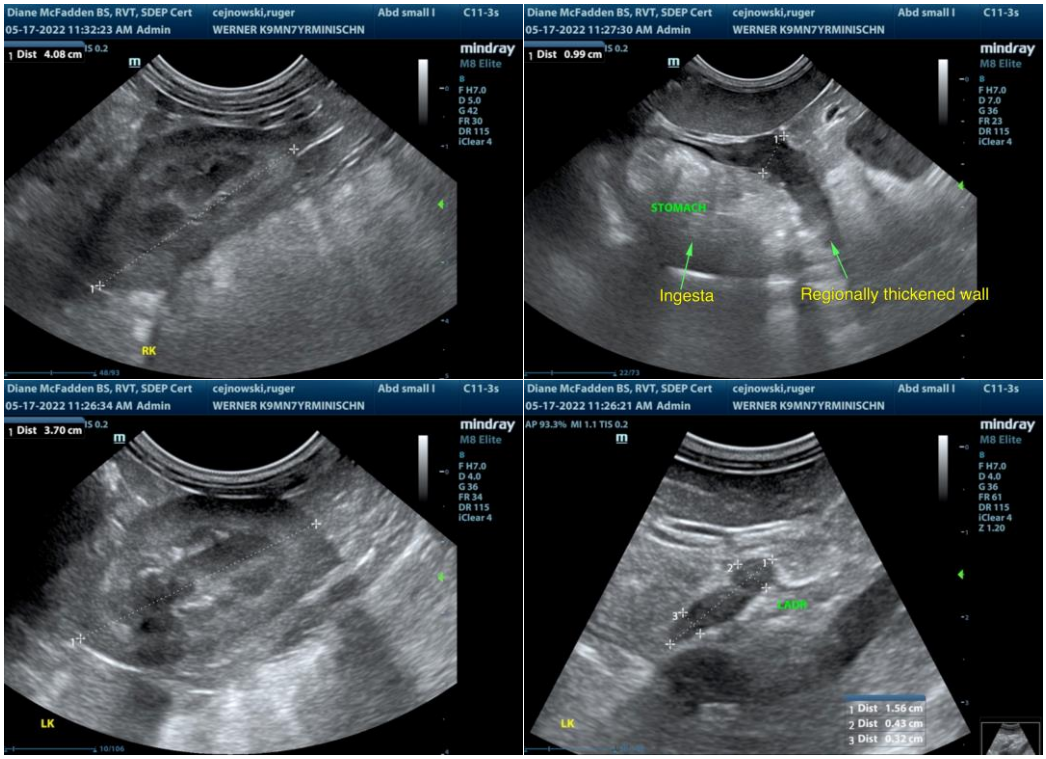

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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