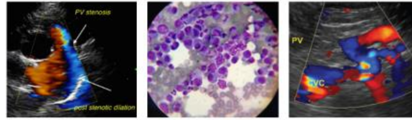


PATIENT

Moo Moo Moo Moo Lipe

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

9 yr

WEIGHT

19 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

10983ag

DATE

06/27/2022

PRESENTING CLINICAL SIGNS

History: P vomited clear fluid yesterday immediately after drinking. P's water consumption has been increased, however P has no appetite. P stopped eating Thursday evening, and has been force-fed by O since. P is also lethargic, weak, and seems disoriented.

Abnormal PE/Chem/CBC/UA Results: Pale Gums, visibly lethargic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 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 5.1 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 2.1 cm length.

Spleen

The spleen exhibited potential for mild enlargement and maintained symmetrical capsule contour. A uniform hypoechoic parenchyma compared to expected splenic parenchyma echogenicity was present. No masses or nodules were noted.

Liver

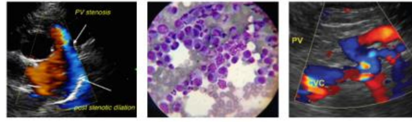
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate nondependent yet nonorganized mildly hyperechoic debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent yet intact jejunal mucosa was present. A moderately sized asymmetrical intestinal mural mass present in the cranial abdomen caudal to the right to caudate liver was observed



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measuring approximately 6 cm in diameter with wall width of 1.7-1.8 cm in width. The intestinal mural mass exhibited marked mural hypertrophy, decreased mural echogenicity and loss of discernible wall layering. The intestinal mural mass did not appear to involve the duodenum as the majority of the duodenum was distinctly visualized exhibiting intact wall layering. The duodenum wall measured 0.49 cm in width. Regional peri intestinal hyperechoic mesentery was present.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderately sized cranial abdominal intestinal mural mass with regional peri intestinal reactive mesentery/peritonitis
- Hepatomegaly exhibiting uniform parenchyma
- Subjective mild splenomegaly exhibiting uniform mildly hypoechoic parenchyma
- Mild to moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment the intestinal mural mass is suggestive of high-grade neoplasia such as high grade lymphoma vs other potential neoplastic etiologies. Non neoplastic etiologies such as severe inflammatory or granulomatous disease considered less likely. Given the hepatosplenic presentation the possibility of multicentric round cell neoplasia involving the intestinal tract, liver and spleen is of concern yet not definitive. Assuming normal clotting status, an ultrasound guided FNA of the intestinal mass as well as screening hepatosplenic FNA using a 25g needle is warranted for further assessment and potential oncology consult. Three view chest radiographs are recommended. Given the potential disorientation and weakness in this patient, assessment of GLU level is suggested if not done as intestinal tumors may be associated with hypoglycemia.

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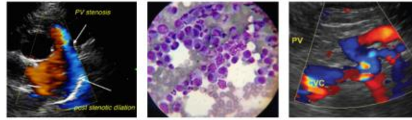

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Clinical Sonography & Telecytology

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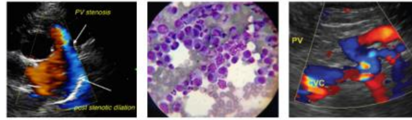

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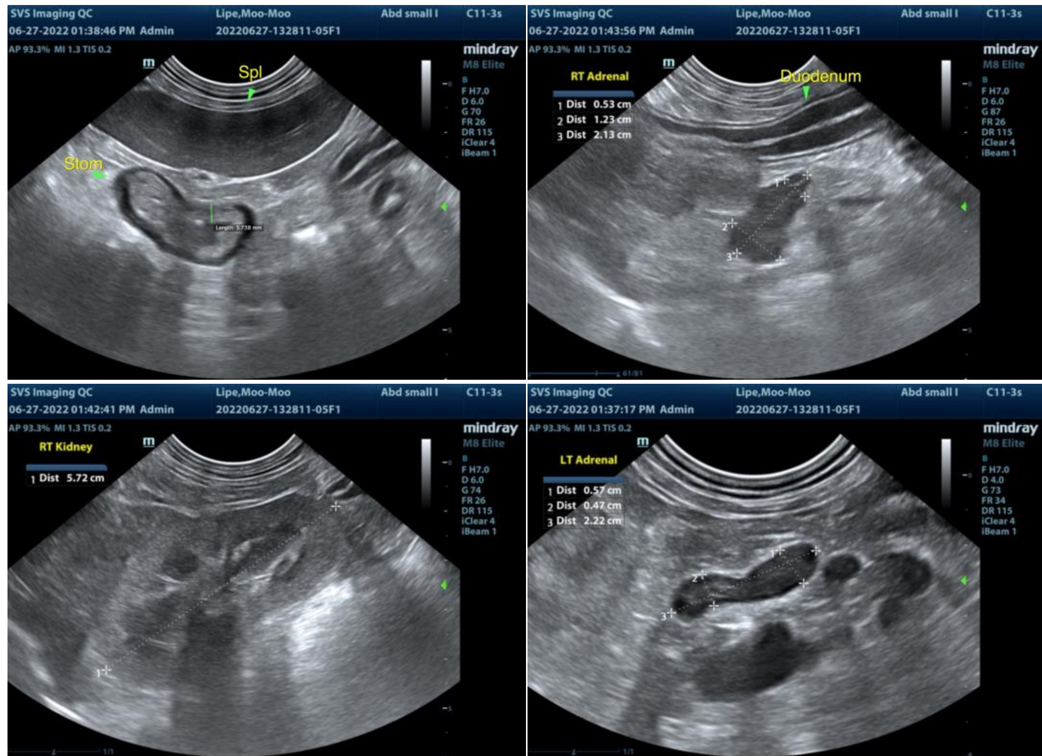

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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