

**PATIENT**

Turbo Smallwood

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

6 Years 6 Months

WEIGHT

21 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Kelly-Madison VC

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16370

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Starting last Monday night into Tuesday, Turbo's right hind leg became swollen from hip to foot. Owner's took him to Citywide Clinic first thing Tuesday morning and they took cytology and sent it out. The results came back today as a Mast Cell Tumor. Turbo was prescribed Prednisone and Benadryl that was started Tuesday night. Everything was going well and the swelling was going down until Friday when he vomited 3 times and had gooey diarrhea. By Saturday morning, he couldn't keep water down and wouldn't get up from the couch to go to the bathroom. Since Saturday, the Prednisone has been pilled since he is not eating. Sunday he was having trouble breathing. He would take a deep breath and hold it for 30 seconds. Since Turbo is so thin, the owner is able to see his heart beat on his neck and chest. She said that it would randomly stop, he would stop breathing, and she would have to rouse him to get it going again. Turbo has a history of allergies and hives that flare up with stress' after starting the Benadryl, they have gone away.

Abnormal PE/Chem/CBC/UA Results: In house bloodwork revealed the following: SDMA- 72 (0-14) CREA- 7.3 (0.5-1.8) BUN- 180 (7-27) - diluted PHOS- 12.9 (2.5-6.8) ALT- 235 (10-125) ALKP- 315 (23-212) Na- 139 (144-160) Cl- 101 (109-122) Mono- 1.55 (0.16-1.12)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic urine was present, along with hyperechoic sand to mild dependent, potentially adhered mineral. The residual prostate was ill-visualized owing to regional increased periprostatic omental artifact, subjectively measuring 1.7 cm in diameter.

Both kidneys were normal in size and margination. Moderate hydronephrosis was present in both kidneys with fluid distention, extending into the lateral diverticula. Concurrent variable bilateral hydroureter was present, potentially more prominent in the left ureter, extending caudally, potentially to the level of the urinary bladder, although not definitive. The left kidney measured 8.6 cm. The right kidney measured 8.0 cm.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.61 cm width at the cranial 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

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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.

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

Gastrointestinal**BREED**

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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. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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The visualized colon exhibited overtly normal layering with formed to semi-formed feces.

Pancreas**AGE**

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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**WEIGHT**

21 kg

Focally enlarged inguinal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perilymphatic fat/tissue was noted. An example of lymph node size was 2.8 cm x 0.86 cm.

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Several to multiple enlarged, hypoechoic medial iliac lymph nodes 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 medial iliac lymph node measured 2.8 cm x 1.5 cm.

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An ill-defined irregular nonhomogeneous expansive mass was present in the mid abdomen and within the area of the left adrenal gland, measuring approximately 6.0 cm in diameter. Overt invasion to the left kidney was not apparent, although potential for vascular invasion, associated with this undifferentiated mass cannot be definitively excluded. The mass appeared to extend somewhat caudally from the area of the left adrenal gland, as well as medially potentially into the mid abdomen. Associated scant to mild volume peritoneal to retroperitoneal effusion is suspected.

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ULTRASONOGRAPHIC FINDINGS**REFERRING VET**

Dr. Kelly-Madison VC

- Undifferentiated mass in the mid abdomen in the area of the left adrenal gland
- Bilateral moderate hydronephrosis with concurrent variable left and right hydroureter
- Subnormal urinary bladder with mild dependent potentially adhered mineral
- Hypoechoic to swollen medial iliac and inguinal lymphadenopathy with lymphatic reactive mesentery/tissue

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The undifferentiated mass in the area of the left adrenal gland and mid abdomen is consistent with neoplastic criteria based on appearance, although sampling is required for further assessment. Potentially, this mass may be affecting the left and right ureters, resulting in ureteral obstruction and secondary hydronephrosis, however, the possibility of obstruction at the level of the urinary bladder

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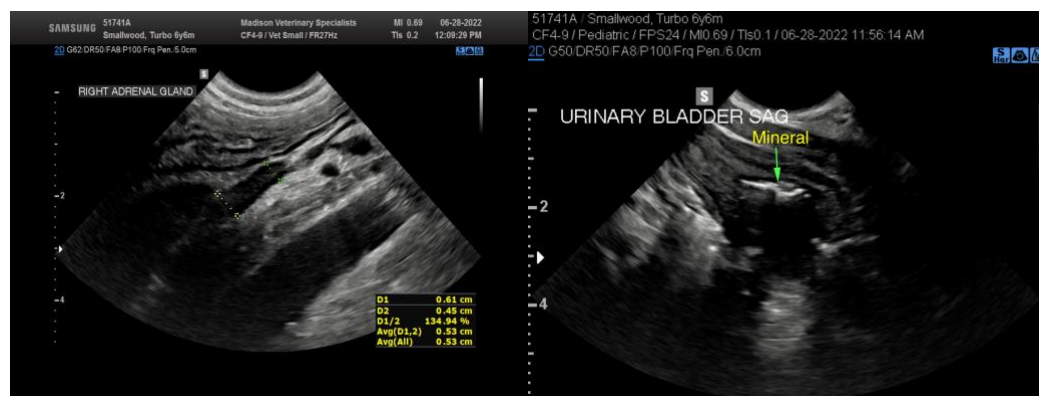
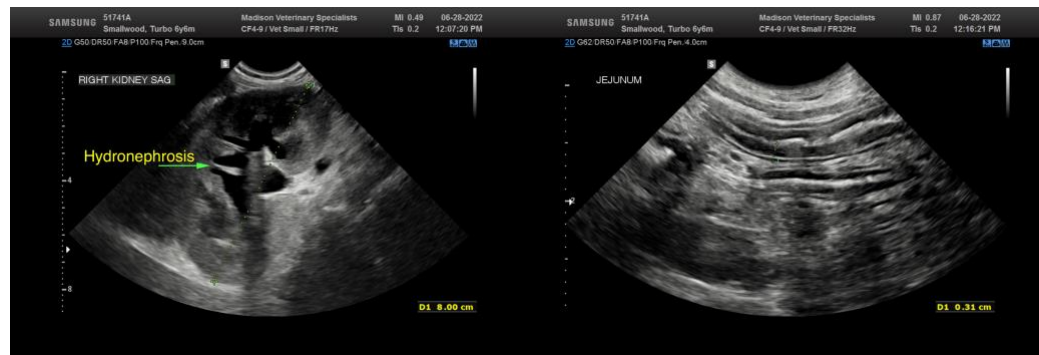
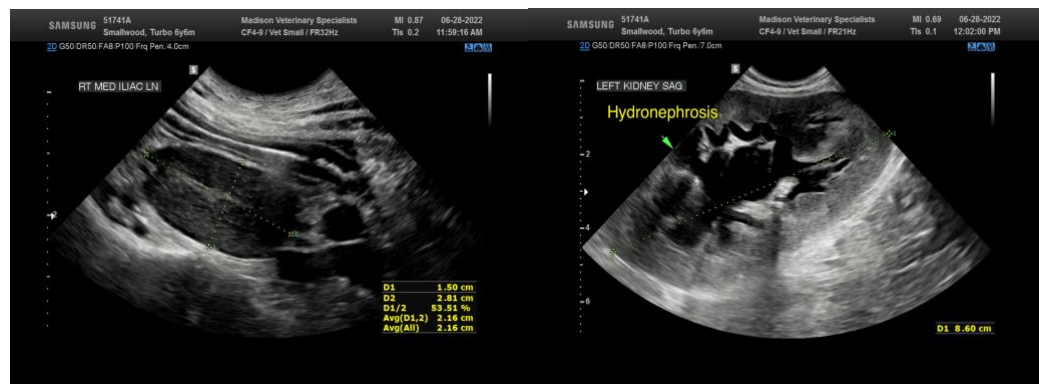
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or elsewhere given the presence of urinary bladder mineral, cannot be excluded. Strong concern for multicentric neoplasia, which may include mastocytosis, given the previous diagnosis of mast cell tumor versus other neoplasia involving the medial iliac and inguinal lymph nodes, is warranted. This is suspected to have resulted in lymphatic obstruction with secondary right limb swelling.

Given this presentation, an abdominal CT with contrast for further clarification and assessment of potential therapeutic/surgical options would be ideal. Three-view chest radiographs are recommended. However, given concern for multicentric neoplasia, very guarded to subjectively unfavorable prognosis is likely indicated.



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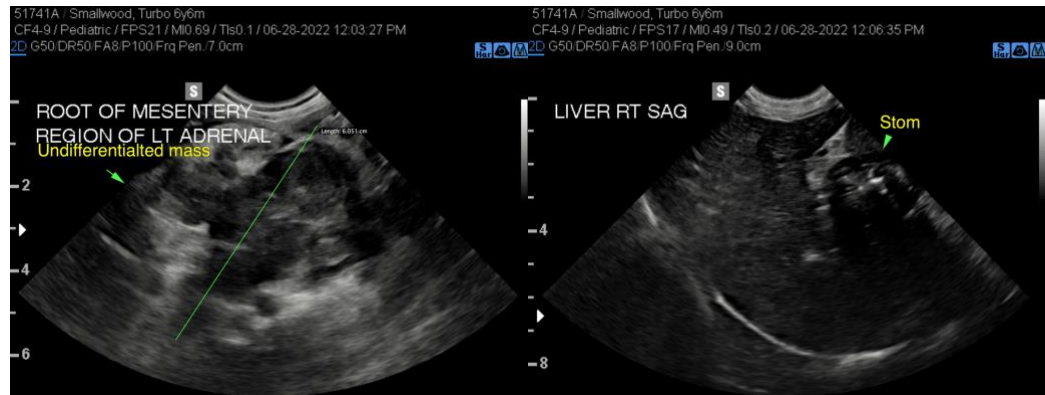
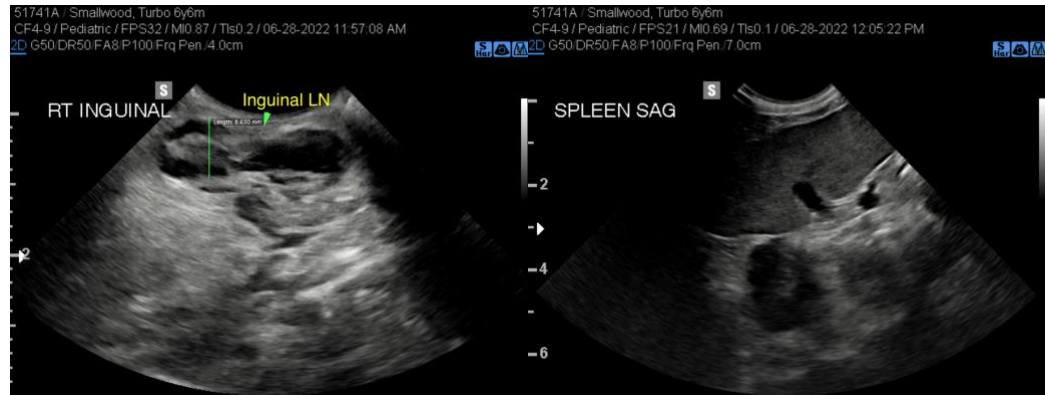
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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