



PATIENT

Ina Ruello

PRESENTING CLINICAL SIGNS

RDVM is Dr. Brasch. O reports anorexia, lethargy, Generalized lack of detail on radiographs

SPECIES

Canine

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.

BREED

GSD

Normal size and margination was present in the left kidney. 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 7.2 cm in length. The right kidney was not definitively visualized.

SEX

FS

AGE

9yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

WEIGHT

80

Spleen

The spleen exhibited borderline to mild enlargement with symmetrical to subtle asymmetrical capsule contour and generalized non-homogenous nodular parenchyma. No visualized splenic mass. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

INTERPRETED BY

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

Liver/Gallbladder

The liver exhibiting moderate enlargement with symmetrical mildly rounded contour with normal possible mildly reduced parenchymal echogenicity. No visualized masses/nodules. Normal vascular volume. 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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Hope Brossman

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained non-shadowing echogenic ingesta and fluid with no signs of ileus, obstruction or foreign material.

HOSPITAL NAME

Animal Mansion
Veterinary Hospital

REFERRING VET

Shelley Parker DVM

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.

INVOICE

14618ag

Pancreas

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08/15/2023



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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.

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Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic/perihepatic inflammation was present. An example of lymph node size was 6 cm x 3.3 cm. Additional non-homogenous regional mid abdominal mesenteric lymphadenopathy was also present.

BREED

GSD

Scant pockets of peritoneal free fluid were present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Mid abdominal enlarged non-homogenous to hypoechoic mesenteric lymphadenopathy.
- Borderline splenomegaly with mild non-homogenous/nodular parenchyma.
- Hepatomegaly.
- Gallbladder debris (non-mucocele).
- Non-specific gastroenteritis pattern with mild gastric ingesta/fluid.
- Scant peritoneal free fluid.

AGE

9yr

WEIGHT

80

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid abdominal mesenteric lymphadenopathy meets neoplastic criteria with strong concern for multicentric round cell neoplasia involving the lymph nodes, liver, spleen and with early small intestinal involvement.

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DVM, DABVP
(Canine and Feline)

Assuming normal clotting status, an enlarged lymph node and hepatic FNA for screening cytology is warranted for further assessment and potential oncology consult for chemotherapeutic intervention. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

IMAGING PERFORMED BY

Hope Brossman

Empirically as needed GI support is recommended. Multicentric lymphoma or other round cell neoplasia is considered most probable. A very guarded prognosis pending recommended cytology which is required for further assessment.

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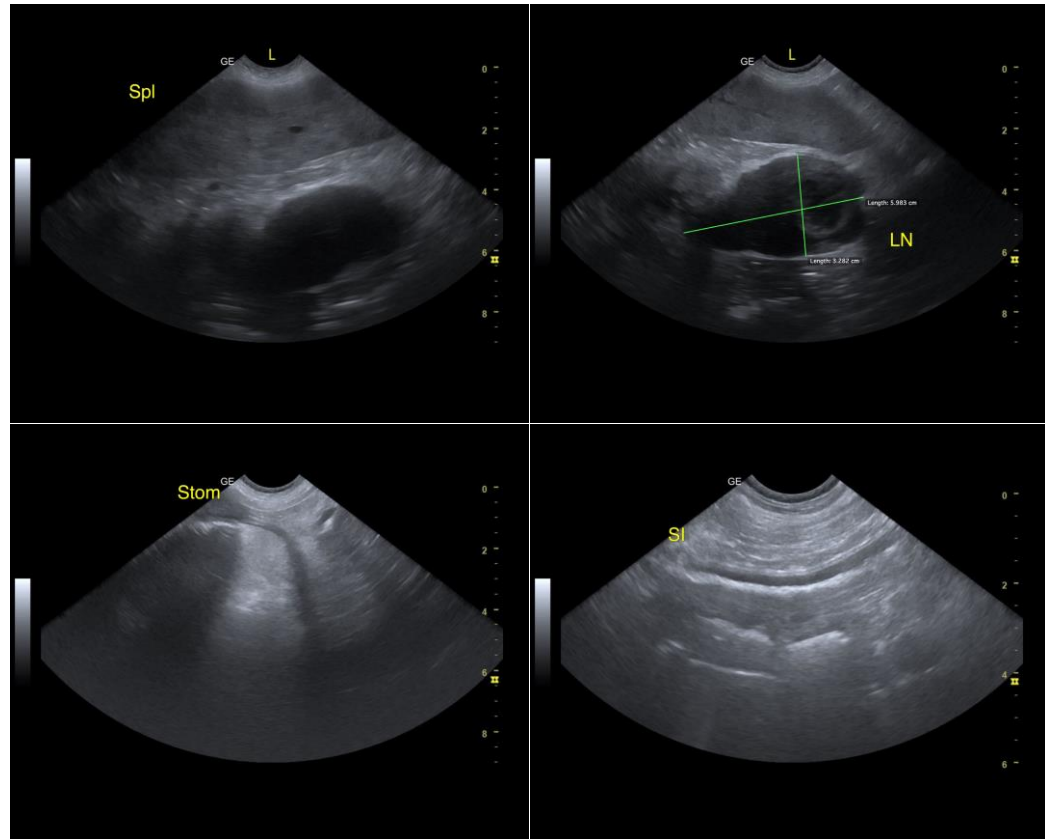
FS

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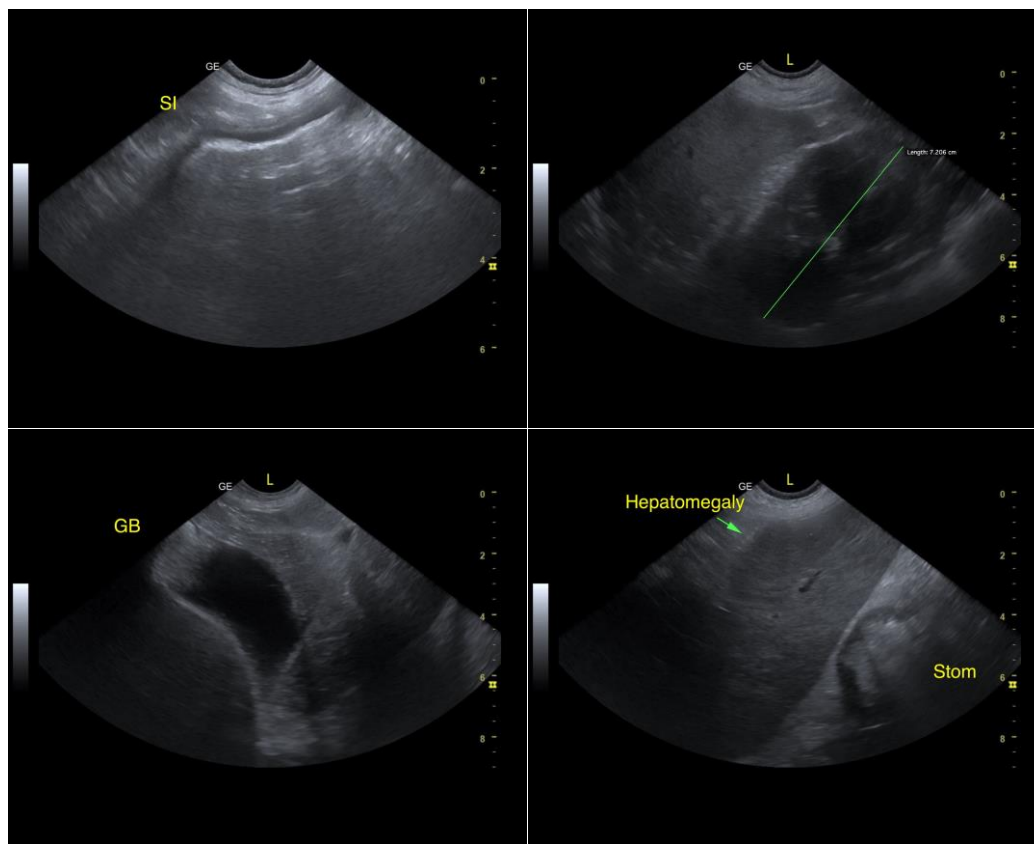
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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