

**PATIENT**

Sammy Maas

SPECIES

Canine

BREEDEnglish Springer
Spaniel**SEX**

MN

AGE

11yr

WEIGHT

23.1kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC Dr. Wirth

INVOICE

11429ag

DATE

08/19/2022

PRESENTING CLINICAL SIGNS

History: Diagnosed with lymphoma about 6 weeks ago. Abdominal ultrasound at that time revealed a small intestinal mass, enlarged abdominal lymph nodes, splenic and hepatic nodules, and abdominal effusion. Treated with mitoxantrone 9 days ago. Shortly after developed dermal lesions. Started on cefpedoxime. Recently developed severe diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were 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 6.9 cm in length. The right kidney measured 6.1 cm in length.

The residual prostate was normal measuring 1.0 cm in diameter. 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 0.79 cm width at the caudal pole and 0.78 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A well-defined, hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.88 cm in diameter.

The right adrenal gland measured 0.70 cm width at the caudal pole and 0.81 cm width at the cranial pole.

Spleen

The spleen exhibited enlarged size, areas of medial capsule asymmetry and decreased parenchyma echogenicity with a solitary mildly expansive centrally echogenic nodule measuring 1.0 cm in diameter.

Liver

The liver was subjectively enlarged/swollen in size with symmetrical capsule contour and decreased echogenicity and a moderate coarse echotexture. Multiple hyperechoic parenchymal nodules were present an example measuring 2.0 cm in diameter. 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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Small pockets of minor peritoneal free fluid were present.

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Intermittent mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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A moderately sized intestinal mural mass involving the jejunum measuring ~ 6.5 cm in length was present in the subjective mid abdomen.

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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- Hepatosplenomegaly exhibiting decreased parenchyma echogenicity with variably echogenic nodules
- Multifocal hypoechoic to swollen intra-abdominal lymphadenopathy with peri-lymphatic reactive omentum
- Small bowel mural mass to masses
- Non-specific right adrenal nodule-adenoma, benign hyperplasia, lipogranuloma, primary vs metastatic neoplasia possible
- Mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

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This study is consistent with previous findings and is indicative of multicentric round cell hepatosplenic, intestinal, lymphatic and potential right adrenal neoplasia. Sampling is required for further assessment with potential for oncology consult. An unfavorable prognosis is indicated.

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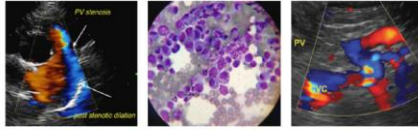
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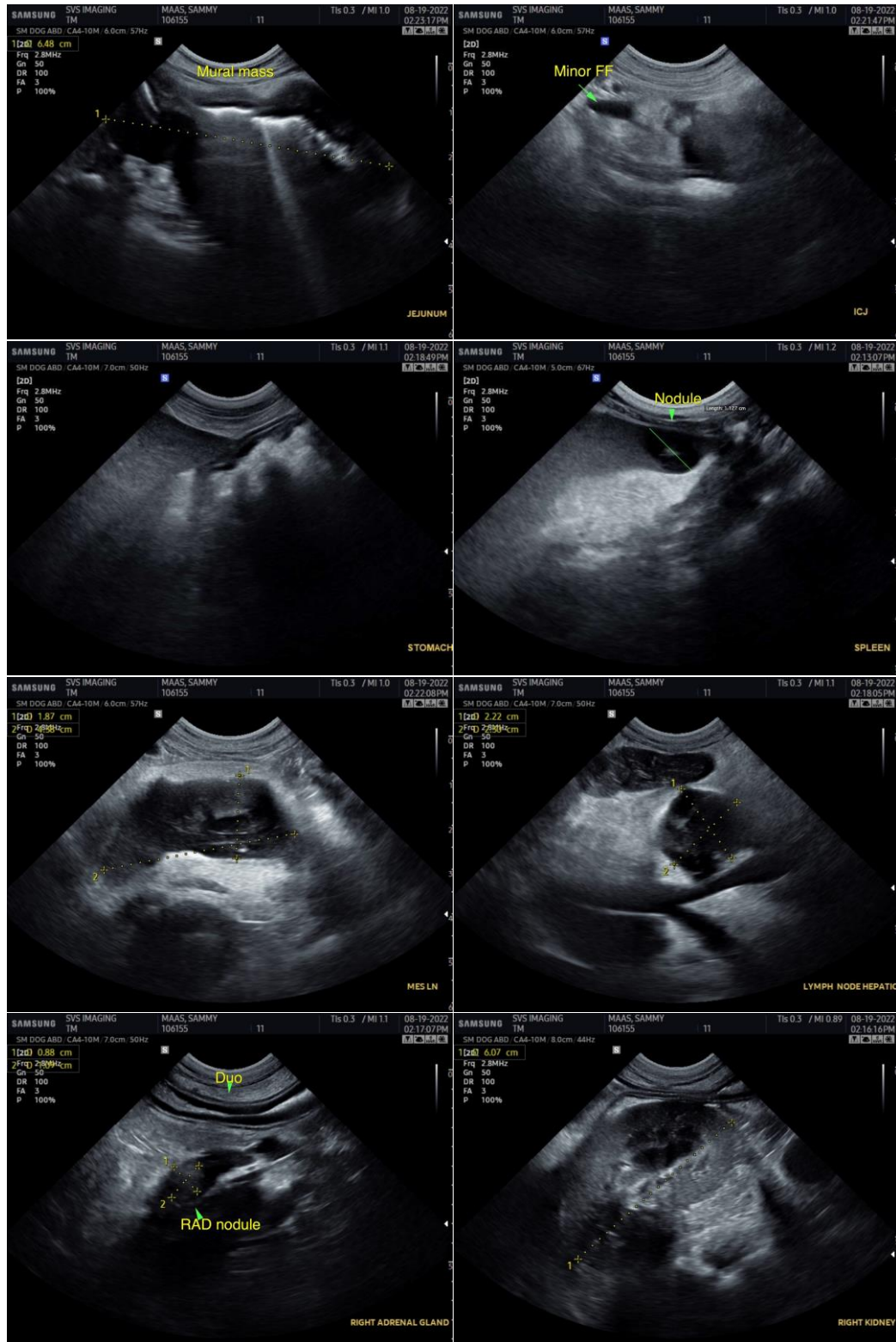
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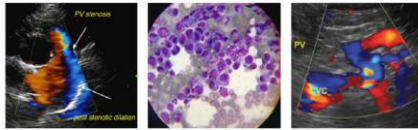
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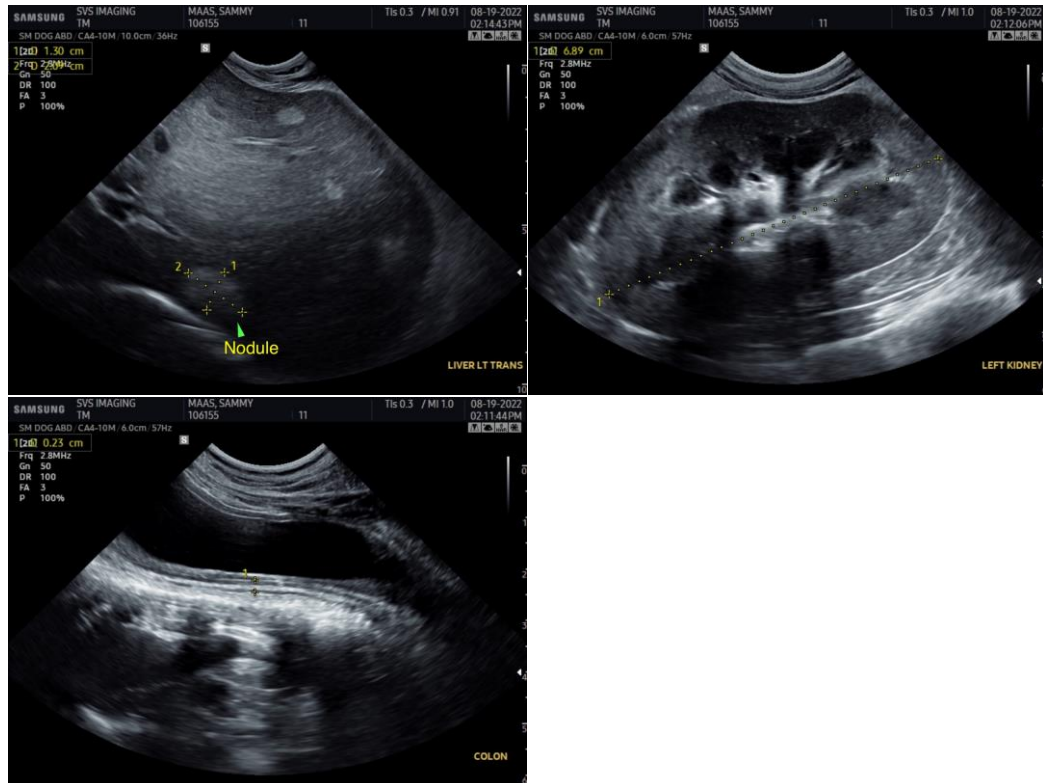
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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