



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Callie Mitchell
SPECIES Canine
Seizures in last month. Now on Phenobarb, seems improved. Grade 3 heart murmur. Seems to be consistently hypoglycemic. Worried that changes to electrolytes could be Addisons Disease, but has a very high resting Cortisol. Intact female, overweight. Phenobarb 30 mg 1 tab BID, Advantage for fleas
Abnormal PE/Chem/CBC/UA Results: hypoglycemia, electrolyte imbalance, high resting cortisol
7/28/21 - Na/K 23; Gluc 2.5 mmol/L, T4 13, K 6.4, ALP 178, Crea 35 8/12/21 - Gluc 1.5 mmol/L; K 5.5, Crea 38 8/12/21 - Resting Cortisol 505 (28-120)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Cocker Spaniel
Urinary System

SEX

SEX Intact Female
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 were noted.

AGE

AGE 12 Years
Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineral was present. The right kidney measured 5.4 cm. The left kidney measured 5.0 cm.

WEIGHT

WEIGHT 12 kg
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.95 cm in length x 0.63 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.71 cm 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

The liver was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, non-expansive, subtly hypoechoic parenchymal nodules were present. Example measured 0.8 cm 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta/chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Pylorus wall measured 0.38 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

24856

DATE

8/23/21


PATIENT

Callie Mitchell

A segmental duodenal mural mass exhibiting mildly non-homogeneous to hypoechoic parenchyma was present subjectively in the upper to mid duodenum, measuring 3.0 cm x 1.9 cm. The mass appeared to impinge upon the duodenal lumen, yet was not overtly obstruction. Intact duodenum wall measured 0.52 cm in width. Jejunum and ileum were normal to the level of the colon. Jejunum wall measured 0.36 cm.

SPECIES

Canine

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

Pancreas
BREED

Cocker Spaniel

The right pancreas noted directly adjacent to the duodenal mural mass was normal in size and contour with heterogeneous to hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen
SEX

Intact Female

Probable associated pancreaticoduodenal lymphadenopathy noted adjacent to the duodenum, exhibiting borderline abnormal width to length ratio and primarily uniform hypoechoic parenchyma. Example of pancreaticoduodenal lymph node measured 2.3 cm x 1.1 cm.

AGE

12 Years

Minor associated periduodenal and peripancreatic reactive mesentery noted. No effusion.

No overt pathology in the area of the uterus. Subjectively the bilateral ovaries appeared to be unremarkable in size, position and shape. The left ovary measured 1.4 cm diameter. The right ovary measured 1.1 cm diameter.

WEIGHT

12 kg

PRIMARY FINDINGS

- Duodenal mural mass – adenocarcinoma, lymphoma, stromal tumor, leiomyoma/leiomyosarcoma or other possible
- Suspect probable associated pancreaticoduodenal lymphadenopathy – hyperplasia, reactive lymphadenitis, or early metastatic lymphadenopathy possible.
- Mild hepatomegaly with parenchymal remodeling and intermittent non-specific, non-expansive parenchymal nodules – benign/age related pancreatic changes with areas of nodular to regenerative hyperplasia or hematopoiesis possible. Potential for early metastatic hepatic disease cannot be excluded.
- Heterogeneous to hypoechoic right pancreas directly adjacent to the duodenal mural mass – concurrent low-grade chronic to chronic active pancreatitis, age related pancreatic changes are possible, although the potential for pancreatic involvement/neoplasia given the direct adjacent location to the duodenal mural mass cannot be definitively excluded.

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SECONDARY FINDINGS

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INVOICE

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The hypoglycemia in this patient may correlate with the duodenal mural mass, as specific intestinal masses (i.e., leiomyosarcoma) have been associated with the production of insulin-like growth factor and may be considered a top differential in this case.

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Correlation with paired insulin glucose levels on same serum sample could be considered. If surgical options are being considered, CT for further clarification as well as assessment for regional metastatic disease is likely ideal. 3-view chest radiographs recommended.



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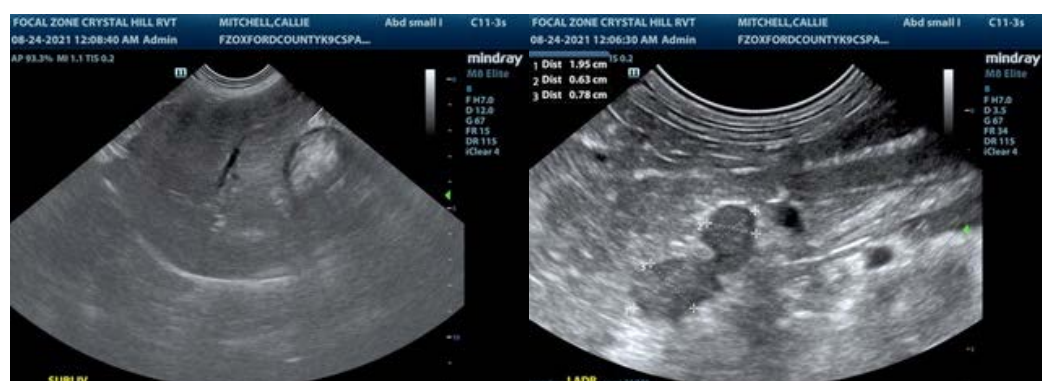
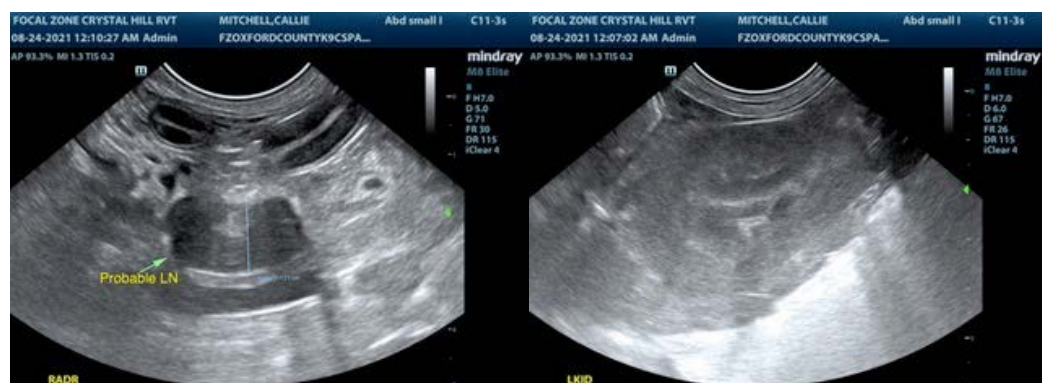
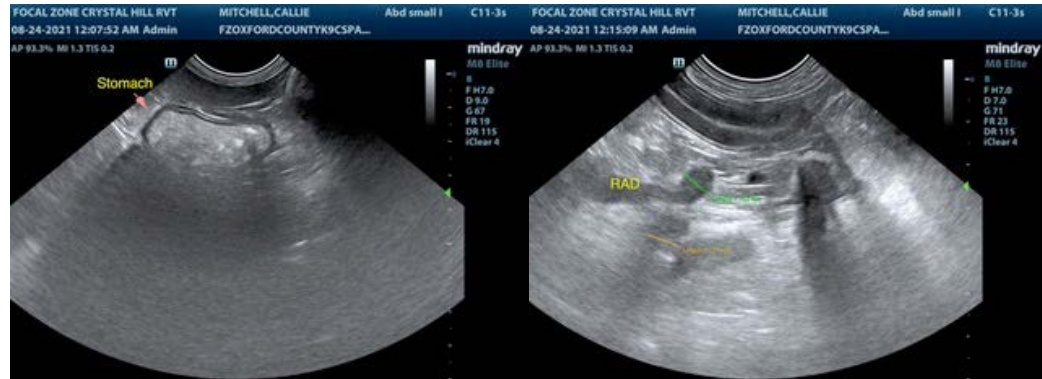
Dr. Halfon

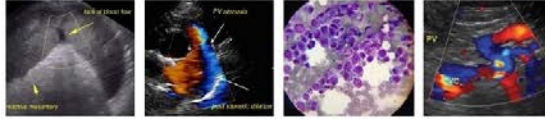
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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