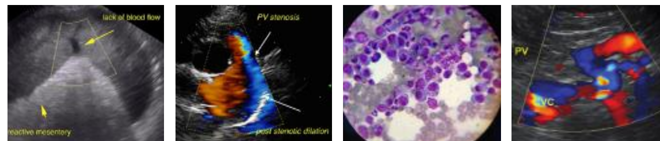

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1-800-838-4268 info@sonopath.com

PATIENT

Maize Samsell

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

14yr

WEIGHT

17.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Emergency Veterinary Hospital

REFERRING VET

Patti Mayfield DVM

INVOICE

11298ag

DATE

08/07/2022

PRESENTING CLINICAL SIGNS

History: Maize presented for evaluation of ~ 24 hours of reluctance to move, appears painful and stiff without obvious lameness, trembling/shaking and hyporexia. No known trauma. Clients have cared for Maize for ~ 4 years and understand there are many lipomae, but Maize is typically in good health. She was fine yesterday, this was acute onset of pain. She vomited this morning-- clear, brown liquid No diarrhea noted. She received Interceptor on Tuesday Surgery 3 months ago to remove a tumor on her leg (uncertain the biopsy results) Senior panel was unremarkable -- No other meds Patient was treated with SQF, Methadone, Cerenia. Client declined US-guided FNA of the intestinal mass and elects to treat with palliative means at this time. Rx: Prednisone 10 mg PO BID Cerenia 60 mg PO q 24 hours Gabapentin 300 mg PO TID Clavamox 250 mg PO BID

Abnormal PE/Chem/CBC/UA Results: PE: Overweight, generalized stiffness and reluctant to allow ROM of the cervical neck/head. Moderate abdominal tensing, but not splinting. Moderat POD. Lenticular sclerosis OU. Multiple large SQ masses consistent with lipomae (ventral cervical neck, sternum, etc). CHEM-10: NSF PCV/TP: 28%/6.2 g/dL CBC: NSF, HCT = 52 % ABDOMINAL RADS: Stomach is mostly empty, only mild amount of gas and no obvious FB/obstruction. No obvious gas distention or dilation of the SI, and no obvious SI obstruction. Several mineral densities consistent with ingested gravel or small rocks are present within the SI and colon. Otherwise unremarkable. Formed stools in colon. AUS: Urinary bladder has moderate hyperechoic debris. An ~ 2.5 cm x 3 cm ill-defined, hypoechoic mass is present encompassing the SI, suspect jejunum, without any evidence of obstruction. UA: yellow, cloudy, 1.032, pH: 8, pyuria (41 WBC/HPF), bacteriuria (rods and cocci noted) and hematuria (2 RBC/HPF)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. The urethra exhibited mild decreased tone to a depth of 5 cm. No overt evidence of urethral obstructive pathology was present in the visible window. Assessment for possible incontinence could be considered if clinically indicated. Anechoic urine was present in the lumen with mild nondependent particulate 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 4.8 cm in length. The right kidney measured 4.8 cm in length.

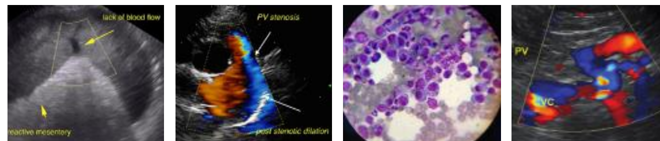
The area of the aortic trifurcation was free of pathology. No overt pathology in the area of the iliac trifurcation.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 1.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 1.4 cm length.

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.



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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 subjectively normal in size (potential for very minor subjective hepatomegaly), structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.27 cm in width.

The small intestine presented intact wall layering with segments of 1:3 muscularis/mucosa ratio along with segmental intact yet mildly thickened small intestine with mild altered muscularis/mucosa ratio. Normal appearing small intestine measured 0.35 cm in width. Thickened small intestine measured up to 0.43 cm in width. A solitary hypoechoic intestinal mural mass in the mid to cranial abdomen measuring 3.5 cm in diameter was present. Surrounding hyperechoic mesentery was noted with potential for a small pocket of peritoneal free fluid. The mass suspected to involve the mid distal jejunum or possibly the ileocolic junction.

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 was present.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mural mass with surrounding hyperechoic mesentery
- Concurrent segmental intact yet thickened small intestine
- Mild chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the intestinal mural mass is suggestive of neoplastic criteria with high grade lymphoma considered a primary differential based on appearance. Possible early involvement of adjacent intestinal segments given the intact yet thickened concurrent wall layering. Non neoplastic etiologies considered less likely. An ultrasound guided FNA of the mass could be considered for cytology and potential oncology consult.

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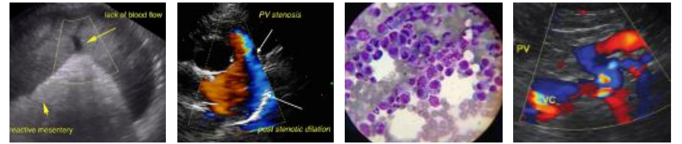

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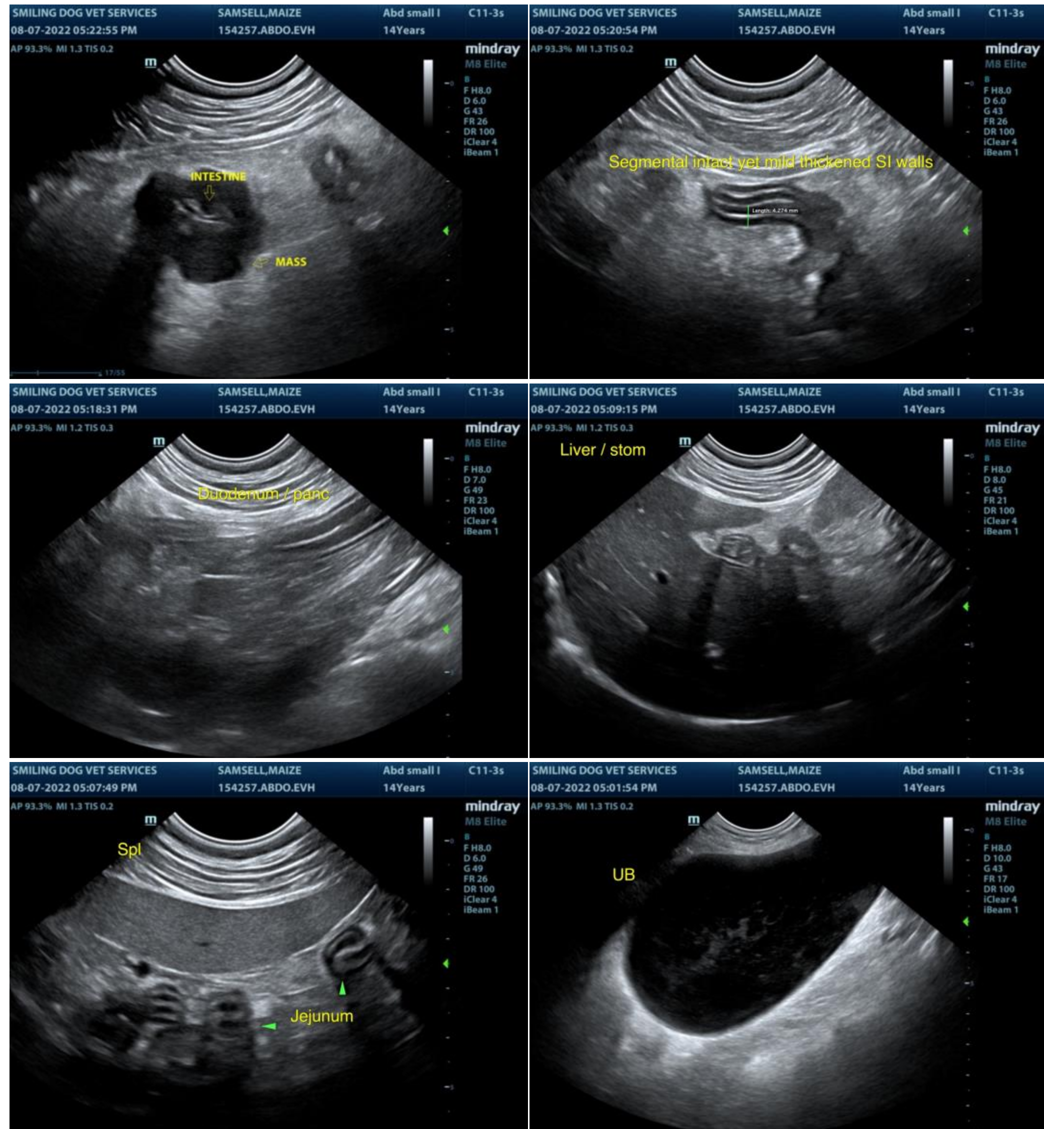

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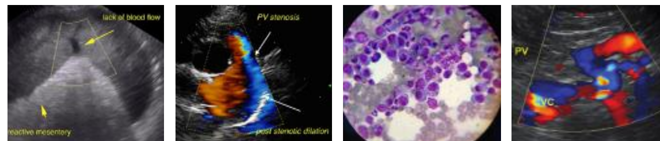

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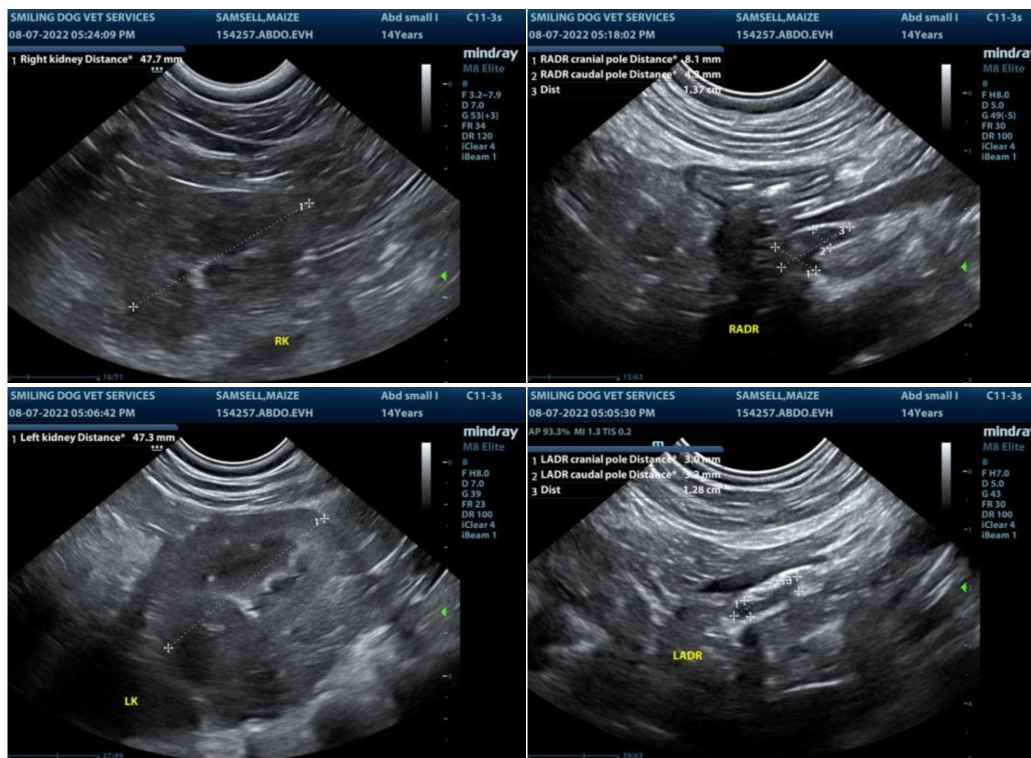

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com