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Clinical Sonography & Telecytology
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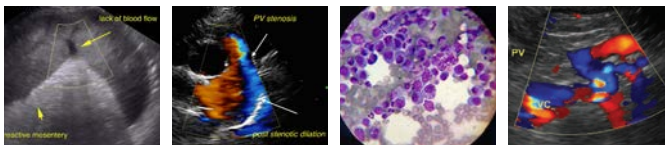

PATIENT
Max Rau

SPECIES
Canine

BREED
Lhasa Apso X

SEX
Neutered Male

AGE
12 Years

WEIGHT
8.8 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

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

INVOICE
41222

DATE
9/11/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for dark stool X 1 week and now vomiting blood. lethargic Previous Health Concerns: 11 months ago diagnosed with stomach mass; had operation to remove and "reposition" the stomach; Current Medications: THC and joint supplement

Abnormal PE/Chem/CBC/UA Results: Abdominal: painful in cranial abdomen Cbc: anemia rbc 2.79 hct 18.5% platelets normal Chem: tp alb low (gi loss) alp 181 Epoc: not run yet Rads: abnormal density in the stomach wall; fluid bowel

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses in the area of the iliac trifurcation or sublumbar space.

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 medullary mineral noted in both kidneys. The left kidney measured 5.3 cm. The right kidney measured 5.7 cm.

Adrenal Glands

The left adrenal gland was enlarged with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.3 cm length x 0.74 cm at the caudal pole.

The right adrenal gland presented uniform size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length 0.53 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. Intermittent, well demarcated, hyperechoic nodules were noted, consistent with benign myelolipomas. 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.

Liver

The liver was borderline to mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented primarily intact wall layering with maintained wall layer detail. The stomach was moderately distended with retained anechoic fluid.

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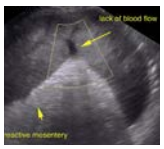
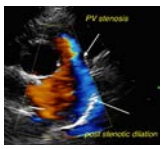
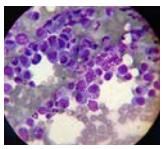
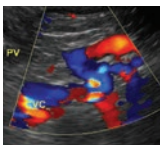

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal retained fluid noted with no signs of obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with areas of mild capsule asymmetry. Mildly heterogeneous to subtly hypoechoic parenchyma noted compared to adjacent omentum.

Free Abdomen

A spherical, primarily homogeneous, mildly hypoechoic mass was present in the right cranial abdomen, adjacent to or directly effacing the area of the pylorus, gastroduodenal junction, and upper duodenum, and within the area of the pancreas base. This mass measured approximately 5.5 cm in diameter. Subtle evidence of regional hyperechoic omentum. Intermittent small pockets of scant peritoneal free fluid noted.

PRIMARY FINDINGS

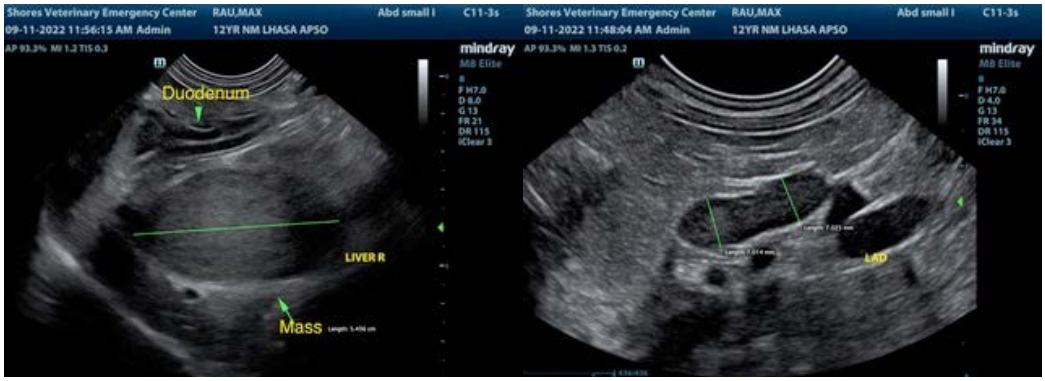
- Hypomotile stomach - metabolic vs mechanical gastric ileus
- Overtly normal SI
- Spherical uniform mass lesion in area of pylorus, upper duodenum (right cranial abdomen)
- Mild prominent to heterogeneous pancreas base / right pancreatic limb – non-specific, potential for low-grade pancreatitis.
- Low grade hepatopathy – subjectively benign.
- Small pockets of scant peritoneal free fluid

SECONDARY FINDINGS

- Mild chronic renal changes
- Mild prominent left adrenal - nonspecific, not overtly suggestive of neoplasia
- Benign splenic nodules – consistent with probable myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass lesion is suspected to involve the pylorus or less likely upper duodenal wall with potential for bleeding given the reported melena and anemia but did not overtly appear to invade the pyloric outflow although some degree of delayed pyloric outflow given the retained gastric fluid is possible. An enlarged gastric LN possibly indicating neoplastic / metastatic criteria impinging upon the pylorus or less likely pancreatic mass is possible. FNA of the mass if accessible is recommended for further assessment. CT likely ideal for further assessment if possible and for surgical planning if surgery is a potential. Gastroprotectants and GI support with monitoring or HCT and albumin levels indicated empirically.



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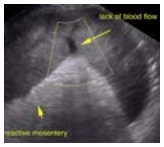
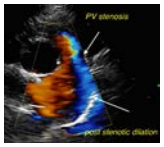
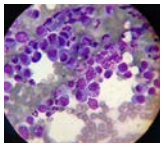
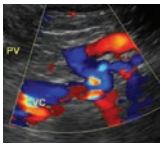

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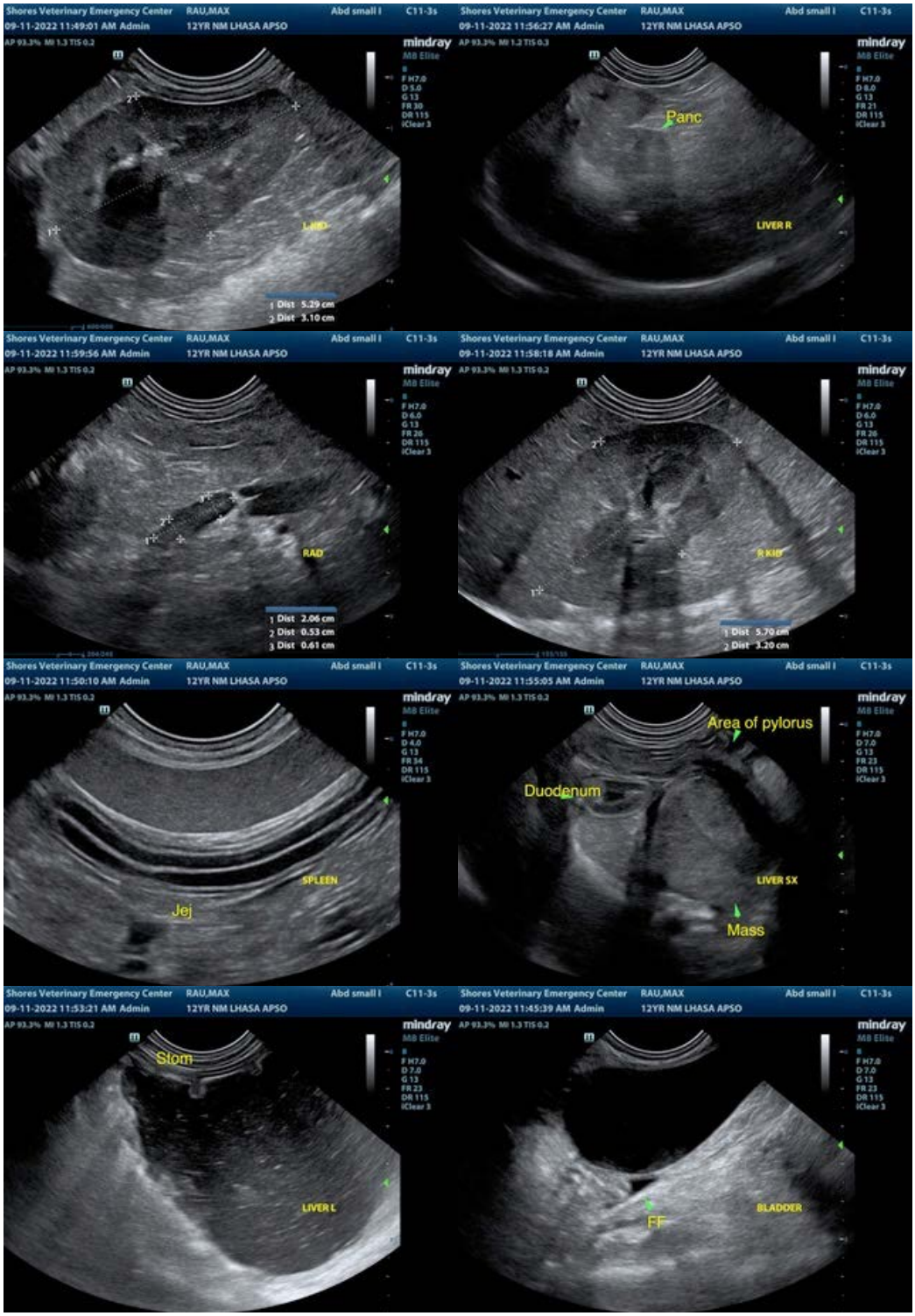

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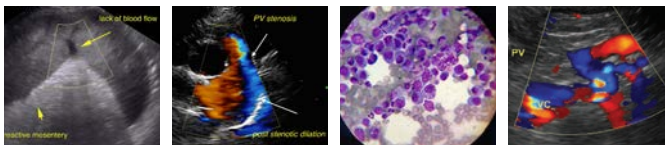

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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