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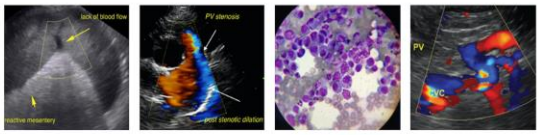

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Biggie Heydt

SPECIES

Canine

BREED

Great Dane

SEX

MN

AGE

2019

WEIGHT

131

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Little Gap AH

REFERRING VET

Shelly

INVOICE

14874

DATE

9/14/22

PRESENTING CLINICAL SIGNS

Not eating, vomiting, weight loss

WBC 23.3 with neutrophilia, monocytosis, eosinophilia, ALT 208

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

No overt pathology associated with the residual prostate was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. 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 7.9 cm in length. The right kidney measured 9.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.60 cm width at the cranial pole.

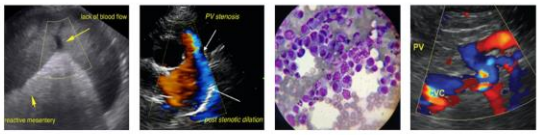
The right adrenal gland was enlarged in size with asymmetrical contour exhibiting nonhomogeneous hypoechoic parenchyma. No evidence of mineralization was noted. The right adrenal gland measured 1.2 cm width at the caudal pole and 1.7 cm width at the cranial pole.

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/ Gallbladder

The liver exhibited generalized moderate to marked enlargement with nonuniform mixed echogenic parenchyma exhibiting multifocal to diffuse, variably echogenic yet primary hypoechoic macronodules to masses. The macronodules to masses resulted in the distortion of the hepatic capsule. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primary empty with mild luminal gas.

A large, midabdominal intestinal mural mass exhibiting marked mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering was present measuring approximately 8.0-9.0 cm in length and 5.0 cm in diameter with wall width up to 3.0-4.0 cm. By comparison, normal-appearing small intestine measured 0.33 cm wall width. Associated segmental paralytic ileus was noted.

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

Pancreas

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 were evident.

Free Abdomen

Small pockets of scant peritoneal free fluid were noted. Mildly hyperechoic peri intestinal mesentery was present. No evidence of significant omental lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular to mildly enlarged right adrenal gland
- Segmental small intestinal mural mass
- Diffuse infiltrative hepatomegaly
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic findings in this case are consistent with multicentric probable round cell neoplasia such as lymphoma vs. other round cell neoplasia involving the segmental intestinal tract and diffuse liver. Given the diffuse hepatic involvement, surgical options appear to be precluded.

Ultrasound-guided FNA of the liver, as well as the intestinal mass for cytology and oncology consult with potential for immediate chemotherapeutic intervention could be considered. Three-view chest radiographs are recommended if not done. Unfortunately, an unfavorable long-term prognosis is likely indicated.

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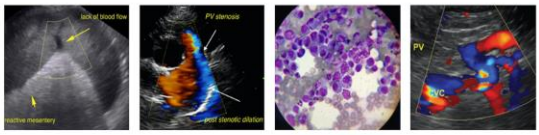

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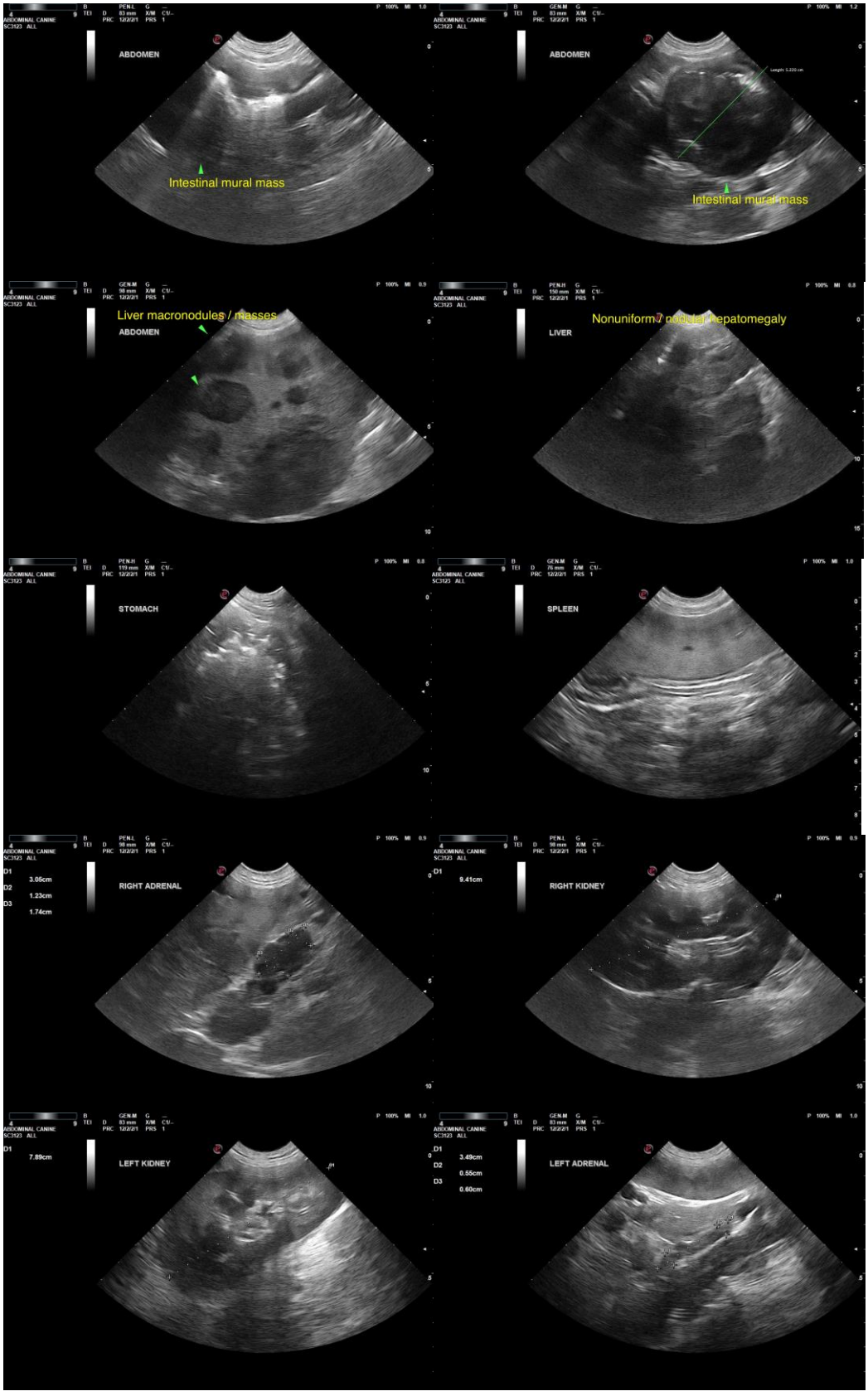

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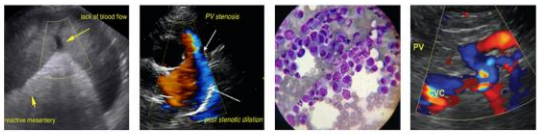

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com