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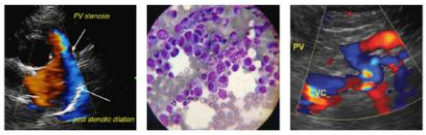
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
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PATIENT
Jayd Tracy

SPECIES
Canine

BREED
Basset Hound

SEX
FI

AGE
3yr

WEIGHT
17.9kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison Veterinary Specialists-Dr. Keller

INVOICE
11634ag

DATE
09/14/2022

PRESENTING CLINICAL SIGNS

Jayd has been vomiting consistently and losing weight since last Wednesday. The vomit has been mostly clear liquid with some mucous. Her appetite has been decreased since last week as well, and she has not eaten at all since Saturday morning. She is still drinking some. Over the past couple of days Jayd has been lethargic. Owner has also noticed that Jayd has been icteric. Jayd has been urinating normally, but urinated in house once last week. She also defecated in the house last week, and her stool contained some blood. She has otherwise been voiding okay, but less. Owner brought Jayd to VCA in Janesville on 9/12 where they did bloodwork and imaging. Since Jayd has not improved owner wanted to bring her here for treatment.

Abnormal PE/Chem/CBC/UA Results: SDMA 87 Crea- 2.2 BUN 81 Phos 8.9 ALT 500 ALP 1792 GGT 59 Tbili 20.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was increased with bilateral scant pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology associated with the uterus or bilateral ovaries. The left ovary measured 2.4 cm in length, the right ovary measured 1.7 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 0.70 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.63 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

The liver presented mildly enlarged in size. 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 and cystic duct presented mildly dilated in size with primarily anechoic content with very minor echogenic luminal debris. The mid to proximal common bile duct and cystic biliary duct

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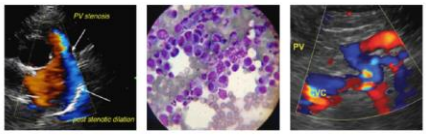

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were dilated and tortuous with concern for post hepatic obstruction secondary to ill-defined mass lesion without overt post hepatic obstruction. The common bile duct measured up to 0.8-0.9 cm diameter containing subjective anechoic content.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild to moderate gas distention was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was not definitively visualized.

Free Abdomen

Scant minor peritoneal and pleural free fluid was present.

A large mixed echogenic irregular mass with increased echogenicity of the surrounding tissues was present in the mid to right cranial abdomen measuring ~ 10 cm in diameter. Regional to generalized mid cranial abdominal nonuniform to nodular mesentery was present primarily around the mass. Neoplastic criteria favored with suspicion for omental seeding i.e. carcinomatosis or similar, large abscess / infection / necrosis with associated peritonitis possible but thought less likely.

ULTRASONOGRAPHIC FINDINGS

- Ill defined, large mixed echogenic mass area of cranial right abdomen with concurrent regional / generalized mid cranial abdominal nonuniform to nodular mesentery - neoplastic criteria favored with suspicion for omental seeding i.e. carcinomatosis or similar, large abscess / infection / necrosis with associated peritonitis possible but thought less likely
- Hepatopathy
- Distended GB with proximal / mid CBD dilation, no overt path at level of DPAP - concern for post hepatic obstruction secondary to ill-defined mass lesion
- Bilateral nonspecific nephropathy
- Gastroenteritis pattern - subjectively mild
- Scant / minor peritoneal / pleural free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mixed echogenic mass/lesion in the mid to right cranial abdomen in the area of the pancreas is suggestive of neoplastic criteria with strong concern for regional omental seeding and associated omental lymphadenopathy. Assuming normal clotting status and using a 25g needle a mid to cranial abdominal mass FNA is recommended for screening cytology +/- C/S indicated. Emerging post hepatic obstruction secondary to the mass is possible.

Three view chest radiographs suggested if not done to assess for thoracic pathology. Pending cytology, full body CT likely ideal. However, extensive pathology is present and a very guarded to likely unfavorable prognosis indicated given this presentation.

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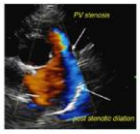
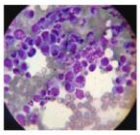
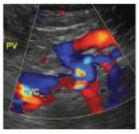

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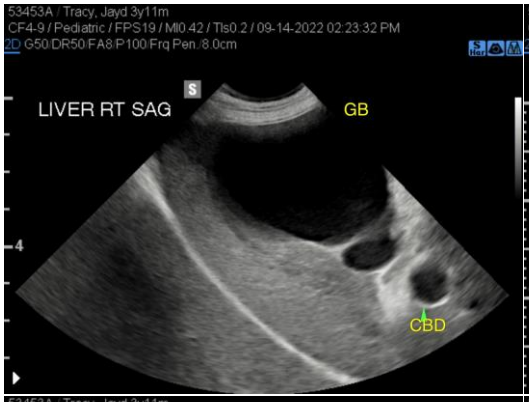

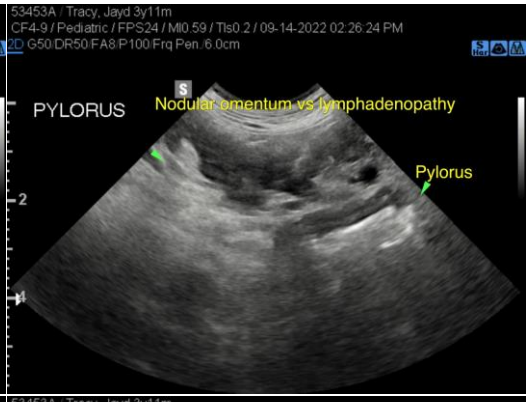

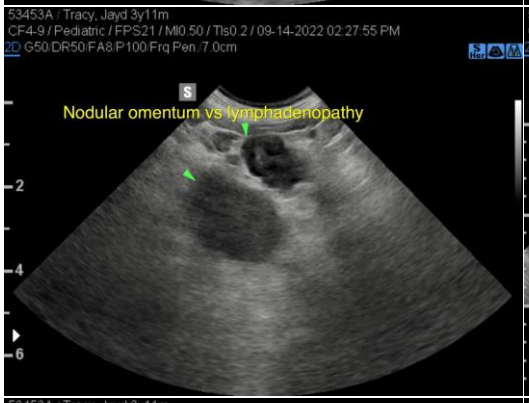

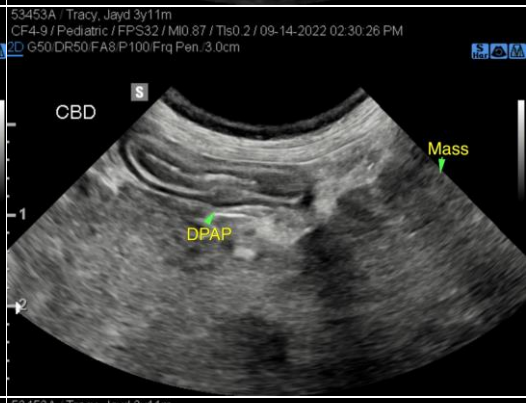

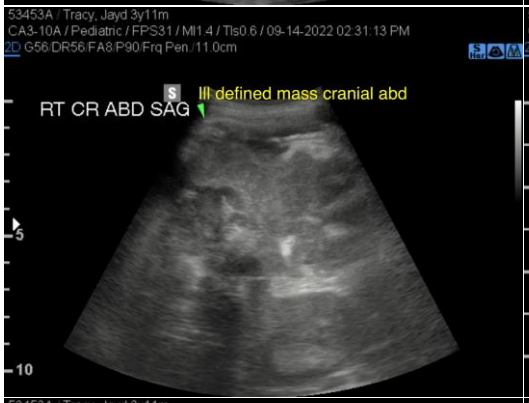

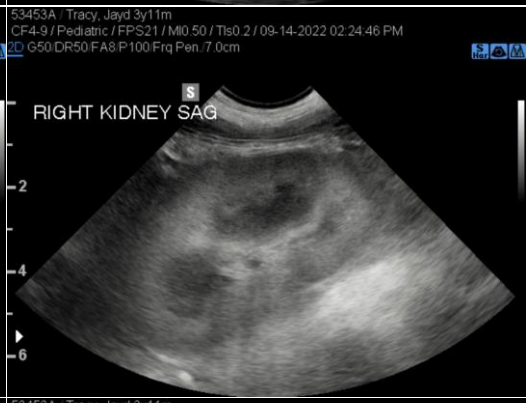

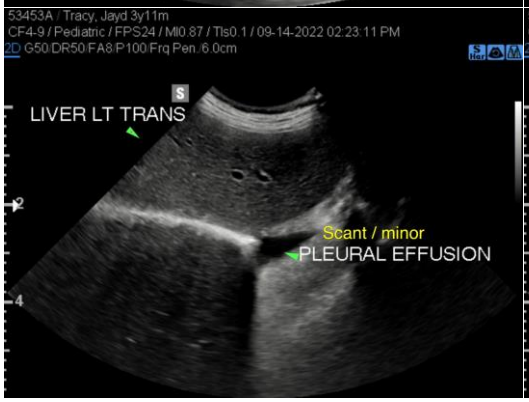

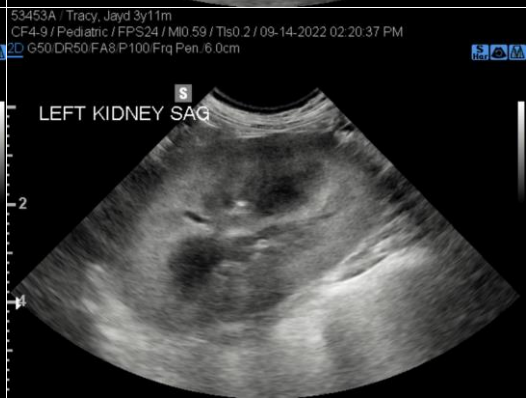

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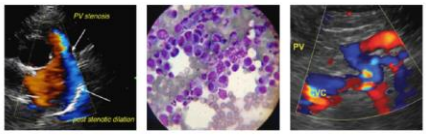

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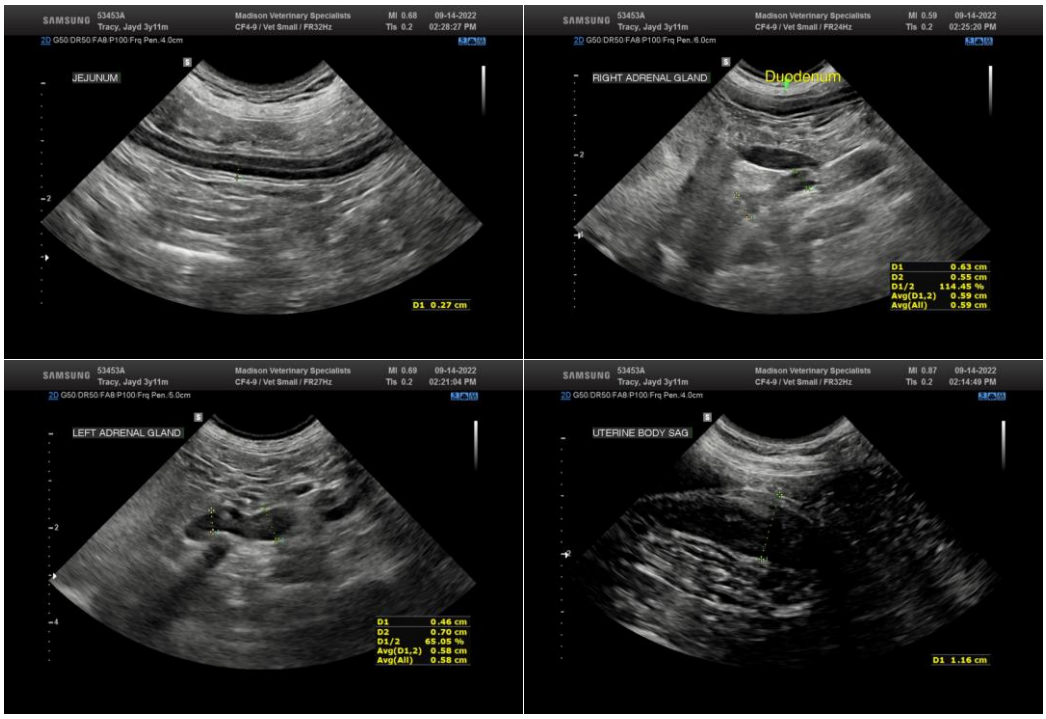

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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