



PATIENT

Ivy Macrone

SPECIES

Canine

BREED

Labador
Retriever/Boxer

SEX

Spayed Female

AGE

9 Years

WEIGHT

67 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Mark Reidel

INVOICE

25759

DATE

9/23/21

PRESENTING CLINICAL SIGNS

Lethargy, weakness, weight loss, not eating. Abdominal distention, muscle wasting along spine and top of head, fluid wave. No current meds. Loss of detail on radiographs. R/O hemoabdomen. Blood spending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 minor 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 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. The left kidney measured 6.2 cm. The right kidney measured 6.8 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized owing to regional omental artifact.

Spleen

The spleen was normal in size and overall contour with generalized mild increased splenic parenchyma echogenicity with moderate echotexture.

Liver

The liver was mildly enlarged. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

Sonographic assessment of the entire gastrointestinal tract was limited owing to the presence of multiple omental masses. The visualized stomach and small intestine were sonographically unremarkable.

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 was evident.

Free Abdomen

Multifocal variable sized, hypoechoic to swollen, non-homogeneous masses were noted diffusely throughout the cranial mid and caudal omentum. Example of masses measured 4.0 cm x 4.0 cm and 9.0 cm x 3.3 cm. The masses were noted directly medial to and potentially effacing the spleen, but not overtly of splenic origin. Moderate peritoneal free fluid exhibiting mild cellularity consistent with



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hemoabdomen was present. The omentum adjacent to the masses exhibited non-uniform to nodular echotexture.

ULTRASONOGRAPHIC FINDINGS

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- Multifocal non-homogeneous to hypoechoic, variably sized omental masses

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- Mild hepatosplenic hypoechoogenicity

- Concurrent nodular omentum

- Hemoabdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Unfortunately, the sonographic abnormalities are consistent with multicentric neoplasia. Multicentric sarcoma, high-grade lymphoma, or other possible.

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Assuming normal clotting status, ultrasound guided FNA of an omental mass could be considered for screening cytology with potential for oncology consult. However, given the multicentric nature of the neoplasia, which precludes surgical options, an unfavorable prognosis is indicated.

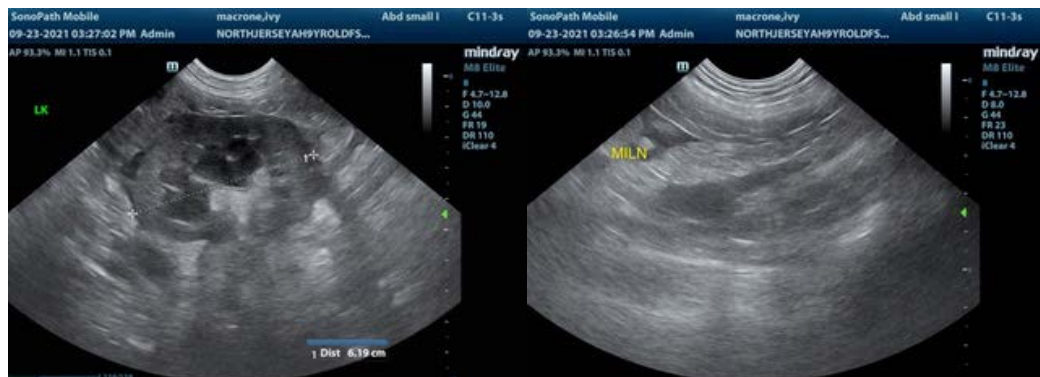
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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