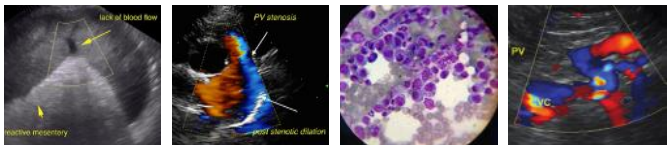
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Scout Matagora

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

11yr

WEIGHT

17.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Sitton

HOSPITAL NAME

Sherwood Family Pet Clinic

REFERRING VET

Dr. Christina Sitton

INVOICE

11556ag

DATE

09/07/2022

PRESENTING CLINICAL SIGNS

Inappetant over last few days, >5 pound weight loss over last year, lethargic

Abnormal PE/Chem/CBC/UA Results

palpable abdominal mass on PE today

no current labwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal mild dependent mineral. 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 4.5 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.52 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 0.53 cm width at the caudal pole and 0.57 cm width at the cranial pole.

Spleen

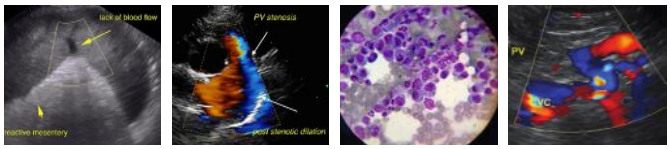
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, 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



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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.38 cm in width.

The small intestine exhibited segmental variable mural hypertrophy with intact yet altered wall layering including thickened mucosa with associated segmental intestinal ileus. A large expansive mid to cranial abdominal intestinal mural mass with highly suspected regional omental seeding to concurrent infiltrative mesenteric mass measuring ~ 8 cm in diameter was present. Associated regional hyperechoic mesentery was noted. The abnormal intestinal segments potentially involve the duodenum and segmental mid to cranial abdominal jejunum. Normal appearing small intestinal wall measured 0.38 cm in width.

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 or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Segmental enteropathy with mid to cranial abdominal intestinal mural mass, likely regional peri-intestinal omental seeding to associated infiltrative mesenteric mass
- Mild chronic renal changes
- Mild hepatosplenic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the intestinal mural mass with regional omental seeding is most likely consistent with high grade neoplasia such as lymphoma or other. The non-involved yet thickened intestinal segments are strongly suggestive of concurrent infiltrative criteria.

Assuming normal clotting status and using a 25g needle an intestinal mural and mesenteric mass FNA is recommended for screening cytology and staging. Three view chest radiographs suggested if not done to assess for thoracic pathology.

Given strongly suspected diffuse intestinal and mesenteric neoplastic criteria, surgical options appear to be likely precluded. An unfavorable long-term prognosis is indicated.

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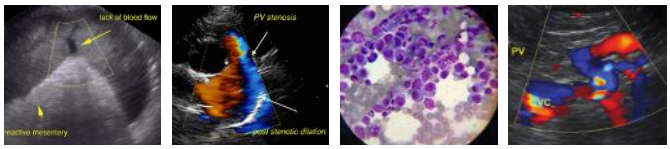

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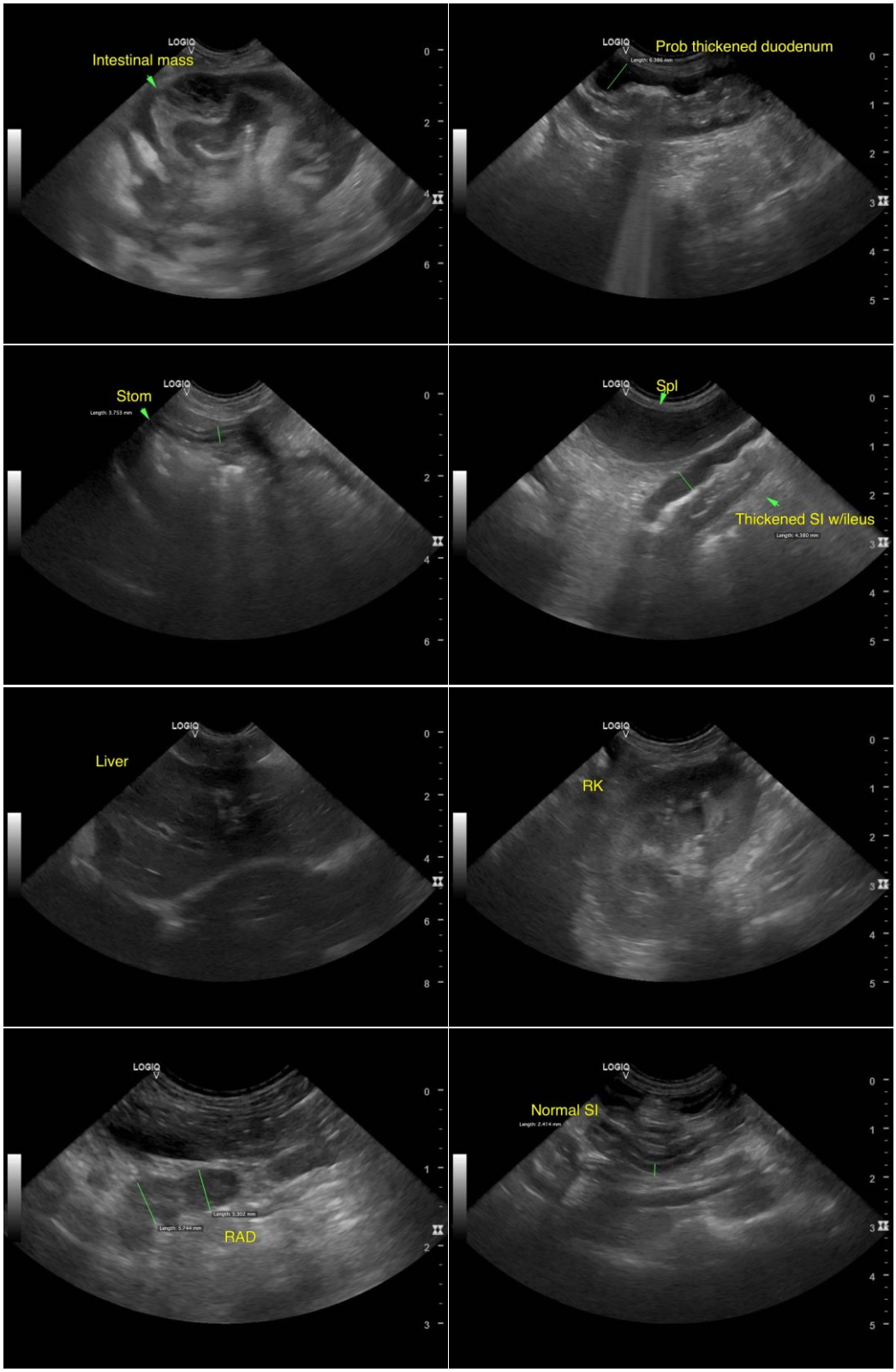

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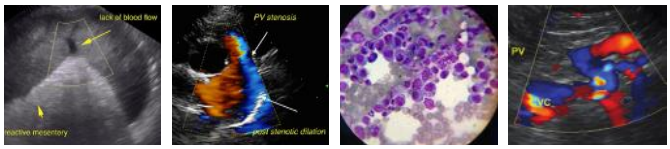

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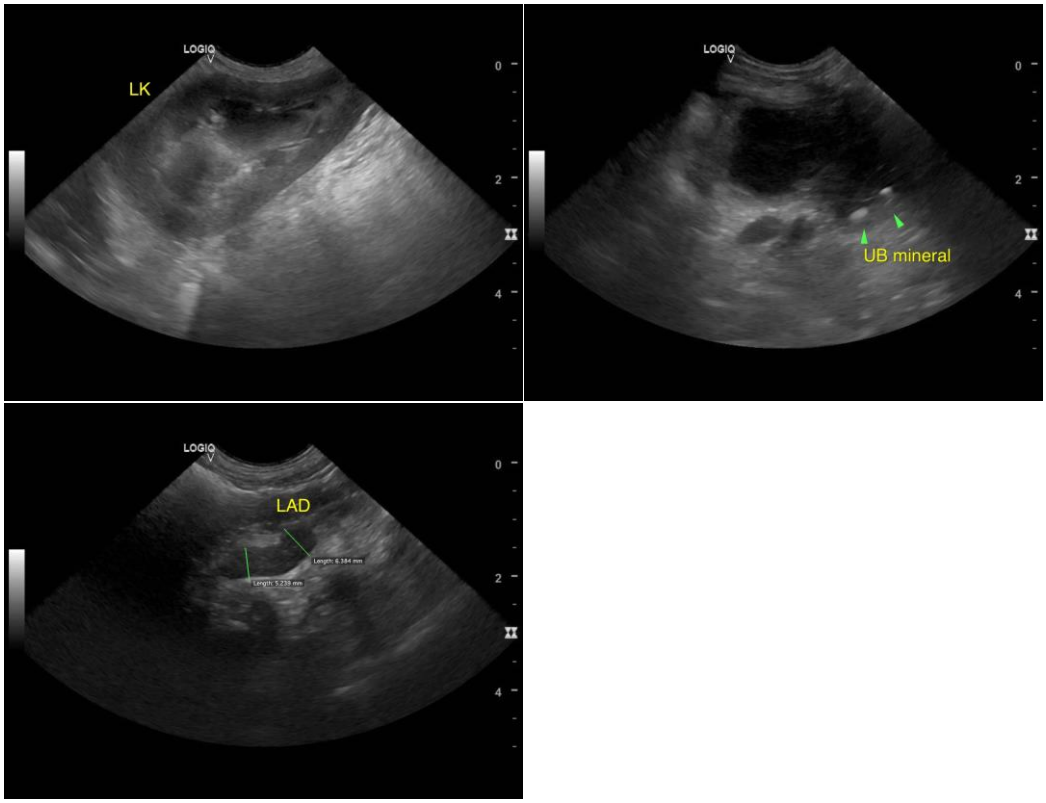

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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