



**PATIENT**

Zelda Ricciuti

**PRESENTING CLINICAL SIGNS**

Patient with GA for scan Gi upset lethargic with intermittent vomiting and diarrhea.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Declined by owner Abnormal lung outline and cardiac silhouette on chest x ray

**BREED**

Shep/Collie Mix

**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.

**SEX**

FS

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 5.7 cm in length. The right kidney measured 5.7 cm in length.

**AGE**

8

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

23kg

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 0.49 cm width at the caudal pole and 0.43 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 0.50 cm width at the caudal pole and 0.48 cm width at the cranial pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Belan

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with mild non-dependent echogenic non-organized debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

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Clinic

**REFERRING VET**

Dr. Jajouei

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.38 cm in width.

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The duodenum exhibited intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal luminal fluid was present. The duodenum measured 0.56 cm in width. A large mid-abdominal jejunal mass exhibited marked mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering was present measuring ~ 5 cm in diameter. The jejunum measured up to 2.0 cm in width. Progressively thickened jejunum entering the mural mass was present, concurrent segments of jejunum exhibited intact to subjectively prominent wall layering. Mild associated paralytic ileus associated with the mural mass was present without evidence of intestinal obstructive criteria.

**SPECIES**

Canine

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

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Shep/Collie Mix

**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.

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**Free Abdomen**

Regional hyperechoic mesentery around the jejunal mural mass was present. Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.7 cm.

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No peritoneal effusion was present.

**WEIGHT**

23kg

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Large jejunal mural mass with associated regional hyperechoic peri-intestinal mesentery
- Intermittent mildly prominent mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling or histopathology is required for definitive diagnosis, the jejunal mural mass is sonographically consistent with neoplastic criteria i.e. lymphoma, carcinoma, stromal tumor or other. The concurrent lymphadenopathy may indicate reactive hyperplasia, lymphadenitis or early metastatic/neoplastic lymphadenopathy. Assuming normal clotting status and using a 25g needle a jejunal mural mass FNA is recommended for screening cytology and potential oncology consult. Referral for further surgical/oncology assessment is likely in this patient's best interest.

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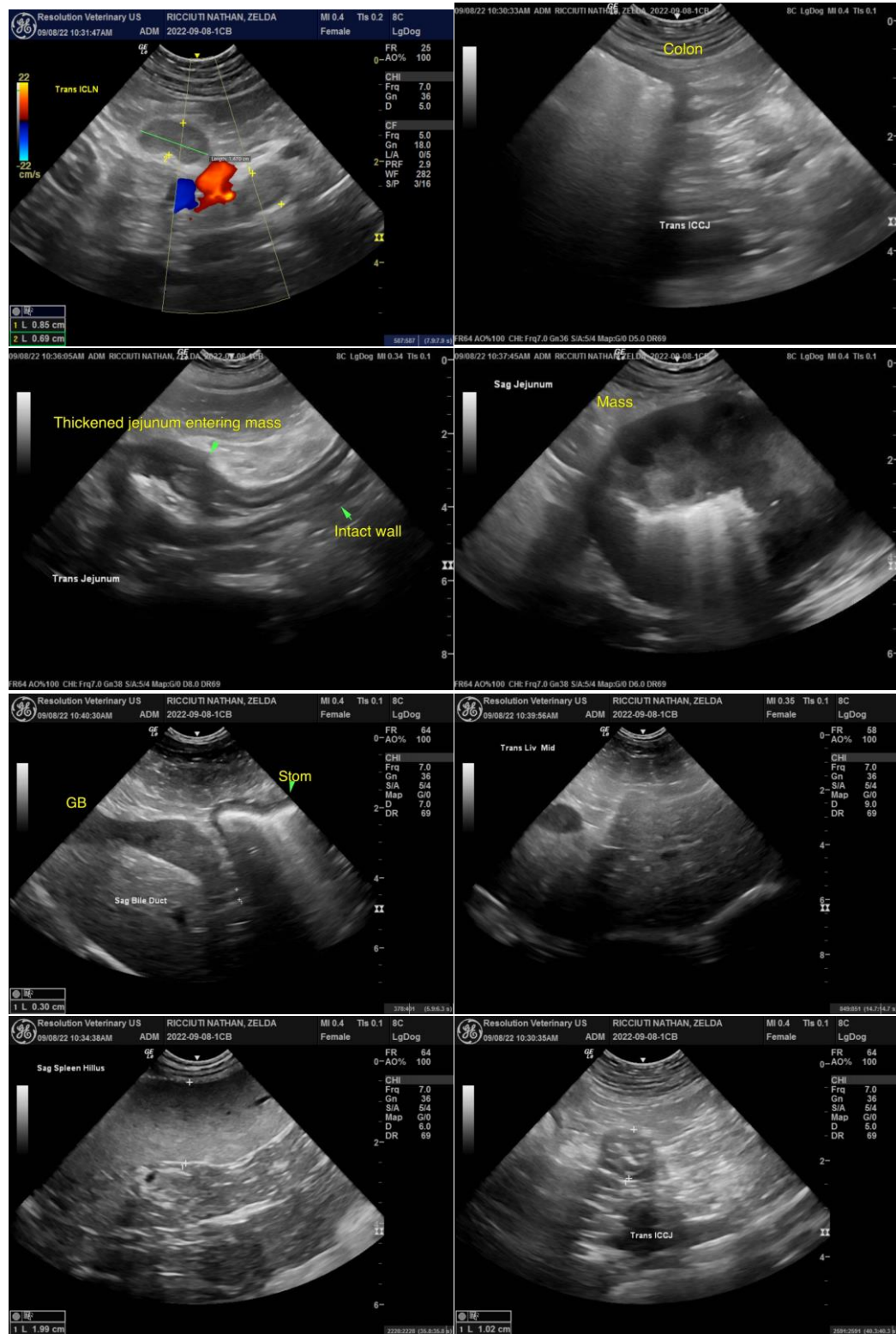
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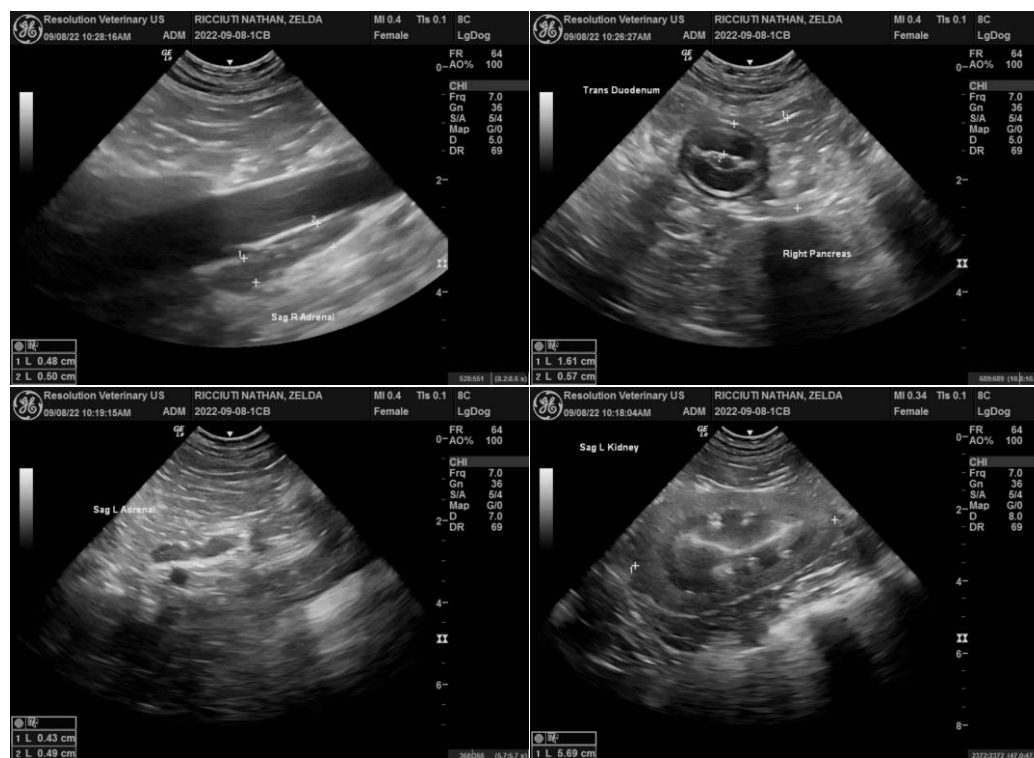
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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