

PATIENT

Lucas Daza

SPECIES

Canine

BREED

Lhasa Apso

SEX

Intact Male

AGE

7 years

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Kanthibai Patel

INVOICE

10175

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Hemorrhagic diarrhea with mucus for 1 week (1 bowel movement a day, no tenesmus), not responding to metronidazole (375mg PO BID), Albon (250mg SID), Panacur, Convenia, Provable and i/d diet
Abnormal PE/Chem/CBC/UA Results: High WBC (31.69), neutrophilia (25.53) Low Hemoglobin 10.5 (11-19), low hematocrit 32 (33-56) Low Na 103 (141-152) Low Cl (71 (102-120) Low K 2.8 (3.8-5.3) Fecal NPS, Giardia ELISA neg Canine GI PCR panel: neg for corona, camplobacter, Crypto, Salmonella, Goiardia, Clos difficile tox A/b, parvo, but high positive for Clostridium perfringens ent. Clostridium perfringens enterotoxin negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Potential discrete intraparenchymal cysts were noted. The prostate measured 2.6 cm in diameter.

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. A discrete pinpoint medullary mineral was noted. No pyelectasia. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

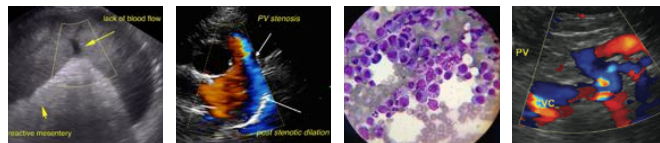
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width cranial pole and 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen exhibited mild non uniformed echotexture 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 subjective mild enlargement with a symmetrical mildly rounded contour. Generalized mild increase hepatic parenchyma echogenicity compared to the falciform fat in the spleen exhibiting mild nonuniform echotexture was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic masses or nodules. The gallbladder was non-distended in size with echogenic, minor non-organized debris visualized in the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of inflammatory criteria.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic non shadowing ingesta most consistent with post-prandial presentation without signs of ileus, obstruction, or foreign material.

The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Within the mid to possible mid-cranial abdomen a segmental intestinal mural mass was noted, consistent with probable jejunal location, exhibiting segmental intestinal mural hypertrophy, with decreased mural echogenicity and loss of discernable wall layering, potentially measuring 3.0 to 4.0 cm in length with wall width up to 1.0 cm. Concurrent adjacent intact, yet thickened intestinal wall, noted proximally or distally to the intestinal mural mass with a thickened intestinal wall measuring up to 0.47 cm wall width. By comparison, the normal-appearing intestinal wall is 0.31 cm. No obstructive pattern was present.

The colon presented with sonographically unremarkable wall layering. Semi-formed to formed fecal matter was present in the subjective distal descending colon, with non-formed fecal matter present in the proximal and transverse colon.

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

Intermittent focally enlarged mesenteric lymph nodes and potential hepatic lymph nodes were present. These lymph nodes exhibited nonhomogeneous, variable echogenic parenchyma, and borderline abnormal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of mesenteric lymph node size was 2.2 cm x 1.5 cm.

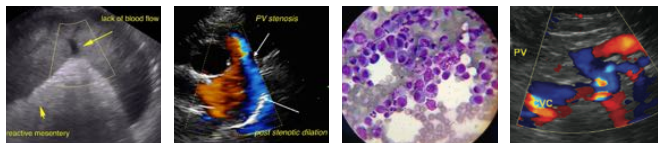
Other

The left and right testicles are normal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid abdominal intestinal mural mass with adjacent intact yet thickened intestine
- Associated regional non-homogenous mesenteric lymphadenopathy.
- Intact colon wall containing variably formed fecal matter.
- Variably echogenic gastric ingesta
- Benign prostatic hyperplasia with discrete cysts
- Subjective mild hepatomegaly-nonspecific yet subjectively benign
- Minor gallbladder debris (non-mucocele)



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA cytology of mesenteric lymph node if assessable could be considered for initial clarification and assessment of the potential of neoplastic criteria. Histopathology of the intestinal mural mass is required for a definitive diagnosis. Subjectively the intestinal mural mass appears to be amendable to surgical resection. Surgical consultation could be considered. If surgery is elected gross inspection of the liver is suggested with the potential for hepatic biopsies, assuming normal clotting status.

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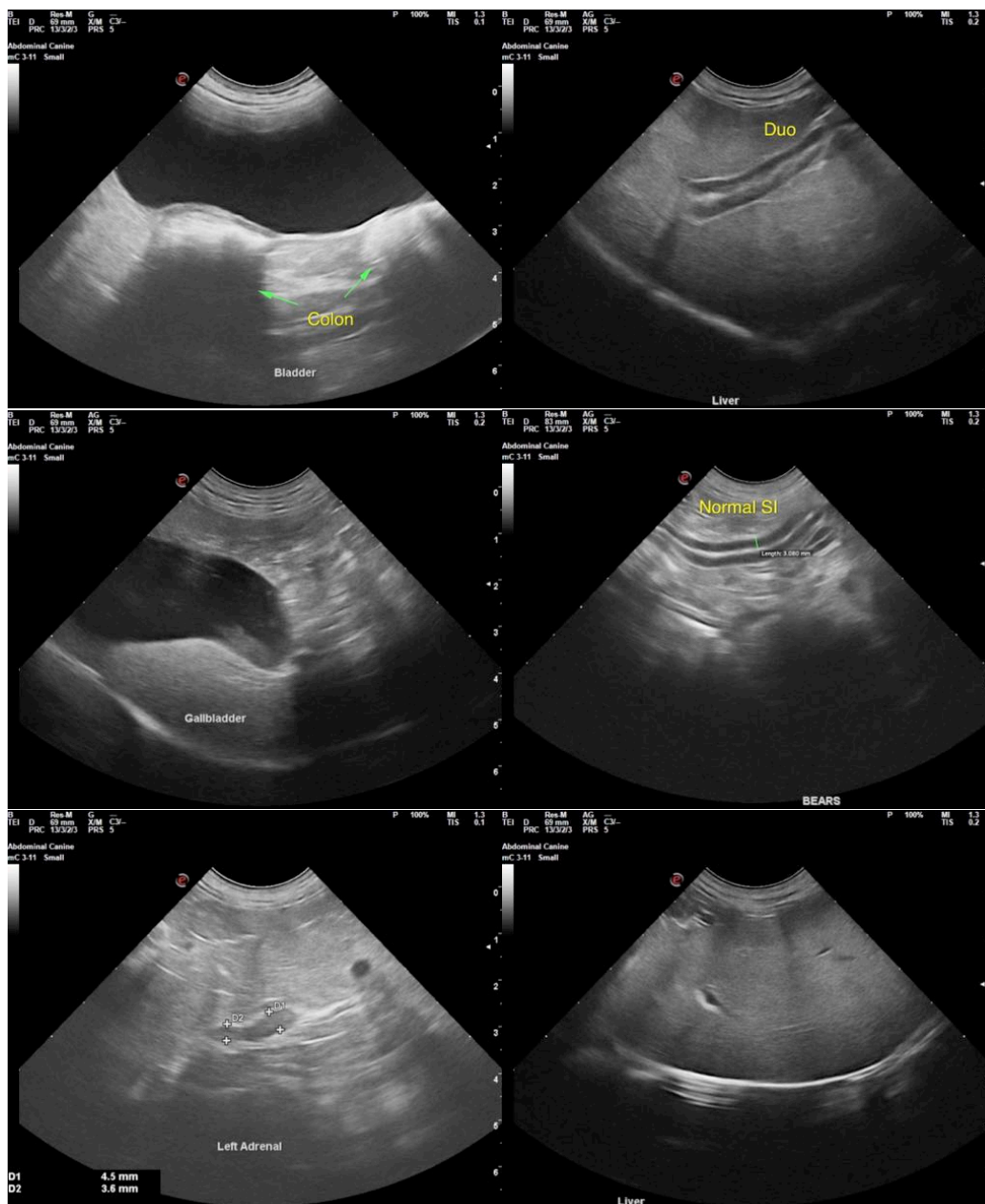
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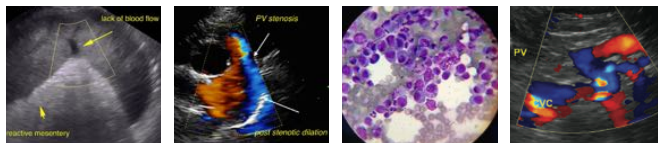
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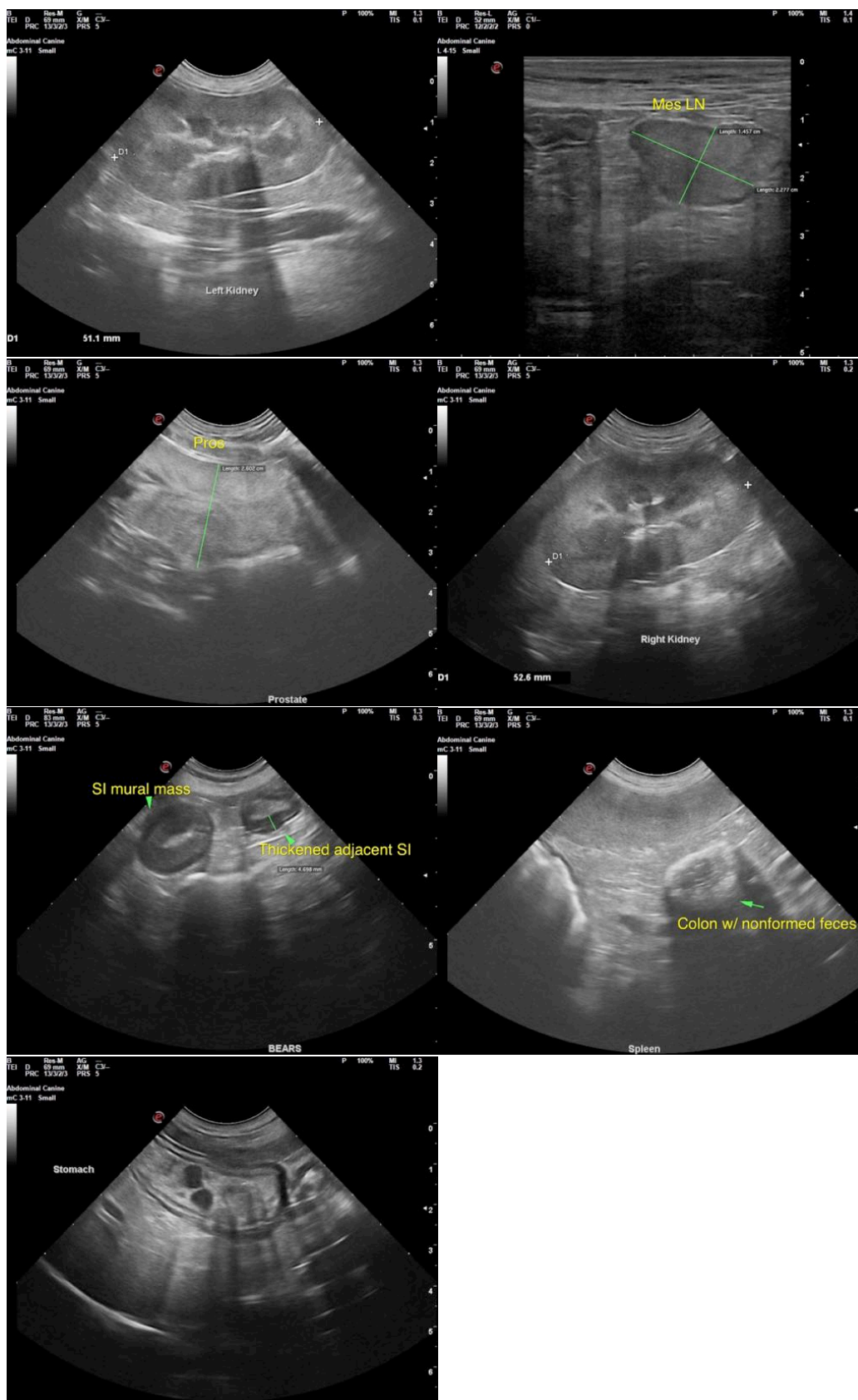
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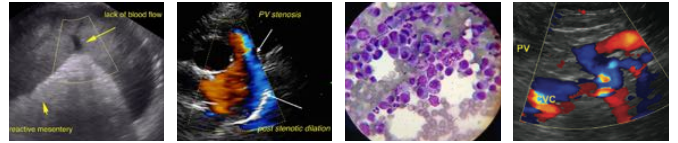
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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