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Clinical Sonography & Telecytology
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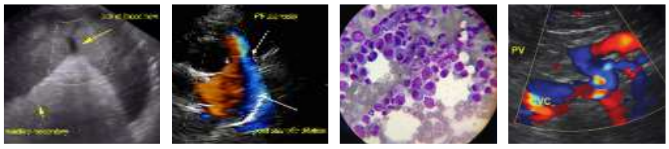

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Zoey Musick

SPECIES
Canine

BREED
Dachshund Mix

SEX
FS

AGE
11 Years

WEIGHT
14.6 lbs

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Wixom Family Pet Practice

INVOICE
48895

DATE
12-8-21

PRESENTING CLINICAL SIGNS

Presented for dental and mass removals (gingival and dermal). AUS due to age. Thoracic rads unremarkable.
Abnormal PE/Chem/CBC/UA Results: PLT 591 (170-400)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Paramedian to the urethra a hypoechoic structure of 0.5 cm is noted (residual uterine stump?, incidental). The adjacent tissue is inconspicuous.

Both kidneys show a slightly age-appropriate fuzzy corticomedullary transition.

The renal pelvis on the left shows mild distension with a double-lined inner outline.

Adrenal glands

The left adrenal gland is mildly asymmetric and measures 1.60 x 0.21 x 0.45 cm. The corticomedullary detail is lost in the enlarged caudal pole.

The right adrenal gland measures 0.33 cm in cranial pole, 0.33 cm in caudal pole and is inconspicuous.

Spleen

Splenic echogenic texture is inhomogeneous without protrusions of the capsule. There is at least one ill-defined, hypoechoic area of 0.68 cm noted. Additional to that hyperechoic, perihilar/-vascular infiltrates are recognized. There are no signs of nodular changes noted.

Liver/Gallbladder

Liver echogenic texture appears generally and mildly hyperechoic and is coarse.

The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach presents an oval mural/intramural mass of 2.12 x 1.59 cm with hyperechoic, concentric striations. The pyloric region is unremarkable. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

The epigastric lymph nodes adjacent to the detected mass are mildly enlarged and inhomogeneous measuring 0.80 and 0.61 cm.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

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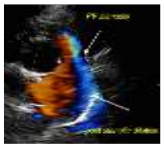
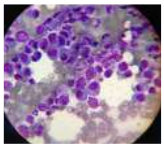
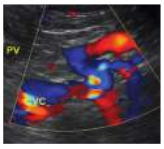

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There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric mass with epigastric lymphadenomegaly

Secondary

- Coarse hepatic echogenic texture
- Inhomogeneous spleen with perihilar hemangiomas
- Asymmetric left adrenal gland
- Signs of a mild, chronic nephropathy and pyelonephritis on the left side

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

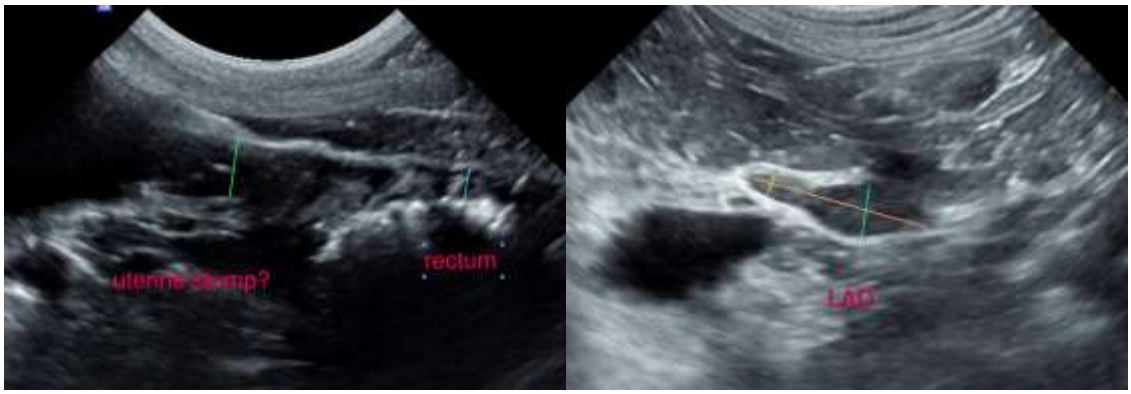
Ultrasonographic findings of the stomach are highly suspicious for a neoplastic process as seen with adenocarcinoma/leiomyosarcoma. Chronic ulcer and wall granuloma are possible differentials due to former foreign body insult. The detected perfusion and striated calcifications are more common with neoplasia which I would favor in this case. FNA/endoscopy could be performed next.

Changes of the spleen and liver I suggest are age-appropriate and likely represent degenerative/regenerative findings. Infiltrative disease cannot be fully excluded.

Asymmetry of the left adrenal gland could represent hyperplasia due to pituitary-dependent hyperadrenocorticism, lipidosis of the liver would be a common, concomitant finding (FNA of the liver and ACTH stimulation?).

Findings of the kidneys are bilateral. I suggest they are normal age-related changes. With regard to the suspected subtle pyelonephritis on the left urinary testing may be beneficial (sediment, cytology, culture).

Without sampling sonographic monitoring of the stomach, spleen, liver and the adrenal glands is recommended (in 8 weeks).



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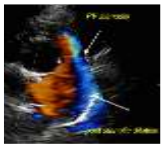
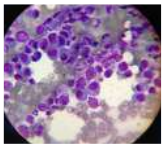
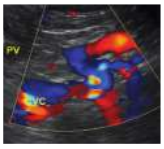

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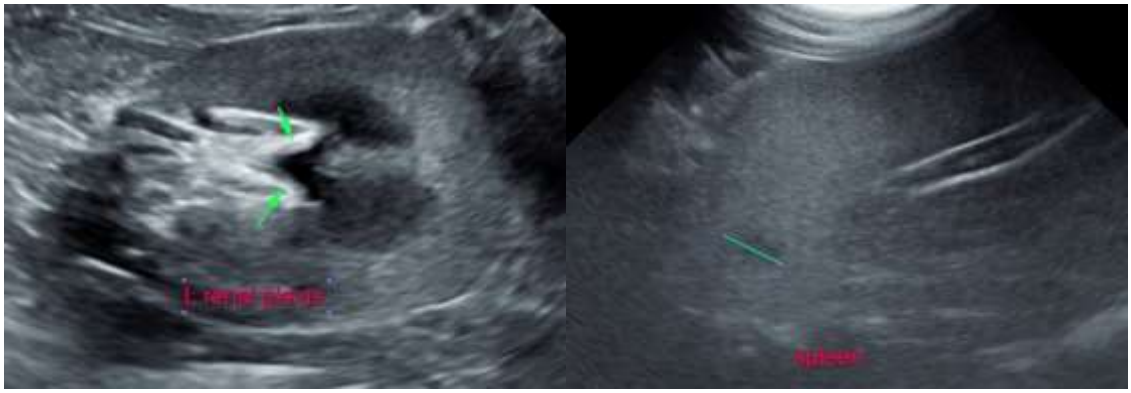

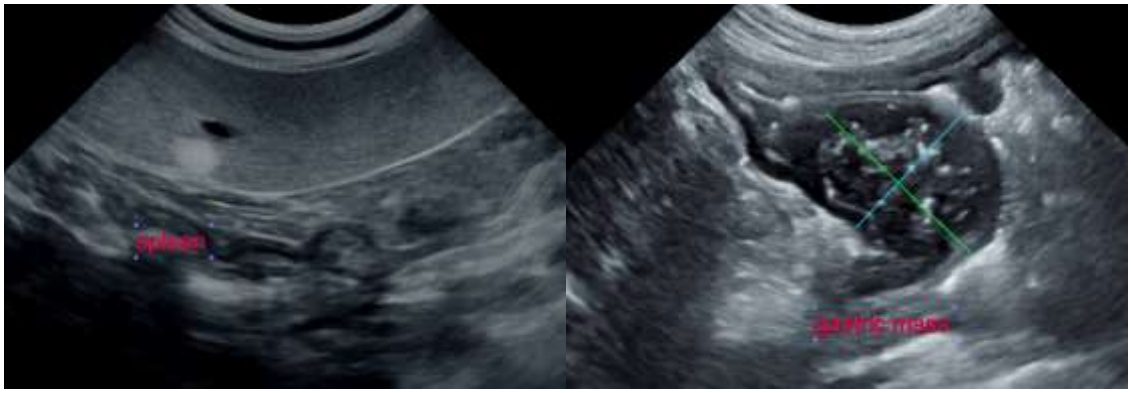

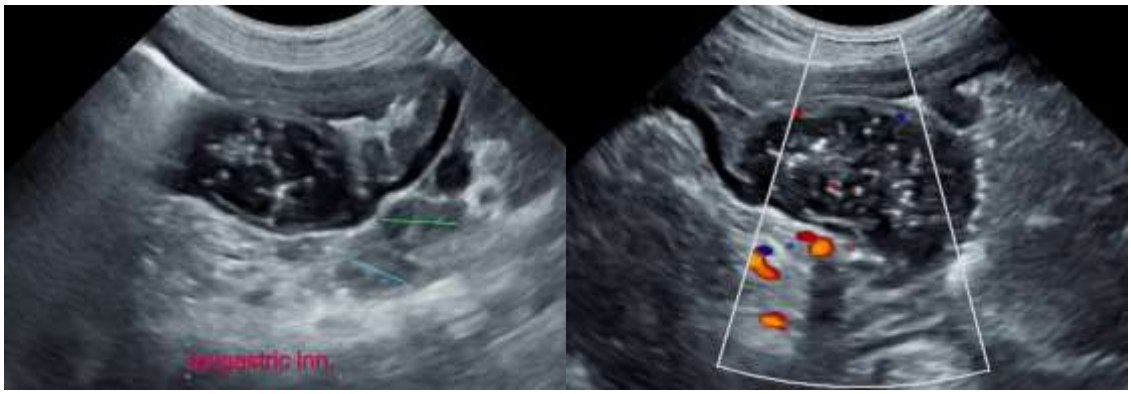

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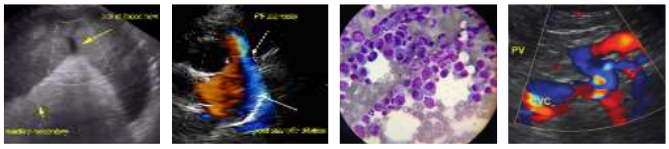

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com