



TVC-CASE-57519

Dog | pitbull | 13 years and 3 days | Female | 4030-2

Finalized : 2022-12-03
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Ultrasound interpretation

Clinical Findings

History & Clinical Signs

13 year old pit bull with suspected fluid in abdomen and chest. History of tarry stools for a few months. Lethargy, vomiting, and inappetence is also noted. Has been to the ER a few times. Labwork showed low total protein and albumin and globulin. Pancreatic enzymes not included on available labwork.

Ultrasound Report

Findings

Urinary bladder: The urinary bladder is incompletely distended.

Uterus: The uterus is solid and approximates 8 mm in diameter.

Ovaries: The right ovary approximates 3 cm in length and 1.7 cm in height. A large 2.7 cm in diameter cyst is identified. Numerous small diameter cysts are present. Left ovary has a similar appearance and approximates 3.3 cm in length and 1.6 cm in height. The cranial portion of the ovary is solid in appearance.

Kidneys: The right kidney approximates 6.8 cm in length and has adequate cortex and medullary distinction. The renal pelvis is markedly dilated at 5 mm. The left kidney approximates 6.7 cm in length and has a similar appearance to the right kidney.

Adrenals: The left adrenal approximates 7 mm / 7 mm in thickness. The right adrenal approximates 9 mm / 1 cm in thickness.

Pancreas: The pancreatic lobes are hypoechoic, well marginated, thickened, and approximate up to 2 cm in thickness. Some portions of the pancreatic lobes are hyperechoic.

Stomach: The gastric wall is normal in thickness and contains normal luminal contents.

Spleen: The spleen is normal in size, shape, echotexture, and echogenicity. Discrete nodules are not identified.

Liver: The parenchyma is mixed in echogenicity. Poorly defined hyperechoic nodules are present. Hypoechoic nodules are also identified. The margins are sharp.

Gallbladder: The gallbladder contains suspended echogenic debris. The gallbladder wall is normal in thickness.

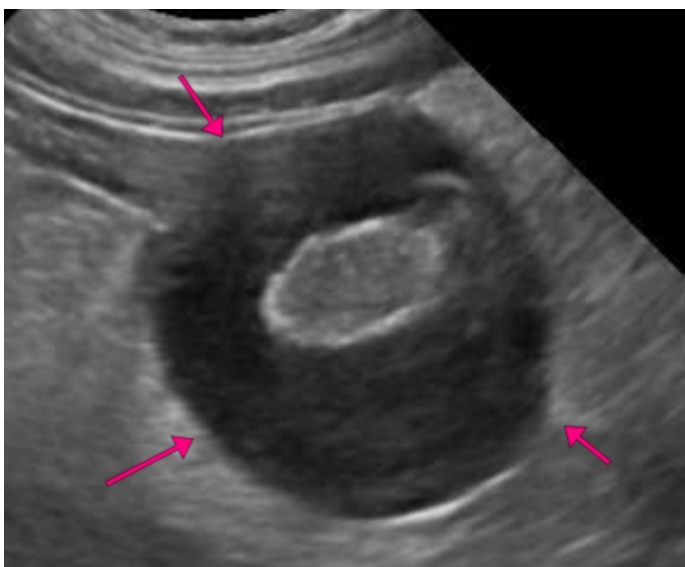
Small bowel: A section of small bowel is significantly thickened with complete loss of wall layering. Some sections approximate 1 cm in thickness. The lumen is significantly narrowed. The remainder of the small bowel is normal.

Colon: The colon contains gas. Normal wall layers are present.

Lymph nodes: The mid abdominal lymph nodes are hypoechoic, lobulated, and approximate up to 4 cm in thickness. Hyperechoic tissue surrounds the lymph nodes. The medial iliac lymph nodes have a similar appearance and approximate nearly 4 cm in thickness. The periportal lymph nodes are significantly enlarged, approximating 3 cm in diameter.

Peritoneal space: Fluid is not identified in the peritoneal space.

Note the appearance of the small bowel with loss of wall layering.



Mid abdominal lymphadenopathy.



Interpretation

1. The appearance of the identified section of small bowel is consistent with a malignant neoplastic process such as lymphoma or adenocarcinoma.
2. Severe lymphadenopathy. Metastatic neoplasia is considered.
3. The dilated renal pelvises in the kidneys may represent a nephritis or chronic renal insufficiency.

4. Probable active pancreatitis.
5. Incidental adrenomegaly. Functional or nonfunctional adenomata is considered.
6. Polycystic ovaries. This should be clinically correlated.

Recommendations

1. Aspirates of the wall of the small bowel and lymph nodes are indicated.
2. A urinalysis with culture and sensitivity is warranted.
3. CPL testing is indicated.
4. Thoracic radiographs are strongly indicated.

Signature

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