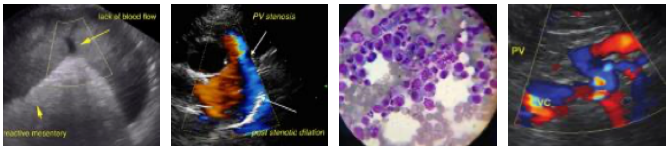
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Dolli Alma de Bahia

SPECIES
Canine

BREED
Chihuahua

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
9.4 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. G. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. G. Ferrer

INVOICE
14053

DATE
10/4/22

PRESENTING CLINICAL SIGNS

History: Presented as a walk on 10-4-22 as pt has been ADR. Pt is in foster care from a rescue organization. Pt was depressed and lethargic and decreased appetite. Not much information provided. Abnormal PE/Chem/CBC/UA Results: PE: Lethargic depressed and generalized icterus. 4DX: neg all BW: CBC: Hematocrit 34.1 37.3 - 61.7 % WBC 19.39 5.05 - 16.76 K/µL Neutrophils 15.19 2.95 - 11.64 K/µL Platelets 93 148 - 484 K/µL Chem: Glucose 68 (70 - 143 mg/dL) ALT 193 10 - 125 U/L ALP >2,000 23 - 212 U/L GGT 81 0 - 11 U/L Bilirubin - Total 6.8 0.0 - 0.9 mg/dL Lipase 4,319 200 - 1,800 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly to moderately distended. The wall in the region of the apex is borderline thickened (up to 0.29 cm) with a slightly irregular mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (0.79 cm at cranial pole) (0.97 cm at caudal pole) (2.39 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. There is ill-defined tissue surrounding the left adrenal gland.

The right adrenal gland is not definitively visualized due to extensive cranial abdominal pathology.

Spleen

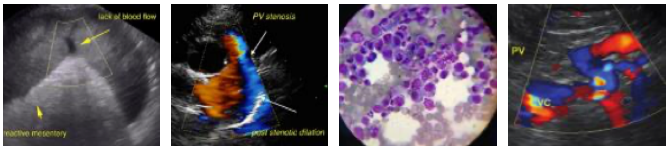
The spleen is normal in size (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours on the right side. A 3.57 cm heterogeneous mass is present. The mass causes capsular expansion. Adjacent to the mass, several smaller isoechoic nodules are seen. In the remainder of the liver, the parenchyma appears homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery surrounding the gallbladder is mildly hyperechoic.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal to moderately thickened (up to 0.77 cm) with apparent retention of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with retention of the normal layering pattern. The submucosal



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layer is mildly thickened in some regions. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

See *Other.*

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. There is no obvious evidence of free fluid. The medial iliac lymph nodes are prominent, the largest measuring 1.10 cm in length. Several enlarged rounded hypoechoic to heterogeneous mesenteric lymph nodes are visualized, the largest measuring 3.13 cm in diameter.

Other

In the cranial to mid-abdomen, just caudal to the stomach, an ill-defined hypoechoic mass effect is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

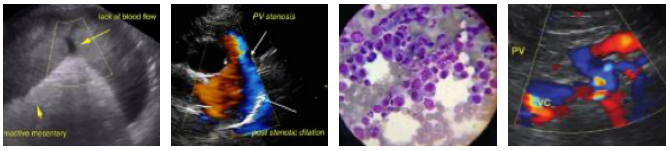
- Severe abdominal lymphadenopathy. Neoplasia (i.e., round cell tumor) is considered likely. However, lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- The origin of the mass effect in the cranial abdomen is unclear. It may be arising from lymph nodes, pancreas, mesentery, other. Again, neoplasia is suspected.
- Right hepatic mass with adjacent nodules. Neoplasia is considered likely with a lower possibility of a benign process (i.e., exuberant regenerative nodular hyperplasia).

Secondary Findings:

- Gallbladder sludge could be consistent with fasting, cholestasis or less likely, an emerging mucocele. The reactive mesentery surrounding the gallbladder is suggestive of cholecystitis.
- The left adrenal changes could be consistent with benign nodular hyperplasia or an emerging tumor.
- Bilateral, degenerative renal changes.
- The urinary bladder wall changes in the region of the apex could be consistent with cystitis but may be artifactual due to lack of full repletion.
- The gastric wall changes are most consistent with inflammation with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the enlarged mesenteric lymph nodes can be considered, if clotting status is appropriate. 25-gauge needles should be used. An abdominal CT scan would be also be



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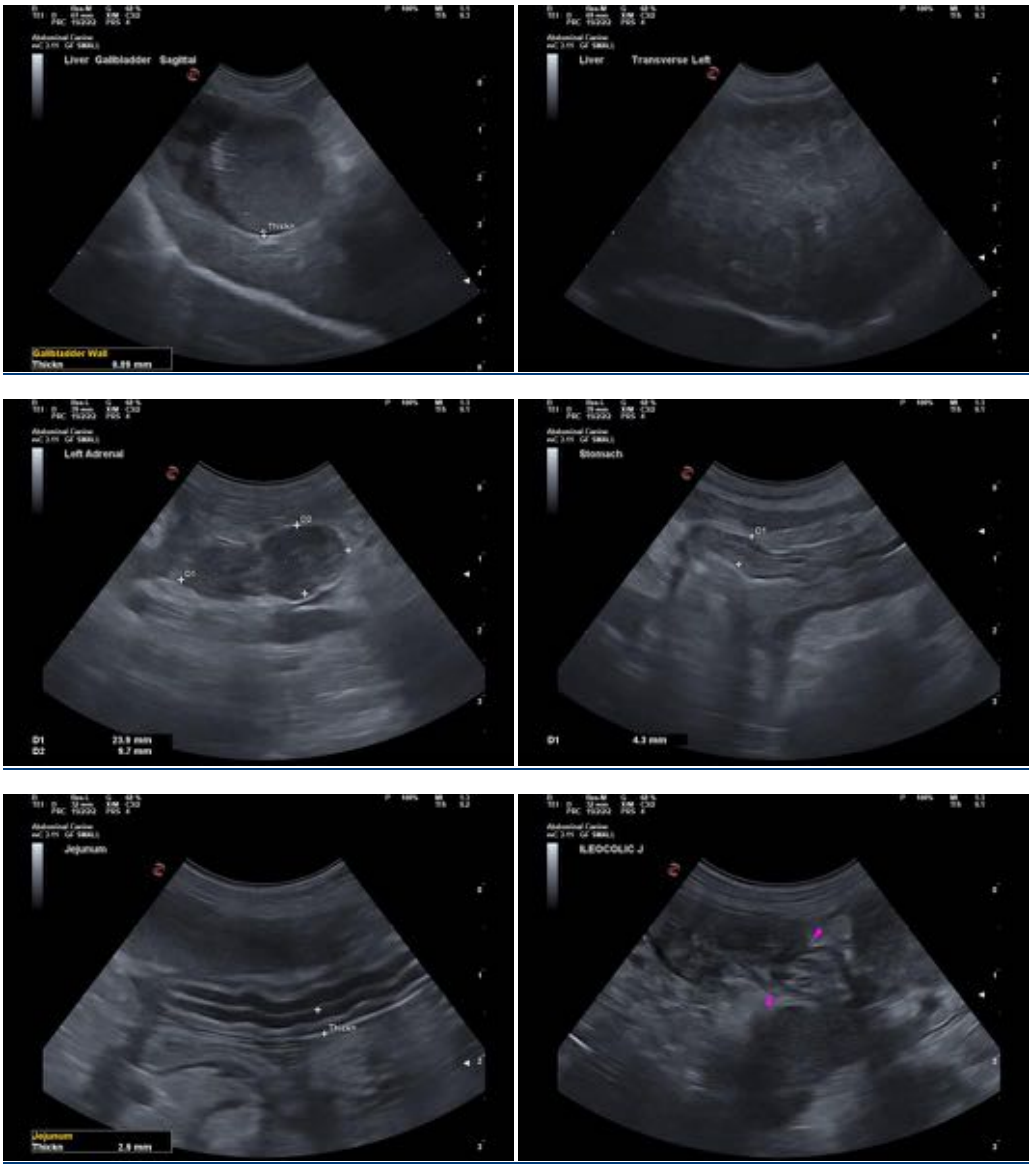
useful in further characterizing the abdominal lesions. Due to the likelihood of multifocal neoplasia in the abdomen, however, palliative/symptomatic care should be considered in lieu of advanced and/or invasive diagnostics.



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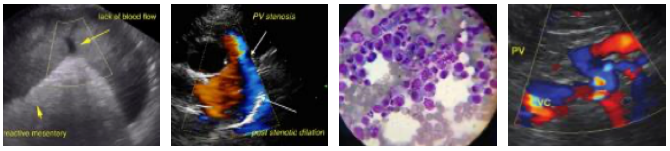

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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