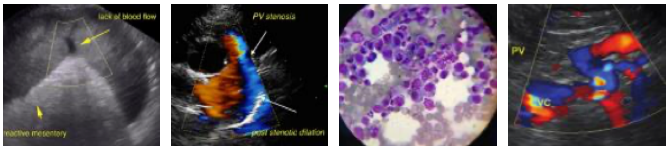
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jupiter Amhof

SPECIES
Canine

BREED
Australian Shepherd

SEX
Female, spayed

AGE
8 Yrs.

WEIGHT
40 lbs.

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

IMAGING PERFORMED BY
Sarah Pender, CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Dr, Doerscher

INVOICE
14046

DATE
10/4/22

PRESENTING CLINICAL SIGNS

History: 4 lbs wt loss since August, decreased food for a few months since O's wife passed away. Last 4 days intermittent V and lethargy with increased anorexia. Today noted the weight loss and evidence of icterus. Soft abdomen and likely hepatomegaly. O denies knowledge of ingestion of anything, but P does spend time outdoors with housemate and has been known to find things in yard. O denies toxin/medication exposure. Is vaccinated for Lepto 8/2022.
Abnormal PE/Chem/CBC/UA Results: Plts <100 Phos 2.1 Ca 12.2 Alb 2.1 ALT 149 ALP 795 GGT 12 TBili 3.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.49 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.65 cm at caudal pole) (2.32 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

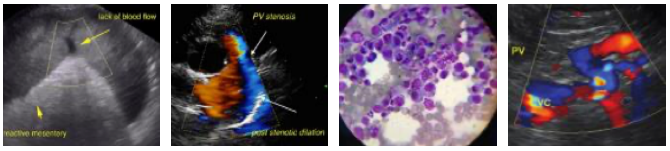
The right adrenal gland is normal size (1.40 cm at cranial pole) (0.46 cm at caudal pole) (2.27 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.93 cm in width at the level of the hilus) with normal curvilinear peripheral contours. At the cranial aspect, an approximately 5 cm, well-demarcated area of infarction is observed. The remaining splenic parenchyma is homogeneous. Splenic vasculature at the hilus appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. A small amount of aggregated echogenic to mineralized mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the abdominal lymphadenopathy. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. Numerous enlarged, irregular, hypoechoic to heterogeneous lymph nodes are observed throughout the abdomen, the largest measuring 4.7 cm in diameter. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. Peritonitis is present, likely secondary to lymph node pathology.
- Splenic infarction at the cranial pole.
- An obvious cause for the elevated liver enzymes is not identified in this study. Considerations include emerging neoplasia, inflammatory disease, other hepatopathy.

Secondary Findings:

- Minor bilateral, degenerative renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Fine needle aspirates of the enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or lymph node biopsies) may be necessary to get a definitive diagnosis.

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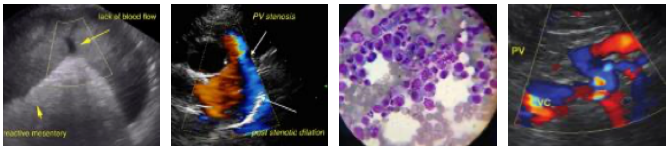

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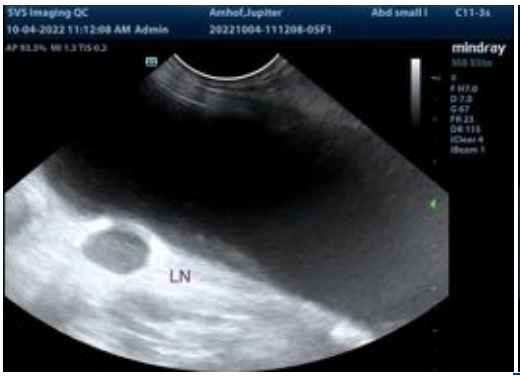

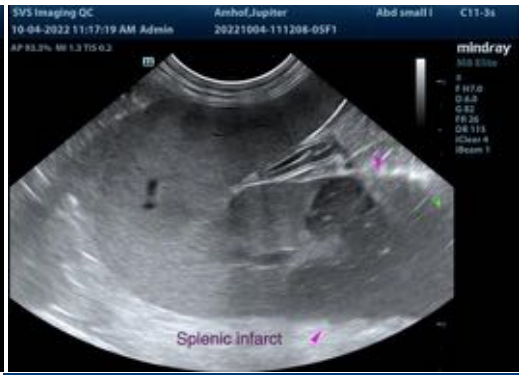

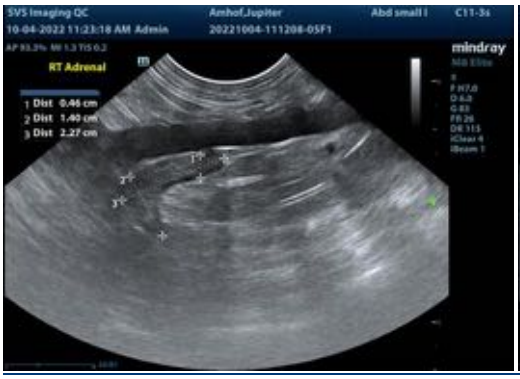

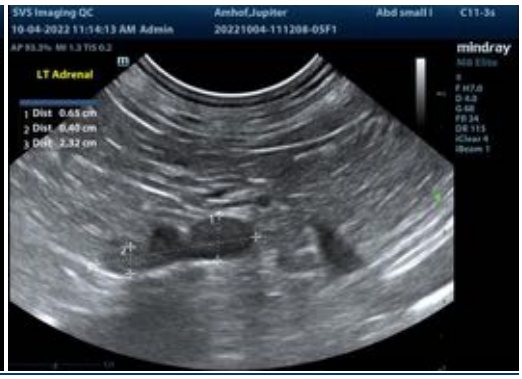

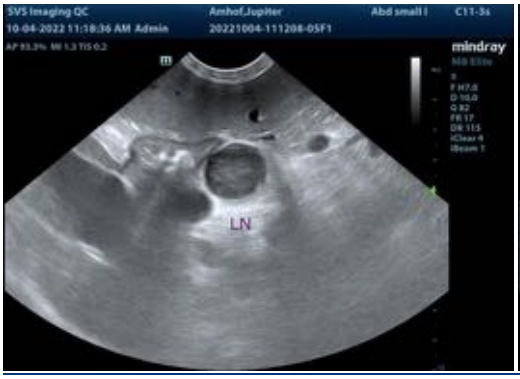

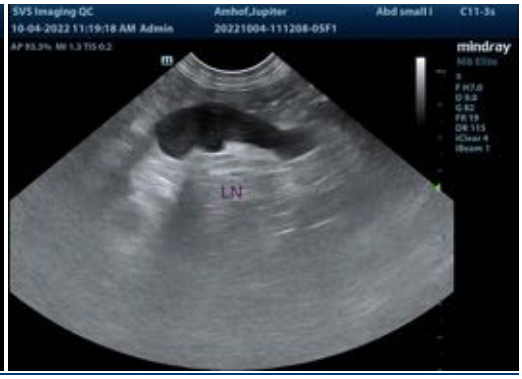

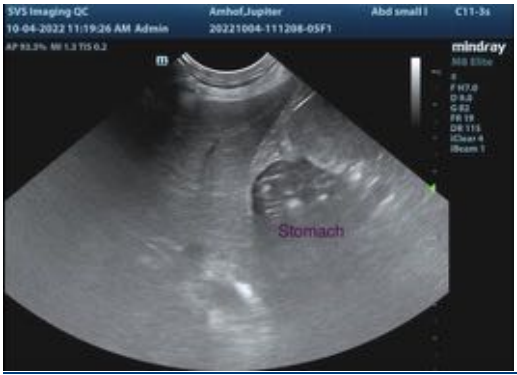

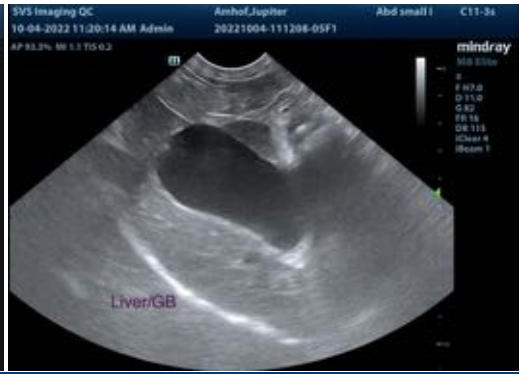

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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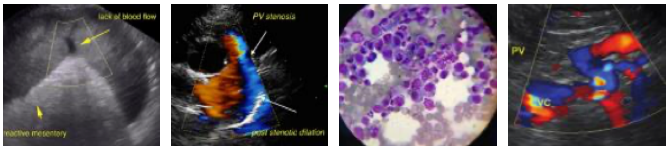

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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