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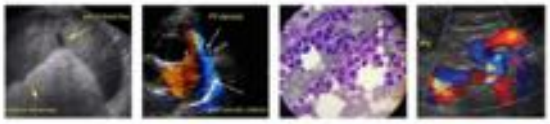

IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Woody Hohenrieder

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Amber Murphy

INVOICE

11905

DATE

11.24.22

PRESENTING CLINICAL SIGNS

History: Retropharybgeal LEFT lymph node prominent. Slightly prominent mandibular lymph nodes left and right- History: anorexia and vomiting but had similar episode in Feb and was hospitalized at Marqueen for possible cholangiohepatitis. Patient has responded to cerenia and entice and i/d LF diet, but still lethargic and owner reports seems congested. Eating okay again. Has swelling on rads on throat area. Aspirate showed LN was reactive. Sinus arrhythmia and sinus bradycardia on ECG, resolved with atropine test

Abnormal PE/Chem/CBC/UA Results: CHO 329, T4 0.6, USG 1.045 urine pH 8.0, pro 2+, bili 2+, struvite 4-10 HPF, Fecal pos strongyle not parasitic likely from coprophagy. Accuplex neg x 4. RADs conclusion: Conclusion Mild constipation. Otherwise, unremarkable abdomen. Unremarkable thorax. Reason for Ultrasound: congested, lethargic recent bouts of V+ and anorexia, swelling in neck region

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 anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.66 cm at caudal pole); 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 (0.82 cm at cranial pole) (0.63 cm at caudal pole) (3.57 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 normal in size (2.38 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.

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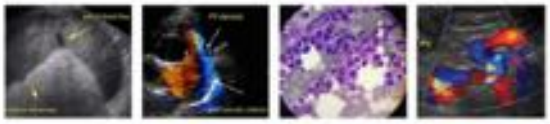

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Liver

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 is moderately distended. The wall is variably thickened (up to 0.64 cm), irregular, and hyperechoic. A moderate to large amount of hyperechoic debris/sludge is observed within the lumen, most of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 1.45 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity. In addition, a 3.92 cm irregular, hypoechoic lymph node is observed adjacent to the ileocecocolic junction. Surrounding mesentery is mildly hyperechoic. A few, smaller nodes are observed adjacent to the larger nodes.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

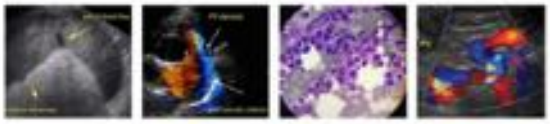
- The abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma) or reactive change.

Secondary Findings

- The gall bladder wall changes are suggestive of cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the enlarged abdominal lymph node, if accessible and if clotting status is appropriate. A 25-gauge needle should be used.
- Other considerations include further testing for infectious disease (i.e., tick-borne, salmon poisoning) or other infectious agents that are endemic to the area.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to assess for evidence of small intestinal and pancreatic disease.



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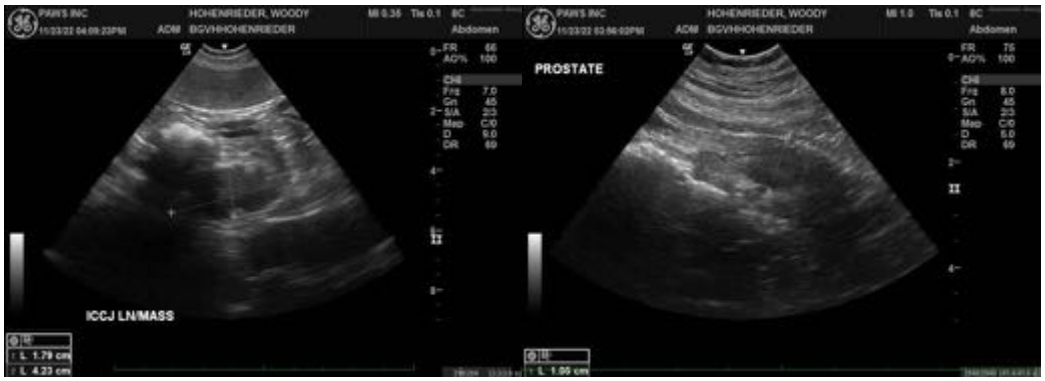
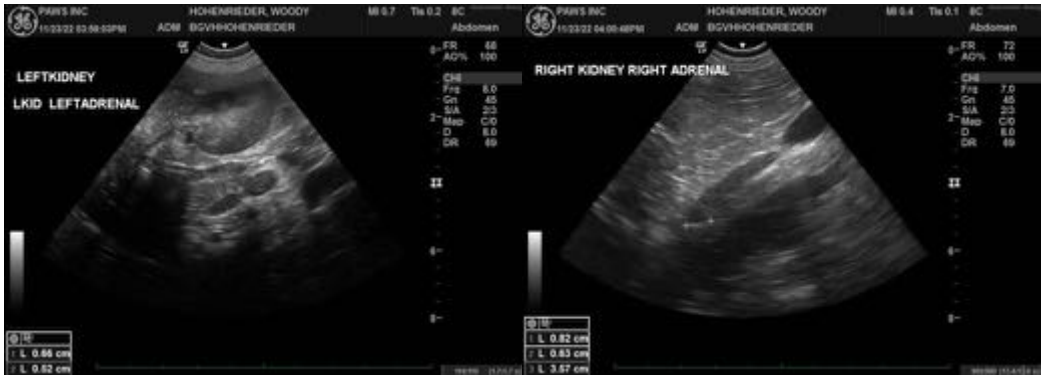
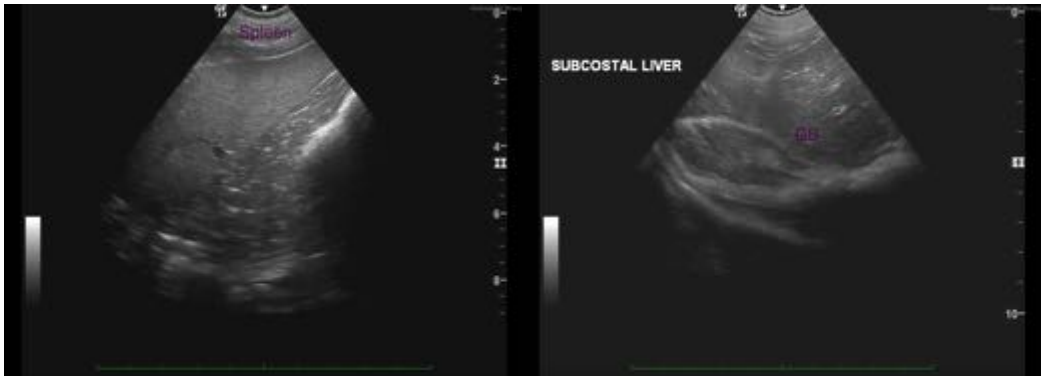
- Given the proteinuria, a UPC is also recommended.
- Regarding the retropharyngeal lymphadenopathy and congestion, a head and cervical CT scan may be warranted.
- Regarding the arrhythmia, an echocardiogram should be considered.







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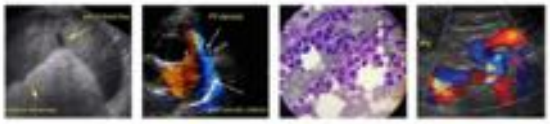

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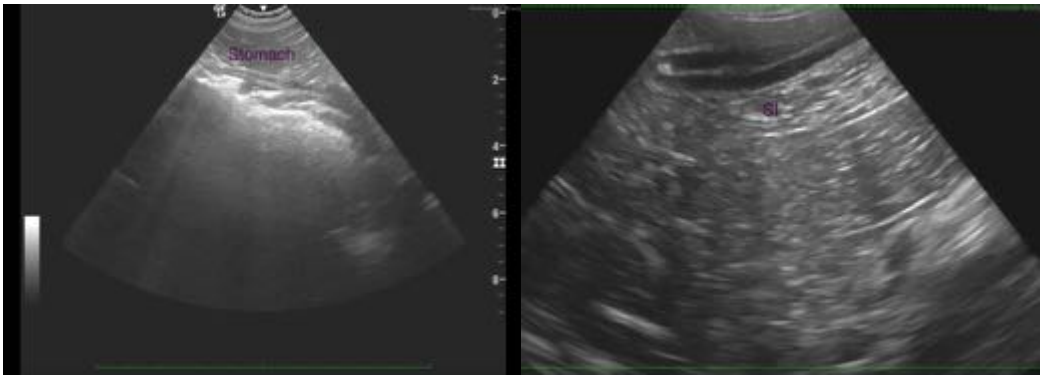

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com