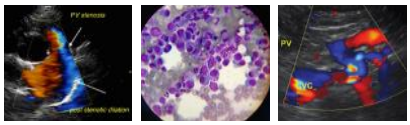
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/30/21

PATIENT

Elvis Coughlin

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

11/13/2011

WEIGHT

42 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT.

HOSPITAL NAME

Docside Veterinary Medical Center

REFERRING VET

Dr. Tierney

INVOICE

10096

PRESENTING CLINICAL SIGNS

History: Presented 12/27 for patient intermittently vomiting. Consistent loose stool and inappetence. Duration 1 week. Previous labs (8/2021) showed all labs to be WNL except Alk Phos 573. Pt has history of increases Alk Phos since 2020.

Current Medications: Denamarin Adv 120 QD (since 10/2020), Dasuquin Advanced daily (since 10/2020), Omega 3 (since 10/2020), Famotidine 20 mg QD x 4 days, Cerenia 24 mg QD x 4 days.
Lab Results: CBC NSF, CHM: AST 158 sig incr was 33, ALT 439 sig incr was 109, ALP 4494 severely incr- was 573, GGTP 26 sig incr was 3 T Bil 1.3 sig incr was 0.1, PSL 197 was mildly incr 138, BUN 11 WNL, Creat 0.7, TT4 1.1 WNL, UA, spG= 1.047, pH=6, Protein 2+, Bili 3+. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.07 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 (6.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.99 cm at caudal pole) (2.90 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.04 cm at cranial pole) (0.96 cm at caudal pole) (3.15 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (3.45 cm in width at the level of the hilus) with swollen to undulating peripheral contours. The parenchyma is diffusely mottled with a “moth-eaten” appearance. A 1.49 x 1. 38 cm hypoechoic to heterogenous nodule is observed at the caudal lateral aspect. A 1.58 x 1.36 cm irregular heterogenous nodule is observed at the cranial aspect. There is hyper vascularity with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen to irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is gas distended. A feeding tube is in place (per the patient history). However, it is not visualized sonographically. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly fluid distended. The small intestinal wall thickness is normal with a normal layering pattern. In a few small intestinal segments, there is evidence of mucosal fogging. 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
No free fluid is observed. Several enlarged hypoechoic, rounded to irregular lymph nodes are observed throughout the abdomen, the largest measuring 3.93 cm in the right cranial quadrant. Surrounding mesentery is hyperechoic.

Other
A brief echocardiogram (free of charge) reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic and lymph node changes are most concerning for infiltrative neoplasia (i.e., lymphoma).
- Non-specific diffuse hepatopathy. Differentials include infiltrative neoplasia (i.e., lymphoma), inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper) +/- concurrent age-related changes.
- The suspended gall bladder sludge could be consistent with a developing mucocele, cholestasis or fasting.

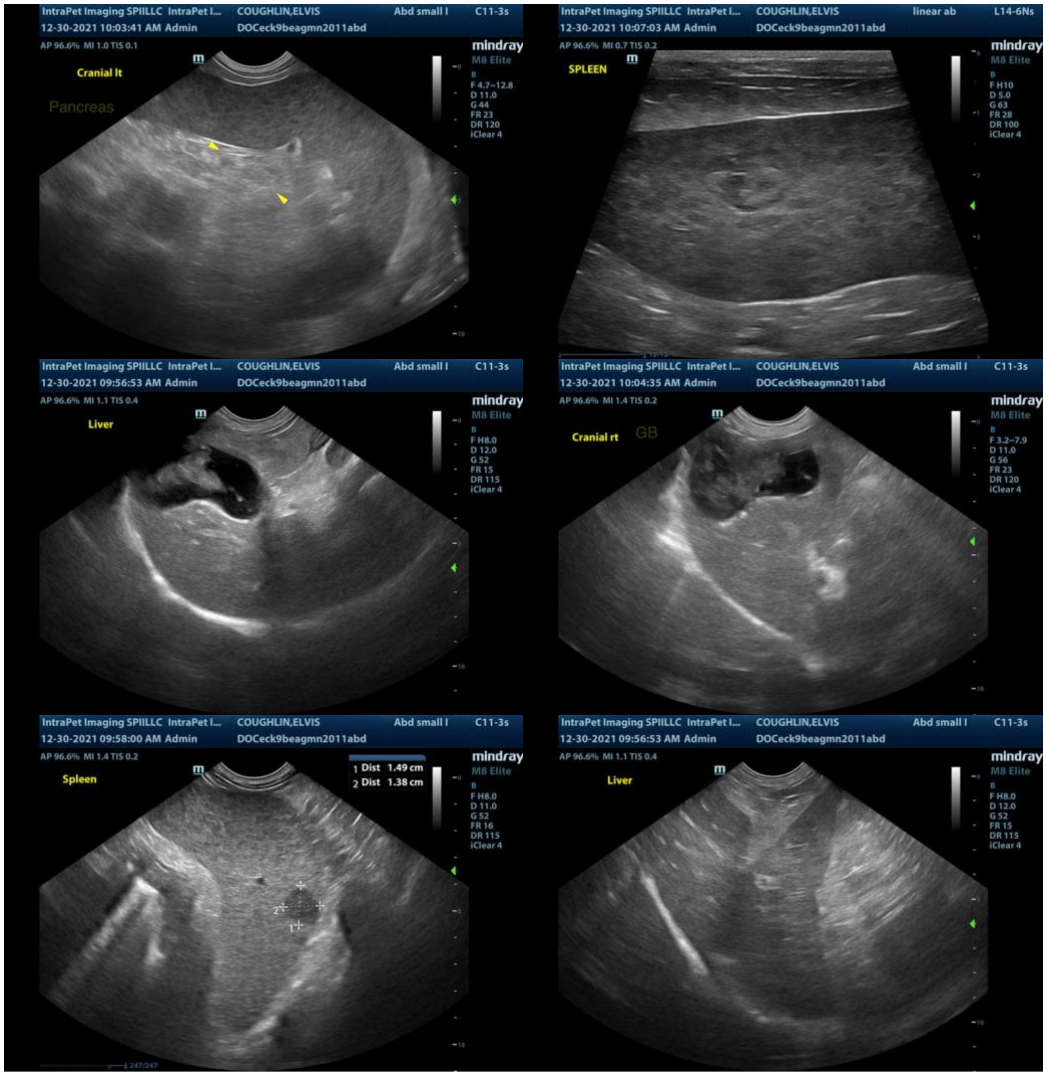
Secondary Findings

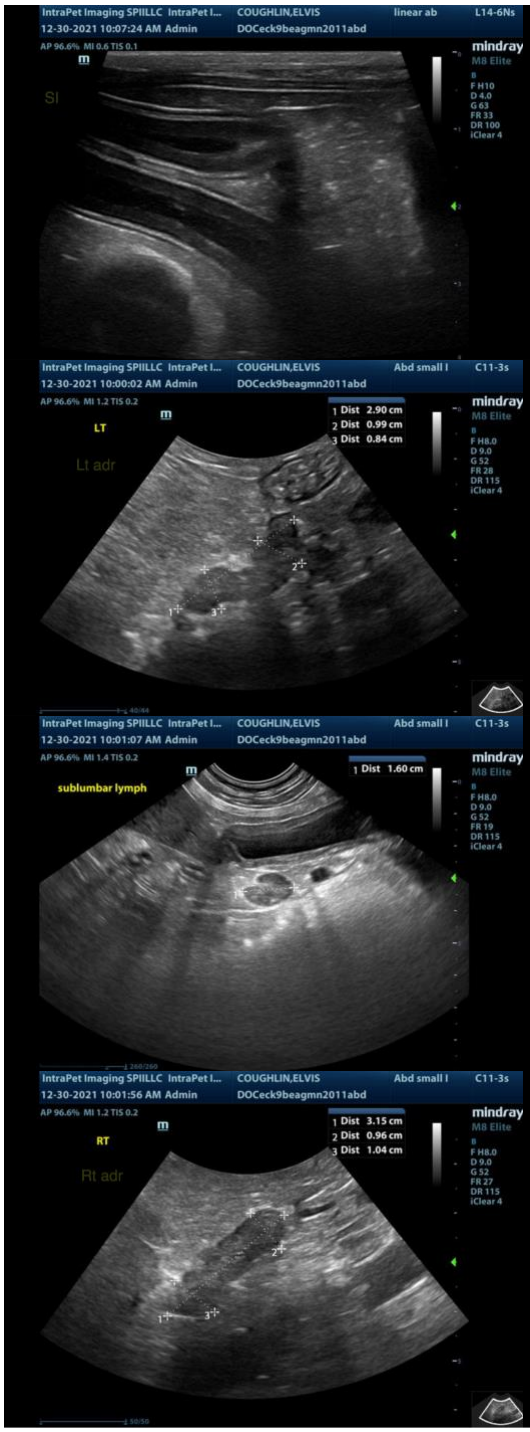
- Mild bilateral adrenomegaly
- Mild rage-related changes
- The small intestinal mucosal fogging is suggestive of an inflammatory process.

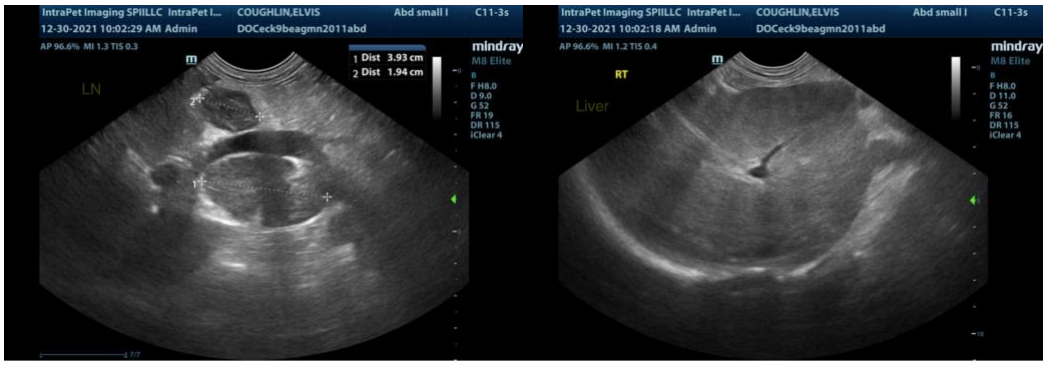
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest

- Fine-needle aspirates of the liver, spleen and enlarged abdominal lymph nodes are recommended, if clotting status is appropriate. Twenty-five-gauge needles should be used. If cytology results are inconclusive, consider PARR to further assess for lymphoma. If all diagnostics fail to yield a definitive diagnosis, surgical biopsies of the liver, spleen, GI tract and abdominal lymph nodes may be necessary to get a definitive diagnosis.




IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS linear ab L14-6Ns
12-30-2021 10:07:24 AM Admin DOCeck9beagmn2011abd
SI
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 09:58:28 AM Admin DOCeck9beagmn2011abd
Spleen
1 Dist 1.36 cm
2 Dist 1.58 cm
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 10:00:02 AM Admin DOCeck9beagmn2011abd
LT
Lt adr
1 Dist 2.90 cm
2 Dist 0.99 cm
3 Dist 0.84 cm
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 09:57:16 AM Admin DOCeck9beagmn2011abd
Stomach
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 10:01:07 AM Admin DOCeck9beagmn2011abd
sublumbar lymph
1 Dist 1.60 cm
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 09:57:41 AM Admin DOCeck9beagmn2011abd
PLORUS
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 10:01:56 AM Admin DOCeck9beagmn2011abd
RT
Rt adr
1 Dist 3.15 cm
2 Dist 0.96 cm
3 Dist 1.04 cm
IntraPet Imaging SPIILLC IntraPet I... COUGHLIN,ELVIS Abd small I C11-3s
12-30-2021 10:00:49 AM Admin DOCeck9beagmn2011abd
Bladder
Prostate
mindray
M8 Elite



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com