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Clinical Sonography & Telecytology
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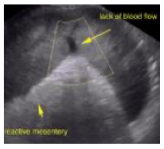
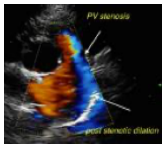
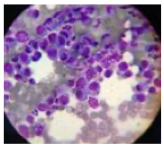
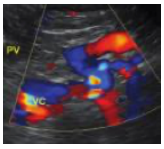

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Teddy Houser

SPECIES

Canine

BREED

Border Collie X

SEX

Neutered Male

AGE

11 years

WEIGHT

53.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Gr&Sm VC, Corvallis OR

REFERRING VET

Justin Vaughn

INVOICE

13367

DATE

6.15.23

PRESENTING CLINICAL SIGNS

History: examined 3 months ago for lump under jaw - cytology consistent w/ lymphocytic proliferation; resolved w/ course of steroids. 2 weeks ago, patient was examined again for acute onset lethargy and soft stools.

Abnormal PE/Chem/CBC/UA Results: Febrile @ 103.8; GULPPN, otherwise NSF on PE Thoracic rads: NSF BW/UA: SC: PSL 298. All other wnl. CBC: UR UA: USG 1.011. IS. UPC 1.1 Accuplex 4Dx: negative Lepto PCR (Blood): negative Urine Lepto PCR pending Patient still febrile today and has lost significant amount of weight despite course of doxycycline.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. The wall is thickened (up to 0.81 cm) with a slightly irregular mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.65 cm at caudal pole) (2.64 cm in length) with a normal shape and 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 in size (0.88 cm at cranial pole) (0.74 cm at caudal pole) (2.85 cm in length) with a normal shape and 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 with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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 small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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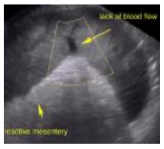
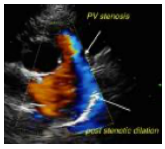
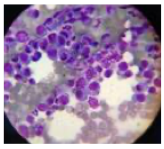
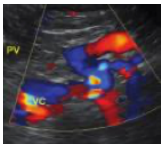

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Gastrointestinal

The 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is questionable trace ascites. Two enlarged hypoechoic, slightly rounded lymph nodes are observed at the aortic trifurcation (the largest measuring 0.92 cm in length / the smaller measuring 1.31 cm in length). A few enlarged hypoechoic mesenteric lymph nodes are also seen (the largest measuring 6.48 cm in length). Surrounding mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., round cell tumor). However, lymphoid hyperplasia or lymphadenitis (i.e., pyogranulomatous) cannot be excluded. Peritonitis is present, likely secondary to lymph node pathology.
- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.

Secondary Findings

- Minor age-related pancreatic remodeling in the left limb
- Minor bilateral chronic renal changes
- The urinary bladder wall changes are likely artifactual due to lack of full repletion. However, cystitis is also a consideration. Correlation with the patient's clinical signs is recommended.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected with a lower possibility of emerging neoplasia or inflammatory disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the enlarged abdominal lymph nodes and spleen are recommended (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Thoracic radiographs are also recommended to evaluate for lymphadenopathy in the chest.
- Depending on the results of the above diagnostics, further work-up for the fever may be warranted.

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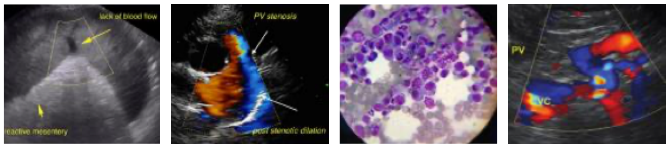

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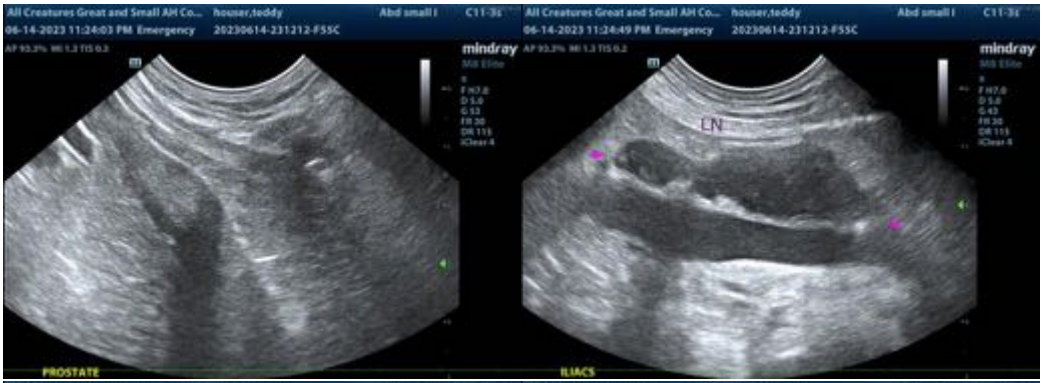
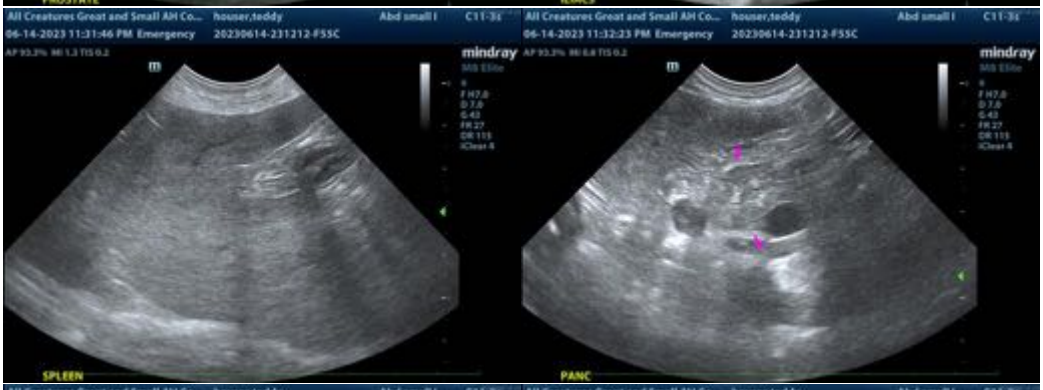
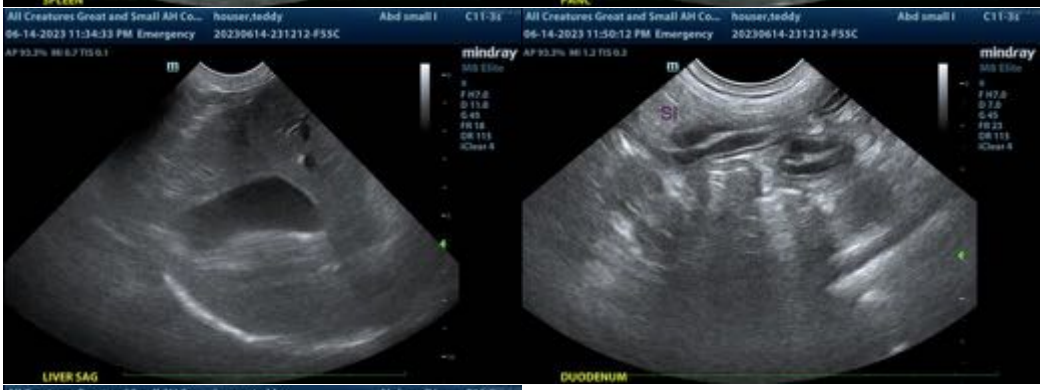
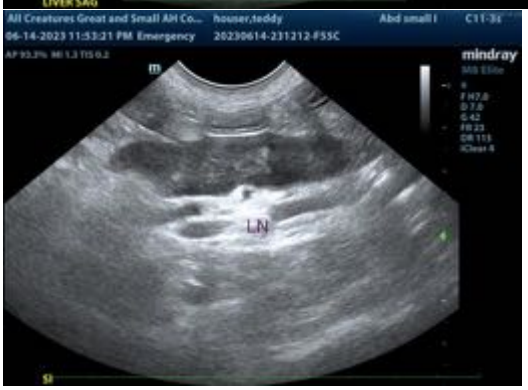


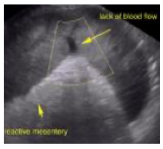
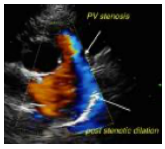
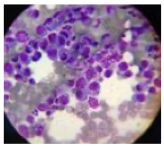
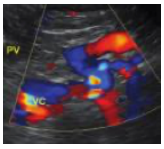






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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