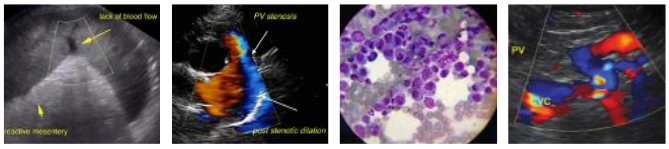
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Yoshi Chow

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

6 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr Cormack

INVOICE

14085

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: Lethargic and hypoexic for last few weeks. attending suspects pancreatitis
Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes moderate neutrophilia, elevated cPL

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 is normal.

The prostate is normal in size (1.09 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 (4.80 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.65 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.59 cm at caudal pole) 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 not definitively visualized in the available images. In the images labeled “right adrenal gland,” there is a suspected large lymph node.

Spleen

The spleen is prominent in size (1.64 cm in width at the level of the hilus). A 1.60 cm hypoechoic-to-heterogenous nodule is observed at the caudal aspect. The lesion causes mild capsular expansion. In the remainder of the spleen, the parenchyma is subtly heterogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly 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 is moderately distended. The wall is thickened (up to 0.30 cm), irregular, and hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is thickened (up to 0.73 cm) with suspected loss of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The lumen of the descending colon contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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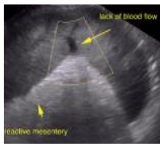
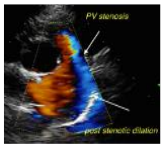
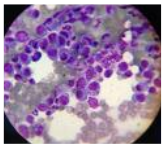
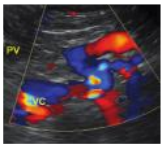

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Pancreas

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

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid is present. Numerous, enlarged, rounded hypoechoic lymph nodes are observed throughout the abdomen, particularly in the region of the mesenteric root (the largest measuring approximately 2.86 cm in its longest dimension). Surrounding mesentery is hyperechoic.

Other

In one video clip of the thorax, there is suspected lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe abdominal lymphadenopathy with suspected thoracic lymphadenopathy. Neoplasia (i.e., lymphoma) is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded. Diffuse peritonitis is present, likely secondary to lymph node pathology.
- The splenic changes, including the nodule, are also concerning for emerging neoplasia, with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).

Secondary Findings

- The thickening gastric wall may be secondary to infiltrative neoplasia, inflammatory disease, or hypertrophy.
- The gallbladder wall changes could be consistent with cholecystitis, infiltrative neoplasia, other.
- The hepatic parenchyma changes are nonspecific and may be secondary to infiltrative neoplasia (i.e., lymphoma), inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the enlarged abdominal lymph nodes can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.

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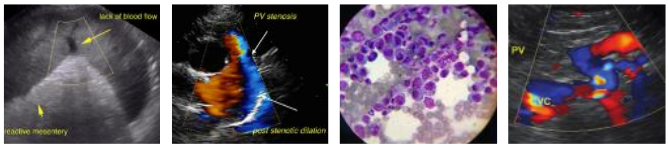

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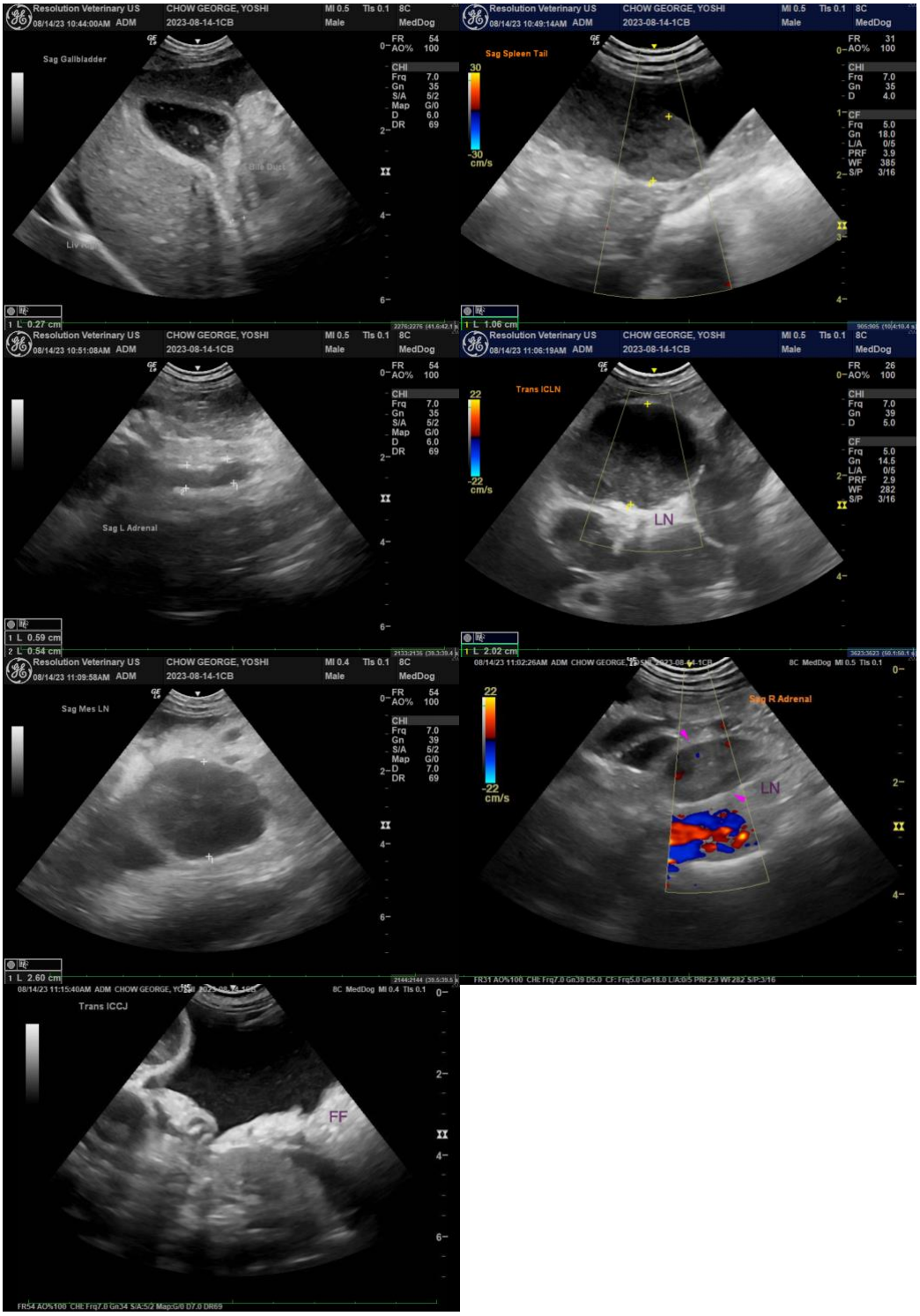

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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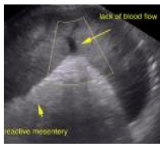
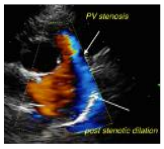
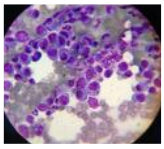
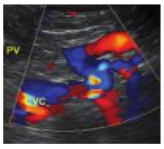

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