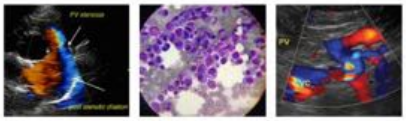



**PATIENT**

Desmond Hagar

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Neutered Male

**AGE**

7 years, 9 mos

**WEIGHT**

71 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

WVRC- Dr. Bianco

**INVOICE**

11348

**DATE**

8.5.22

## PRESENTING CLINICAL SIGNS

History: Patient History (required): Hyporexia for 2 weeks. Vomiting and diarrhea over past week or so. Abdominal rads concerning for two SI loop populations but also generalized dilation - rule out linear or partial. Has lost 10 lbs in last 2 weeks. Having large volumes of diarrhea

Relevant Exam/labs/imaging results/treatments: Lact 4, Lytes WNL Absolute neutrophilia and monocytosis

## 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 **prostate** is normal in size (1.13 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 (7.30 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.50 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The **left adrenal gland** is normal size (0.47 cm at cranial pole) (0.63 cm at caudal pole) (2.68 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 (0.43 cm at cranial pole) (0.92 cm at caudal pole) (2.06 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 (1.25 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.

### *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 distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, suspended, sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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

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***Gastrointestinal***
The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. 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. The mesenteric **lymph nodes** are severely enlarged (largest node is >3.60 cm), hypoechoic and rounded. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia. Lymphoma is the top differential. Pyogranulomatous lymphadenitis is also possible but considered less likely. Adjacent peritonitis is present.
- The gall bladder changes could be consistent with a developing mucocele or cholestasis (i.e., secondary to fasting).

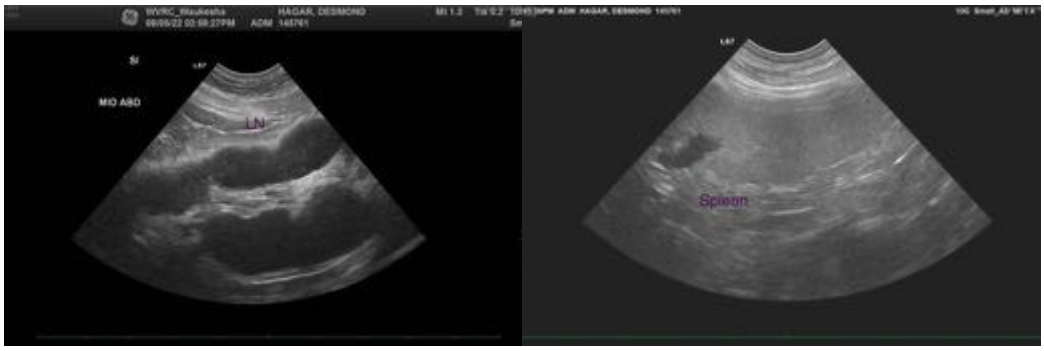
### Secondary Findings

- The medullary band seen in both kidneys may be a benign incidental finding. However, subclinical renal disease cannot be excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are recommended to assess for lymphadenopathy in the chest. Fine-needle aspiration of an enlarged mesenteric lymph node is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsy may be necessary to get a definitive diagnosis.

Given the gall bladder changes, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4-6 weeks) to assess for progression to a fully formed mucocele.



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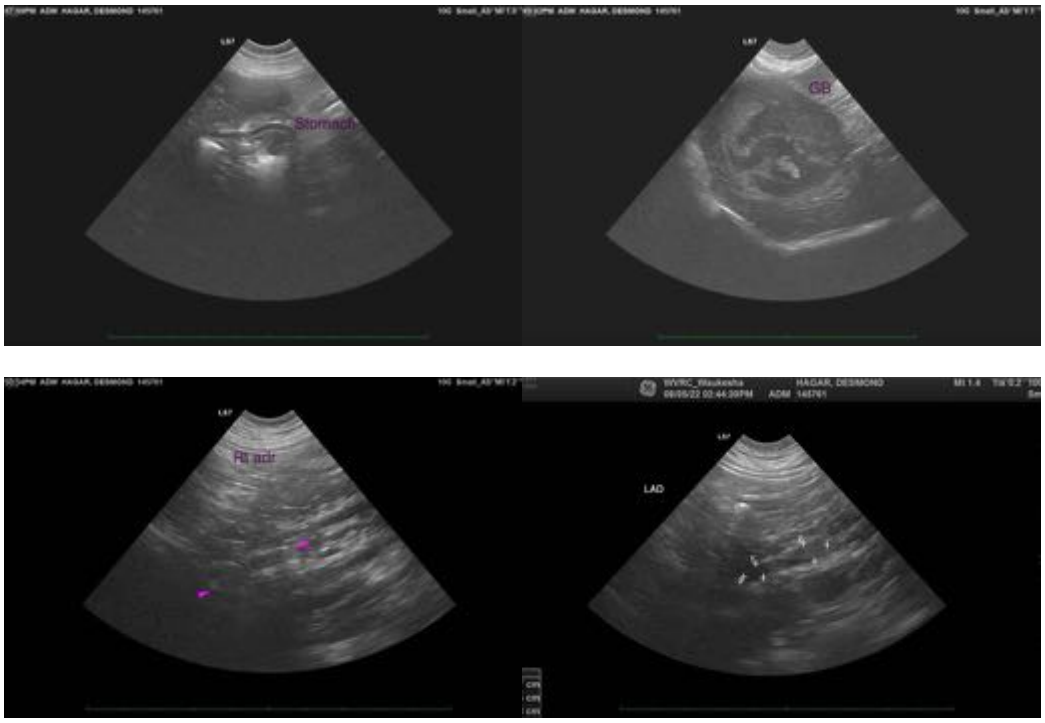


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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