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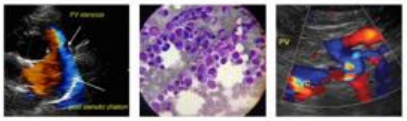


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Olivia Winter 232082

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

7 years, 10 mos

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Wirth

INVOICE

11565

DATE

9.1.22

PRESENTING CLINICAL SIGNS

History: Olivia, a 7y 10 m FS Chihuahua mix presents for further assessment and treatment recommendations for probable lymphoma from a rectal mass that was removed on 8/12/22. O first noticed the mass about two weeks prior to sx. Olivia was not having any behavioral changes - no excessive licking, no scooting or straining to defecate. Since surgery she has been doing well. Olivia has a history of seizures and had her last seizure on 8/5/22. She also has a collapsing trachea and has frequent coughing related to that. No v/d/s. Current Medications: Keppra XR 200mg PO BID Keppra regular unknown tablet size given PRN (O gave 1/2 tab this am) Clavamox 62.5 mg - 1 tab PO BID (finished a couple days ago) Meloxydil 1.5 mg/ml 10# dose SID (not using) Diazepam 10mg - 1/4-1/2 PO TID PRN - not used

Abnormal PE/Chem/CBC/UA Results: 8/6/22: Owner noticed mass protruding from anus Chem: TP 7.3, BUN 13, Creat 0.5, ALT 62, ALP 88, Trigly 1235, chol 250 (unlikely fasted) CBC: WBC 11.0k, Neut 7.2k, Plt 531k T4: 0.8 8/12/22: 1cm rectal mass, ~1cm from anal opening in the 6 o'clock position, removed D/C with Clavamox, meloxicam Histopath: atypical pleomorphic lymphoid proliferation, probably lymphoma, multi lobular, ulcerated with surface necrosis, submucosa/rectum. Lesion was well demarcated and completely excised. Very thin rim of resident tissue bordering the deep edge of the sample. UA: USG 1.049, pH 7.5, prot 3+, no bacteria Triglyceride 269 (fasted) 8/22/22: Lymphoma panel to MSU: PARR B cell

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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 **left kidney** is normal size (3.71 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. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (4.10 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.

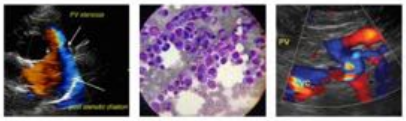
Adrenal Glands

The **left adrenal gland** is normal size (0.51 cm at cranial pole) (0.49 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 upper limits of normal size (0.65 cm at cranial pole) (0.55 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.

Spleen

The **spleen** is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Two ill-defined hypoechoic nodules are visualized, one measuring 0.38 cm, the other measuring 0.35 cm. Splenic vasculature is normal.



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Liver

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. Several, small, ill-defined hypoechoic nodules are observed throughout the organ, the largest measuring 0.89 cm in diameter). 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 small to moderate amount of aggregated, echogenic, partially dependent to suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 3.25 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gall bladder changes could be consistent with a developing mucocele, cholestasis, or less likely, fasting.

Secondary Findings

- The hypoechoic splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of emerging neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider a fine-needle aspirate of the liver to rule out round cell neoplasia. Clotting times should be assessed prior to aspiration. Twenty-five gauge-needles should be used for the procedure.

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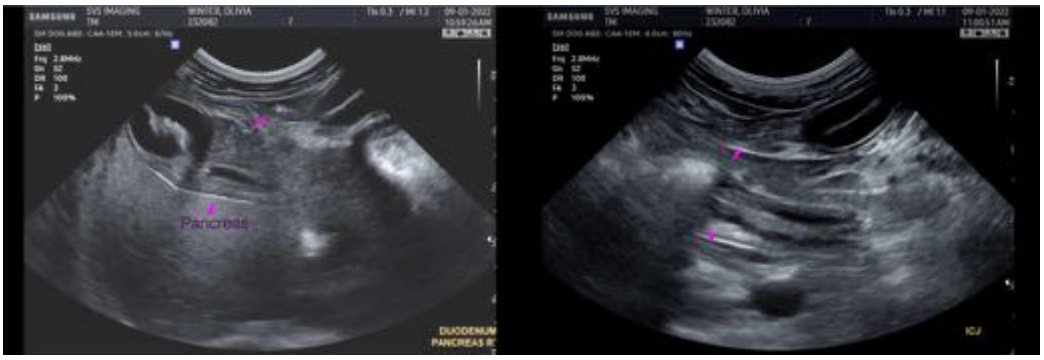
Consider further consultation with a board-certified oncologist for further diagnostic and treatment recommended.

Regarding the gall bladder changes, consider initiation of Ursodiol therapy. Alternatively, consider a repeat ultrasound in 2-3 weeks, preferably 1-2 hours post-small meal. If gall bladder changes are similar to today's scan, Ursodiol can be initiated at that time.



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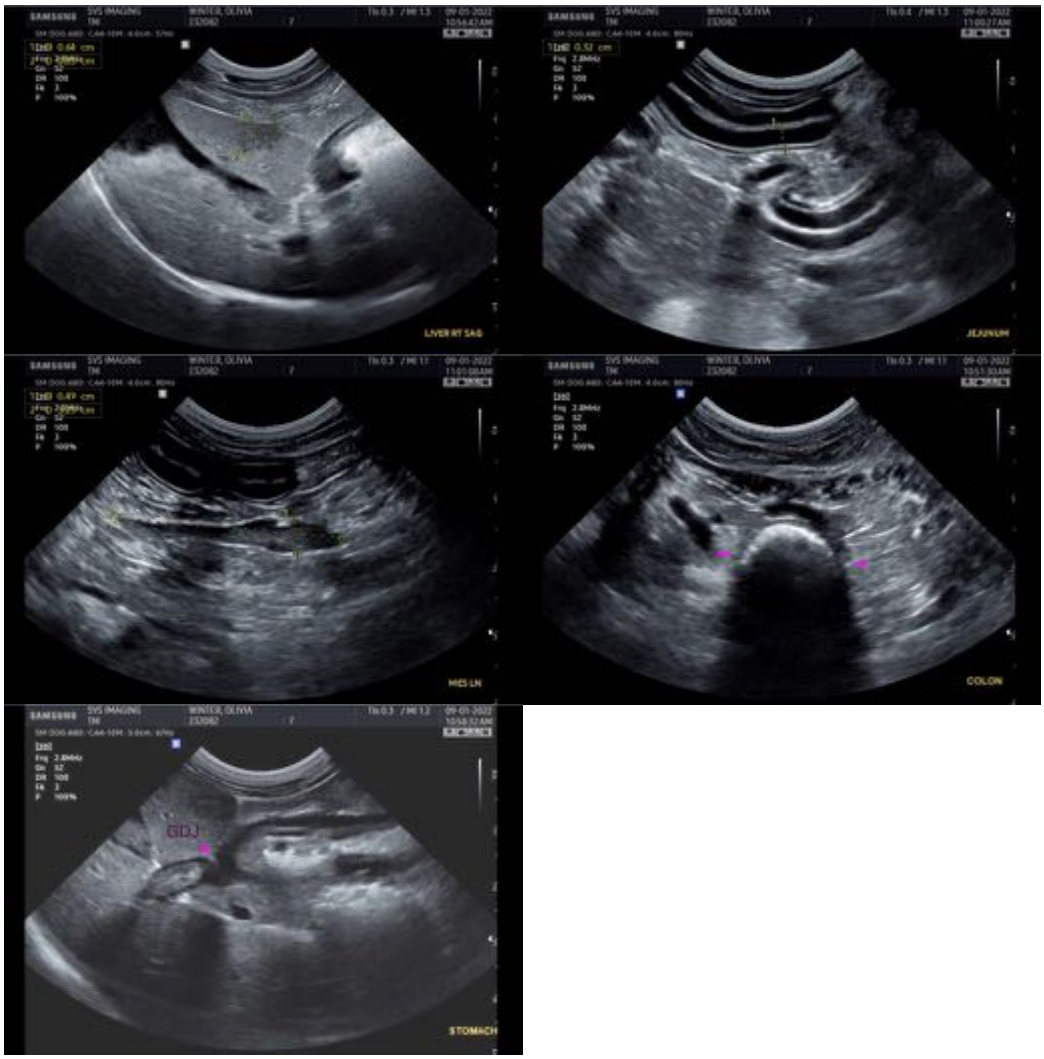

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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