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Clinical Sonography & Telecytology
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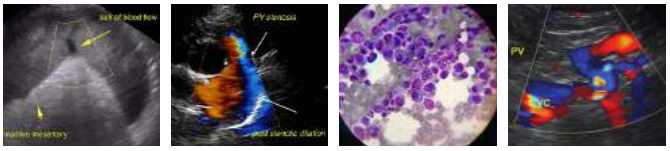


PATIENT
Coco Eskow

SPECIES
Canine

BREED
Papillon Mix

SEX
Male Neutered

AGE
16 Years

WEIGHT
12.25 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Bergen County VC

REFERRING VET
Dr. Halloran

INVOICE
11846kk

DATE
9/17/21

PRESENTING CLINICAL SIGNS

History: Patient presents for not eating, bilious vomiting. History of PLN, hypertension, had diarrhea approx. 2 weeks ago - resolved with metronidazole.

Abnormal PE/Chem/CBC/UA Results: SDMA - 38, BUN - 87, creat. 1.5, phos. 6.5, ALT 242, AST 62, amylase 1890, lipase 428, T4 0.8, mild/stable anemia 31%. U/A: neg. protein, unremarkable, USG 1.019.

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 left kidney is normal size (3.84 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 (4.46 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 normal size (0.39 cm at cranial pole) (0.53 cm at caudal pole) (1.40 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.

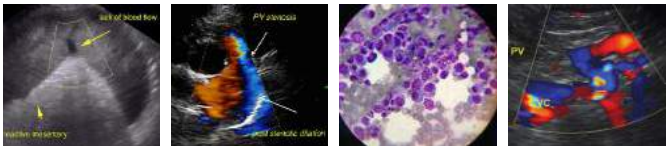
The right adrenal gland is normal size (0.85 cm at cranial pole) (0.53 cm at caudal pole) (1.19 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.10 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is hypoechoic and diffusely mottled with a “moth-eaten” appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled 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 distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb and body of the pancreas are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. At least 1-2 nodules appear to be arising from the body of the pancreas, although this is difficult to definitively determine. Surrounding mesentery is hyperechoic. See also "Other" category.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid.

Lymph Nodes

See "Other" category.

Other

2-3 nodules, the largest measuring 1.73 x 0.97 cm are observed in the left cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

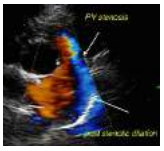
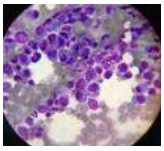
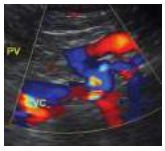
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology.
- The hepatic parenchymal changes are non-specific and could be associated with infiltrative neoplasia, inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper) +/- concurrent age-related pathology.
- The diffuse pancreatic changes are consistent with chronic active pancreatitis. The origin of the nodular lesions in the left cranial quadrant are unclear. They may be arising from pancreas, mesentery or may represent prominent lymph nodes. These nodules may be neoplastic or may represent a benign process (i.e,, reactive lymph nodes, granulomas, other). Regional peritonitis is present.
- The gall bladder changes are consistent with an emerging mucocele.

Secondary Findings:

- Bilateral renal changes are consistent with chronic nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspirates of the liver, spleen, and nodules in the left cranial quadrant (if accessible) are recommended (if clotting status is appropriate). A 25-guage needle should be used. If

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cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

3. Also consider a malabsorption panel including serum cobalamin, folate, PLI and TLI.

4. Given the gall bladder changes, initiation of Ursodiol therapy should be considered.

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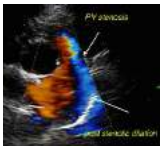
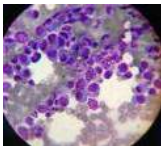
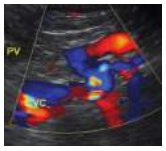

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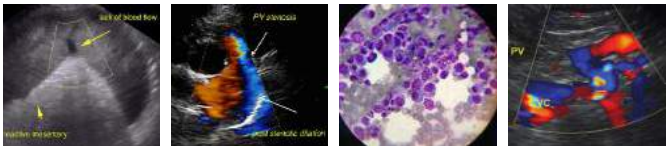
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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