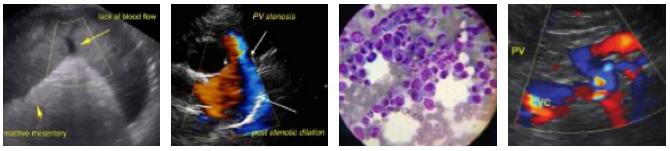
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Indy Birtig

SPECIES
Canine

BREED
Golden Retriever

SEX
Female, spayed

AGE
14 Yrs. 1 month

WEIGHT
26.05 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
13985

DATE
9/20/22

PRESENTING CLINICAL SIGNS

History: Losing weight, Vomiting, diarrhea. palpable abdomeminal mass
Abnormal PE/Chem/CBC/UA Results: CBC: WNL, Chem: WNL TT4: 24 (N 13-51), SDMA: 28 (N 0-14) Snap cPL: Abnormal U/A: Free catch, dark yellow, clear, USG 1.041, pH 8.0, Leu 25, Pro 30 Glu/ Bil Negative, Ket 15, UBG normal, Bld 10. SEDI: WBC 25/HPF, RBC 6/HPF, Bac 0, SEC ,1/HPF, Non-SEC 1-2/HPF, Cast non hyalin >1/HPF, Crystals 0 Significant pyuria with proteinuria, , significant non hyaline cast , tubular injury Spec cPl 41 (0-200), UPCR 0.14 (N<0.50 Xrays Sept 7, 2022: radiologist no mass reported

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall in the region of the apex is mildly thickened (up to 0.45 cm) and irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (x6.23 cm in length); normal shape and architecture with smooth peripheral margins. A small cortical cyst is seen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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) (0.69 cm at caudal pole) (3.37 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 (0.57 cm at cranial pole) (0.59 cm at caudal pole) (3.33 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 (1.09 cm in width at the level of the hilus) with a normal capsular contour. 1-2 small hypoechoic nodules are visualized, the largest measuring 0.51 cm in diameter. 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 diffusely thickened (up to 0.70 cm and irregular). A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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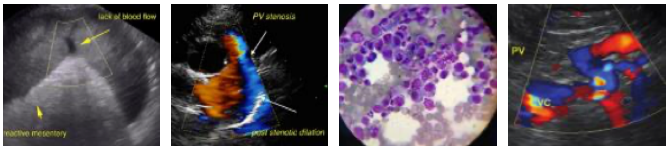

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is mildly thickened (up to 0.88 cm) with apparent retention of the normal layering pattern. The small intestinal lumen is not dilated. A few small intestinal segments adjacent to the mesenteric root mass effect are thickened (up to 0.61 cm) with prominent muscularis layer. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

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

Trace free fluid is observed. The mesentery throughout the abdomen is hyperechoic. At the mesenteric root, a mass effect (>8 cm) is infiltrating the mesenteric root lymph nodes. The nodes in this region are enlarged, rounded to irregular and hypoechoic. Surrounding mesentery is hyperechoic. Several bowel loops are coursing through this region. In addition, enlarged, rounded, hypoechoic sublumbar lymph nodes are observed along with enlarged nodes in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

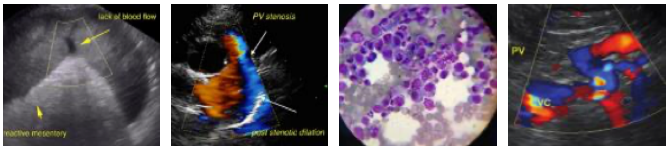
- The severe diffuse abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma, other round cell tumors) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous). Diffuse peritonitis is present, likely secondary to lymph node pathology.
- The gastric wall and segmental small intestine wall thickening could be secondary to emerging lymphoma or an inflammatory process.

Secondary Findings:

- The gallbladder wall changes could be consistent with cholecystitis, infiltrative neoplasia, edema, other.
- Mild bilateral, degenerative renal changes.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full luminal distention. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The hypoechoic splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia, extramedullary hematopoiesis or similar). However, emerging tumors cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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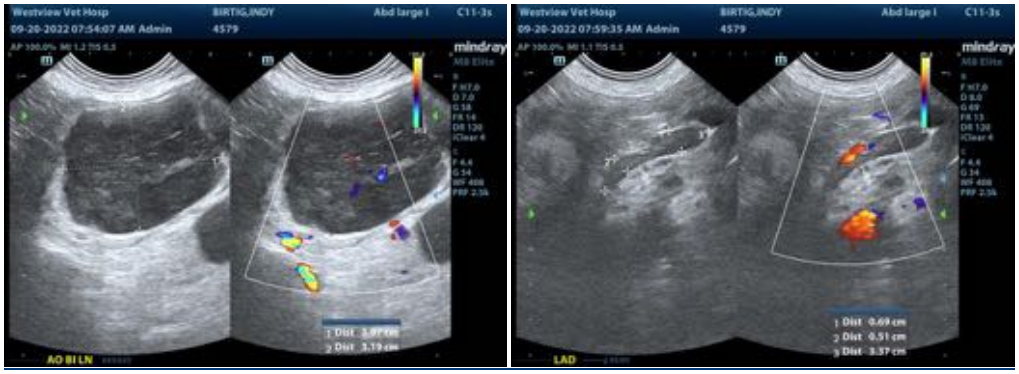
- Fine needle aspiration of the enlarged mesenteric lymph nodes is recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive, further testing may be necessary to get a definitive diagnosis.
- Given the bowel changes, a malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M) is also recommended.
- Regarding the pyuria, a urine culture and sensitivity should also be considered.



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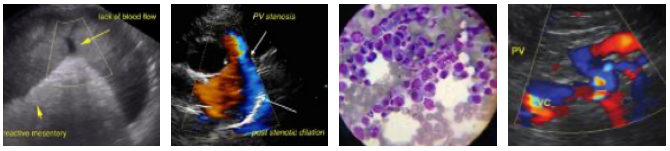

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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