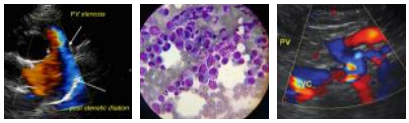
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/23/23

PATIENT

Jax Bowman

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

7/1/2009

WEIGHT

36.1 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

20740

PRESENTING CLINICAL SIGNS

History: Has not been eating for around 1 month now - has been following up with his rdvm - has gotten SQ fluids 4x in the past 2 weeks - was on an appetite stimulant Only eating slim jims and dog treats - will hack after eating or drinking water - afterwards will not eat anything else Rdvm was discussing having US Current meds: - Entyce 1.5 ml q24 - last given: Yesterday AM - Omeprazole 1.5 ml q12 - last given: Last night - Prednisone 20 mg 1/2 tablet q12 for 7 day then q24 for 7 days - last given: Yesterday but vomited it up - Zonisamide 100 mg 1 cap q12: Last night

Current Medications: Cerenia, Gabapentin, Purina EN, Gi LF canned food, Buprenorphine.
Radiographs: Decreased serosal detail in the cranial abdomen Stomach empty Mild gassy changes Fecal material in the colon No obvious obstruction
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is mildly enlarged for a dog neutered as a puppy. Parenchyma is mildly heterogenous and mildly hypoechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding may be a normal patient variant/aging change, especially if patient was neutered later in life. However, prostatitis or even less likely, but possible, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc., and either further investigated or monitored, as indicated.

Left kidney is normal is size (5.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (5.52 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.72 cm long x 0.75 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.64 cm long x 0.79 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion.

The cranial abdominal/splenic lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.

- Aggressive cranial abdominal/splenic lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

Secondary Findings

- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

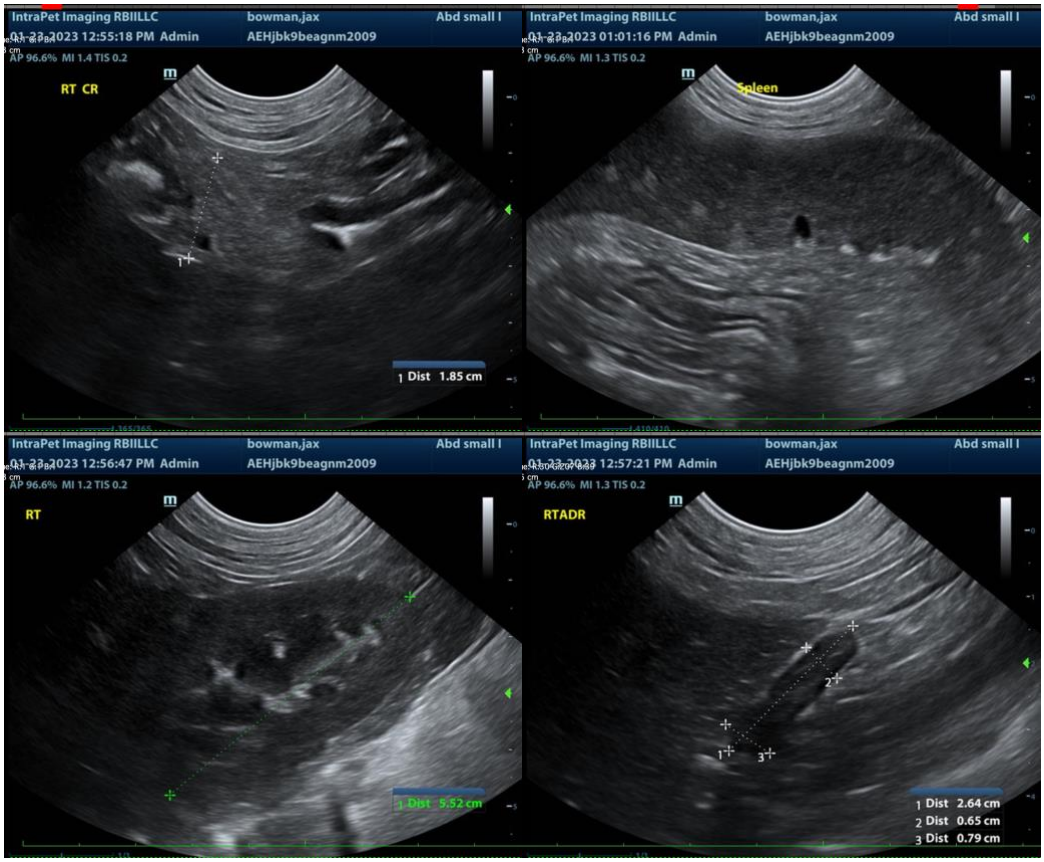
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

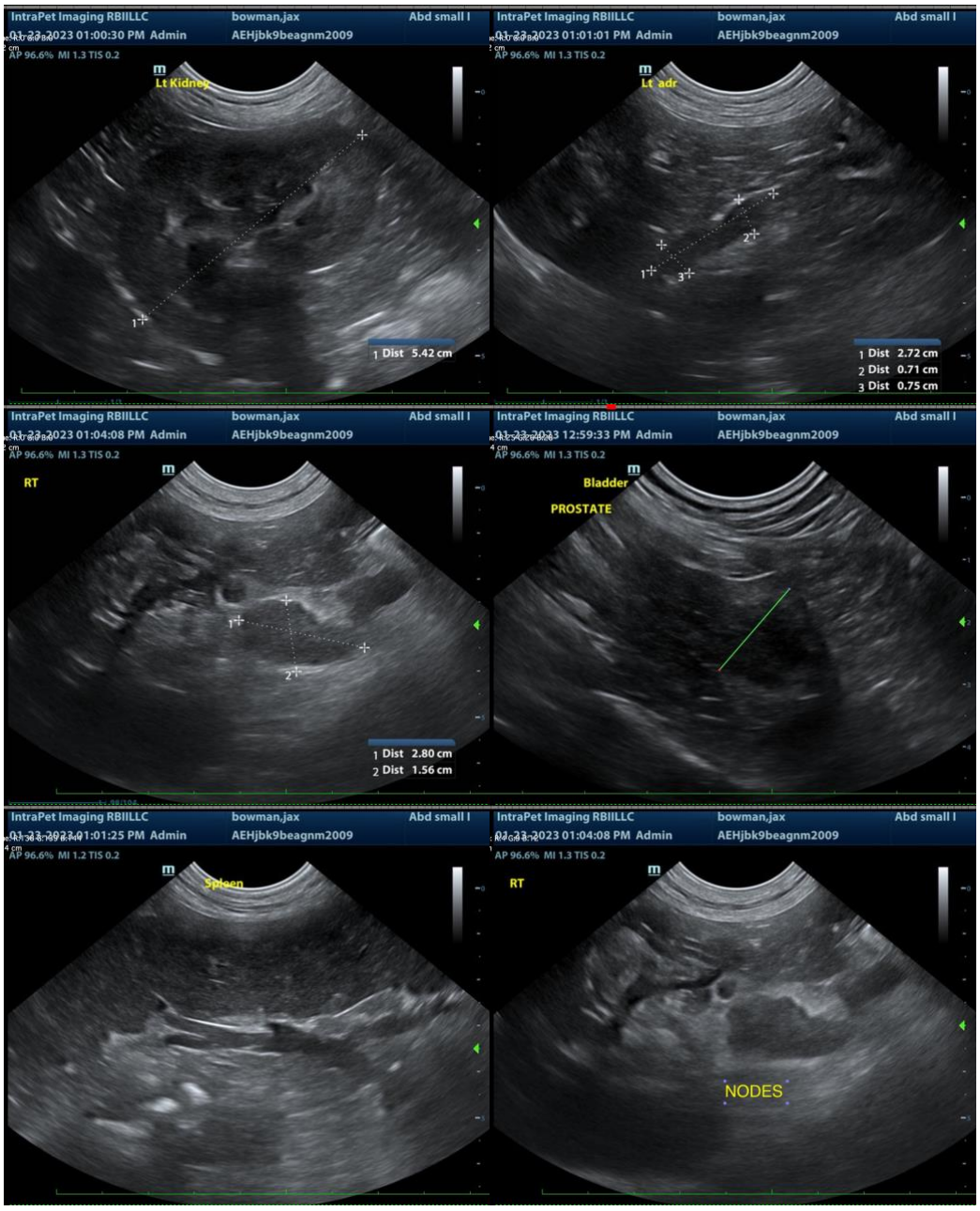
Given the prostatic changes described above, which are likely an aging change, but infiltrative disease cannot be ruled out, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirates of the spleen and the enlarged lymph nodes, craniomedial to the spleen, are recommended if patients coagulation status is appropriate.

Given the suspicion for infiltrative neoplasia based on the pathology described above and patients lack of reported response to appetite stimulants, Marinol could be a therapeutic consideration to help improve appetite while awaiting diagnostic results or if further diagnostics are declined.





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 can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

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