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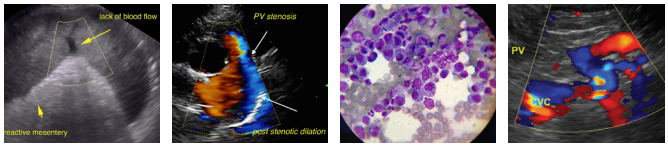

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Atticus Biggs

SPECIES
Canine

BREED
Lab/Retriever X

SEX
Neutered Male

AGE
4 Years 7 Months

WEIGHT
41.9 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Agnes Rupley

HOSPITAL NAME
All Pets Medical Center

REFERRING VET
Dr. Agnes Rupley

INVOICE
35119

DATE
1/27/22

PRESENTING CLINICAL SIGNS

PRESENTED FOR: Second opinion for weight loss. OWNER REPORTS: Has lost 18lbs since July and is under weight. I didn t really notice until end of October. Normal weight at 60# in July 2021. He lost weight and now weighs 43-44 pounds. It was noted in October. Previous vets treated with prednisone at 40 mg / day, however he did not gain weight. When the dose was decreased to 20 mg/day his weight fluctuated a small amount. When 10 mg was administered he did poorly. Diet: Hills prescription diet a/d; Boiled chicken breast every now and then, when he won t eat a/d food and lately a few roasted unsalted peanuts Previous weights sourced from various prev. records: 2/2/21: 58.5lbs, 11/30/21: 49lbs, 12/2/21: 49lbs, 12/22/21: 43lbs- VITALS: 41.9# Temperature: 102.7 Heart Rate: 152 bpm Respiratory Rate: 80 bpm PANTING Mucous Membrane Color: Pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Heartgard plus Has been on prednisone for last few months and current dosage is one 20mg tablet per day and has been taking 1/2 tablet of Mirtazapine 15mg per day for the last 7 days. EXAM FINDINGS: Pain on opening the mouth. Masseter muscles atrophied. Thin with a body score of 2/9. Pain is apparent on abdominal palpation. A tubular appproximately 3x8 cm firm mass is palpated mid abdomen. Muffled heart sounds on right hemithorax. Sinus rhythm and normal rate. No murmur is detected. The pulse has a normal strength with a regular rhythm. The capillary refill rate is rapid LAB RESULTS: CBC reveals a degenerative left shift with a white blood cell count of 6.85 (6-17) with 0.480 band neutrophils. Moderate anisocytosis and hypochromasia and 4% reactive lymphocytes. Chemistry panel resutls reveal slightly elevated glucose at 145, elevated total protein at 8.6, with globulins at the high end of normal at 5.2 and albumin normal at 3.5. ASSESSMENT AND PLAN: Ultrasound guided aspirate of the thickened wall of intestine and enlarged abdominal lymph node performed. Cytology by oncologist results pending. A urinalysis with UPC recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 region of the prostate is evaluated without evident prostatic pathology.

The right kidney is normal in size (6.8 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.

The left kidney is normal in size (7.0 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

The right adrenal gland is normal in size (1.8 cm long x 1.3 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.4 cm long x 0.40 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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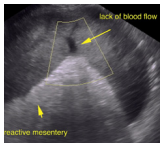

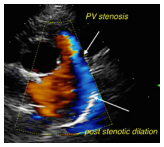

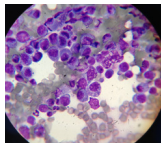
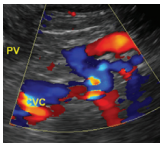

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Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

The 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 stomach is markedly fluid distended with some echogenic debris/ingesta within the fluid, making full visualization of the wall of the stomach and the cranial abdomen difficult. However, the pylorus appears also to be thick, hypoechoic, and measuring 1.5 cm thick.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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. A focal area of small bowel in the mid cranial abdomen suspected to be duodenum has at least a 5.0 cm long concentric bowel thickening. There is a complete loss of normal layering, and thickness ranges from 0.75 to 1.2 cm.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. Mesenteric lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

- Focal bowel thickening/bowel mass as well as suspected pyloric wall thickening and lymphadenopathy - Differentials for which include infiltrative inflammatory/infectious (as is seen with pythiosis), or infiltrative neoplastic disease. Top concern is given to infectious such as pythium or neoplasia.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Dilated, fluid-filled stomach – Consistent with pyloric outflow or proximal small bowel obstruction.

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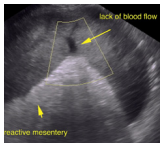

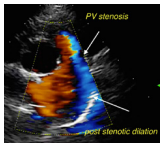

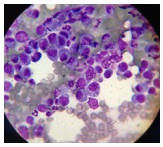
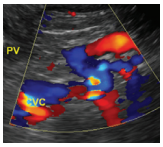

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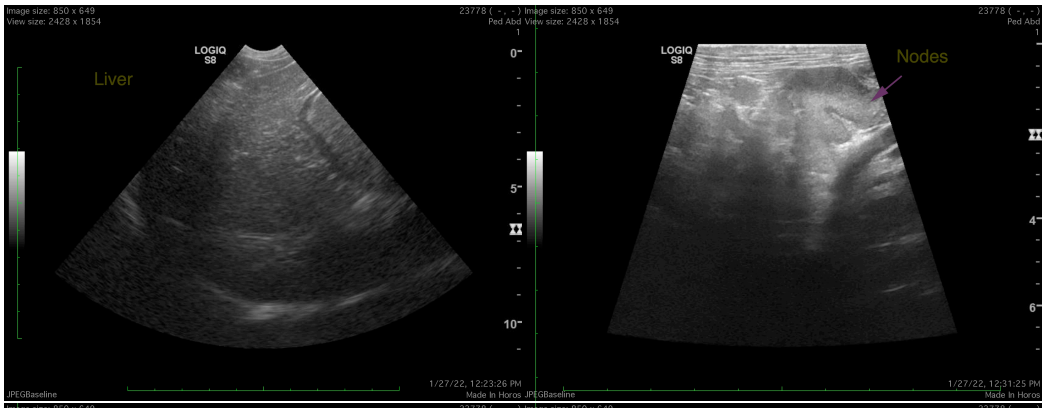
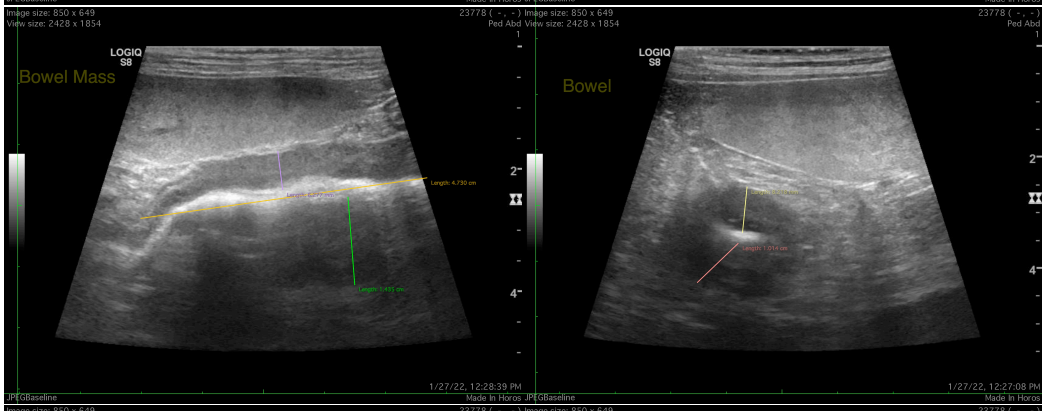
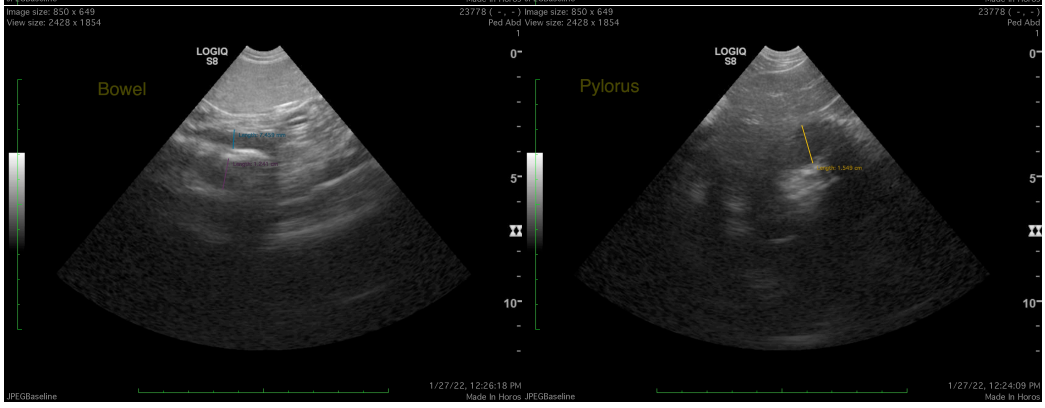
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include fine needle aspirate of the bowel mass and lymph nodes as is reportedly pending. 3-view thoracic radiographs to further evaluate cardiopulmonary status as well as to look for evidence of metastatic disease also recommended if not already performed. In the meantime, serology for pythium could be considered. Given the obstructive pattern in the stomach and proximal small bowel combined with lack of an improvement on steroids, surgery may be necessary to alleviate the obstruction as well as to obtain histopath for definitive diagnosis.







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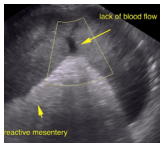

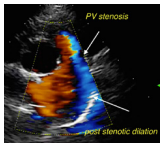

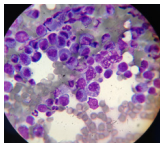
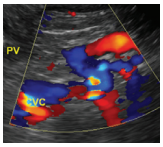

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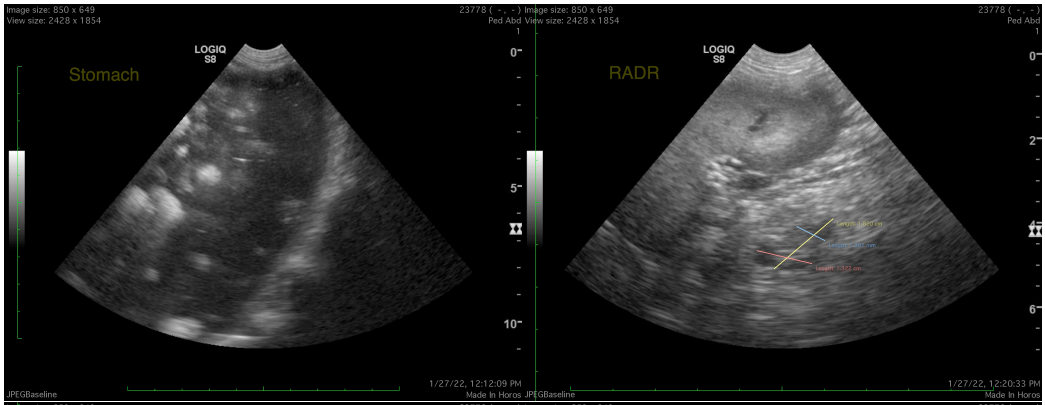

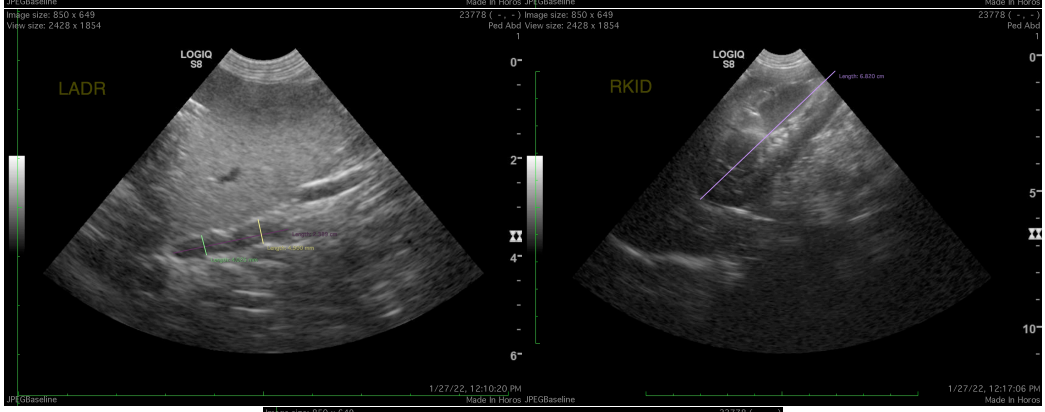

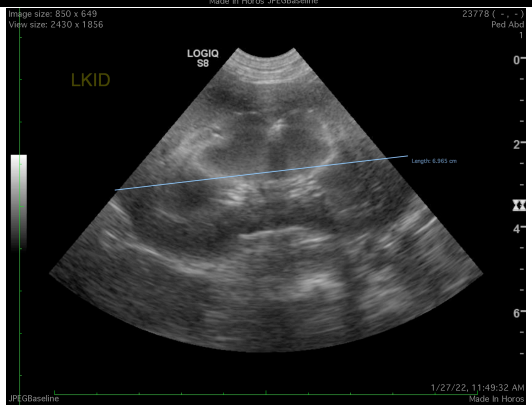

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com