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Clinical Sonography & Telecytology
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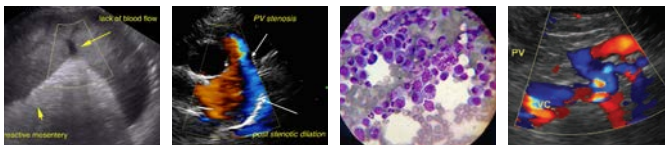

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1-800-838-4268 info@sonopath.com

PATIENT
Petie Johnson

SPECIES
Canine

BREED
Pit Bull

SEX
Neutered Male

AGE
7 Years

WEIGHT
35.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Kathleen Massa

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Kathleen Massa

INVOICE
42423

DATE
11/1/22

PRESENTING CLINICAL SIGNS

P presented for eval of ataxia and collapse. P has a hx of a borken pelvis that did not heal correctly. BW w/ rDVM ~4days ago showed elevated liver values per O. Was started on clavamox. P not eating, lethargic, and polydipsia for 4 days. Presented tonight for collapse.

Abnormal PE/Chem/CBC/UA Results: PE: icteric w/ distended abdomen and palpable abdominal fluid wave AFAST: mild amount of effusion, sample collected (dark yellow/orange and cloudy) no obvious mass or obstruction noted by liver/gall bladder. Pending pathology report. Coags: PT-too high to read aPTT-123.3 CBC: WBC-93.8, NEU-77.5, LYM-6.95, MONO-8.85, BAS-0.30, HGB-19.8, MCHC-39.2, PLT-76 Chem: BUN-46.7, CREA-2.3, PHOS-10.1, T.P-5.3, ALT-517, ALP>993, GGT-36, TBILI-6.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the area of the urinary bladder, there is an empty structure that appears to contain echogenic debris consistent with the urinary bladder, sand, and two parallel brightly echogenic lines consistent with a possible urinary catheter. This is all presumed to be an empty urinary bladder with suspect sand/mineral debris and a urinary catheter in place.

The prostate is not well visualized in these images.

The right kidney is normal in size (8.0 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.

The left kidney is normal in size (7.4 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 adrenal glands are unable to be fully visualized in these images.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Moderate to marked parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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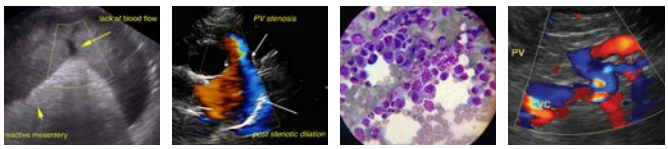

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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 a small to moderate amount of anechoic free fluid.

Mesenteric and cranial abdominal lymph nodes around the liver and spleen are diffusely 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.

PRIMARY FINDINGS

- **Coarse splenomegaly –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

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

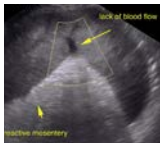
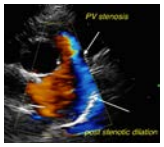
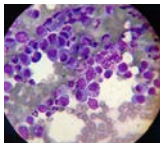
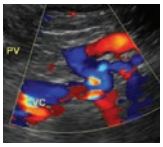
SECONDARY FINDINGS

- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of pathologic lesions described above is concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma). Hopefully, a cytologic diagnosis will be obtained from the pending fluid analysis. If not, recommendations would be to aspirate the liver, spleen, and/or enlarged lymph nodes if patient's coagulation status is appropriate. This patient reportedly has prolonged clotting factors and thrombocytopenia, so proceeding with a fine needle aspirate may or may not be possible. Recommendations are to confirm thrombocytopenia in case it is a manual machine count with a true platelet count that is normal and would allow aspirating.

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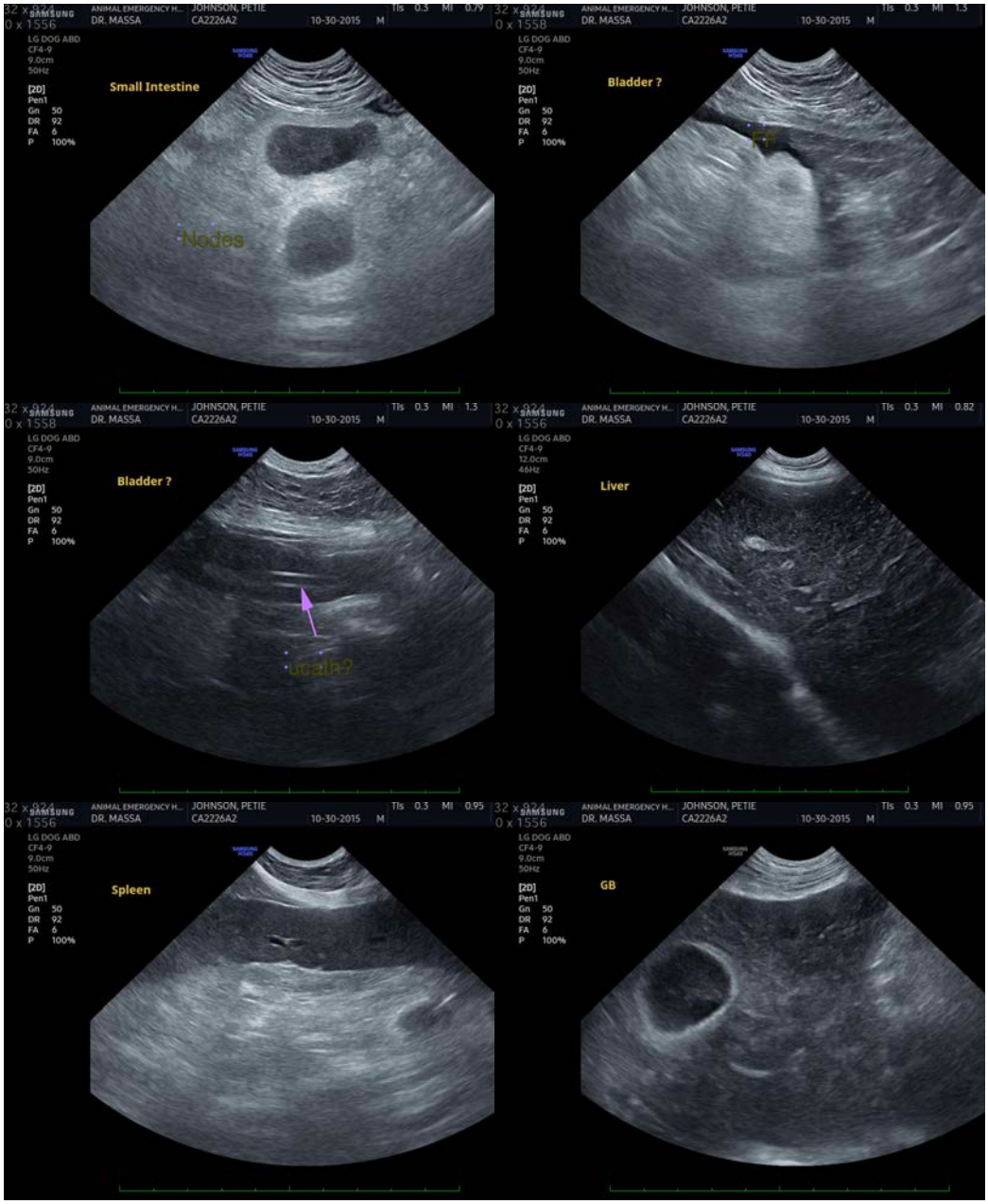
If organ sampling is not possible based on concern for hemorrhage, pathology review of the marked leukocytosis and/or bone marrow cytology could be considered as an alternative way to try to obtain a cytologic diagnosis.

Additionally, 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.



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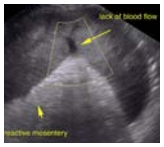
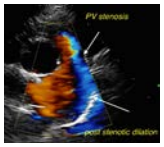
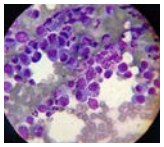
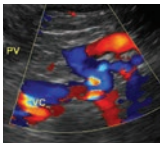

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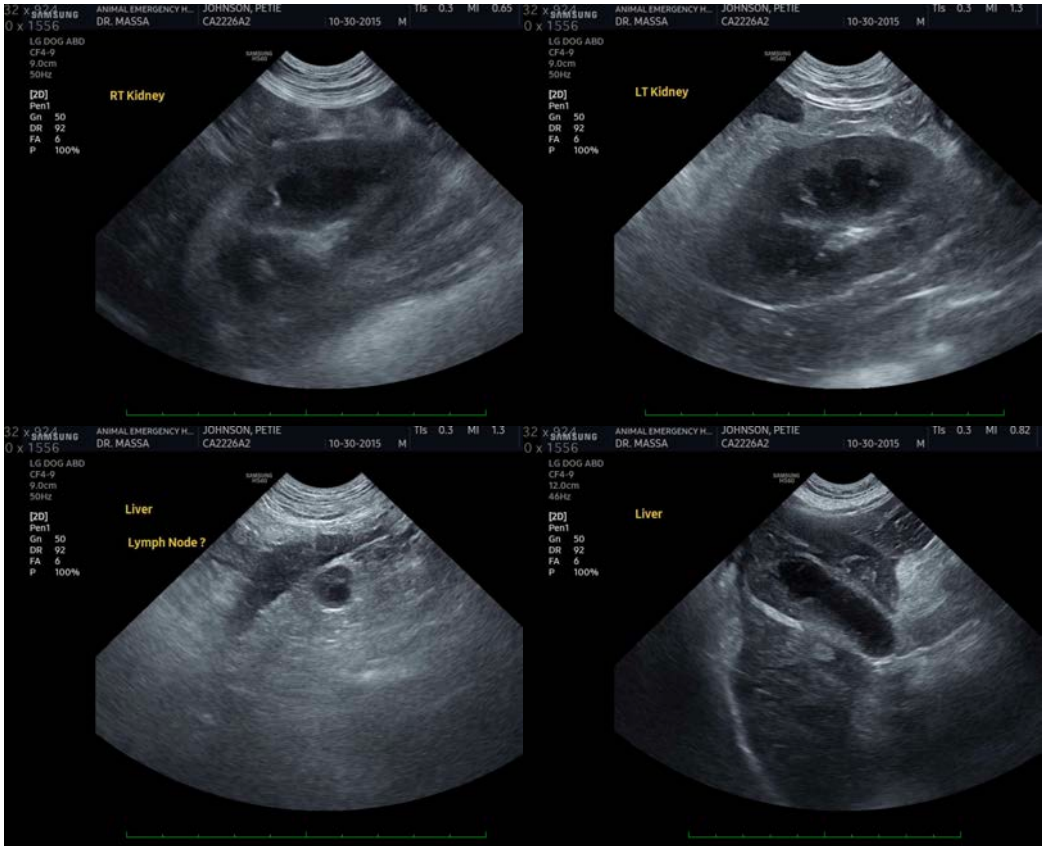

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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