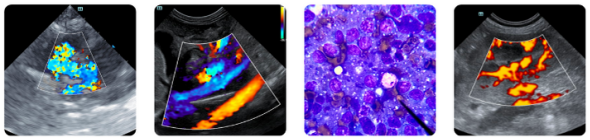

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PATIENT

Captain Du Bois

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 years 11 months

WEIGHT

80.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Anthony Krawitz

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Dr. Andrew Turkell

INVOICE

10678

DATE

11/04/2025

PRESENTING CLINICAL SIGNS

Presented a few weeks ago for not doing well and seemingly painful as well as urinating a lot. He had some superficial swellings on the body and axilla (mass like), however also a swollen medial thigh area with a lot of pain there as well and curling his right paw as he tried to walk. He also had a lot of neck pain. Radiographs showed suspected metastatic lung disease with multiple small nodules in the lungs. (Eosinophilic granulomas were another less likely possibility). A soft tissue swelling was seen in the left medial thigh area, and bilateral hip arthritis. A full abdominal US was advised. He has been treated with Gabapentin, Prednisolone, Famotidine, and Baytril at this time.

Abnormal PE/Chem/CBC/UA Results: BW unremarkable and UA showed rod shaped bacteria and increased WBC in the urine with an SG of 1.012.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 area of the prostate is examined without evident prostatic pathology.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. There is one discrete approximately 2.7 cm in diameter, hypo- to anechoic density surrounded by an echogenic border or wall, on the caudal pole is noted, and the left kidney measures 7.69 cm. In the right kidney there are multiple similar appearing nodules/densities are noted throughout the parenchyma of the right kidney, and the right kidney measures 8.48 cm.

Adrenal Glands

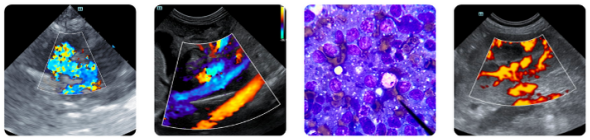
The right adrenal gland is normal in size (0.58 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.64 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (2.1 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Several subtle, non-capsular disrupting hypo- to anechoic densities are noted throughout the spleen. The largest measures approximately 2.5 cm x 3.0 cm in size with other smaller ones measuring 1.0 cm to 1.5 cm in size. Splenic vasculature appears normal.

Liver



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Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are multifocal discrete, homogenous, hypoechoic densities noted throughout the abdomen, and what I believe is the subcutaneous space, including one image labeled “inner right thigh” that contains multifocal discrete, hypoechoic densities that I believe are nodules or lymph nodes, diffusely.

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect, bilateral kidney nodules are concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus metastatic nodules versus other. Having said that, complicated cysts, abscesses, hematomas, granulomas, etc., cannot be ruled out without tissue sampling.
- Similarly, the splenic nodules could represent a benign change such as hematomas, extramedullary hematopoiesis, etc., however, infiltrative neoplasia such as round cell neoplasia or metastatic nodules can’t be ruled out without tissue sampling.
- The diffuse, hypoechoic densities/nodules/possibly lymph nodes throughout the abdomen and subcutaneous space and inner right thigh, likely represent the same pathology with both neoplasia as well as benign inflammatory changes being possibility.
- Mildly heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or

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possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

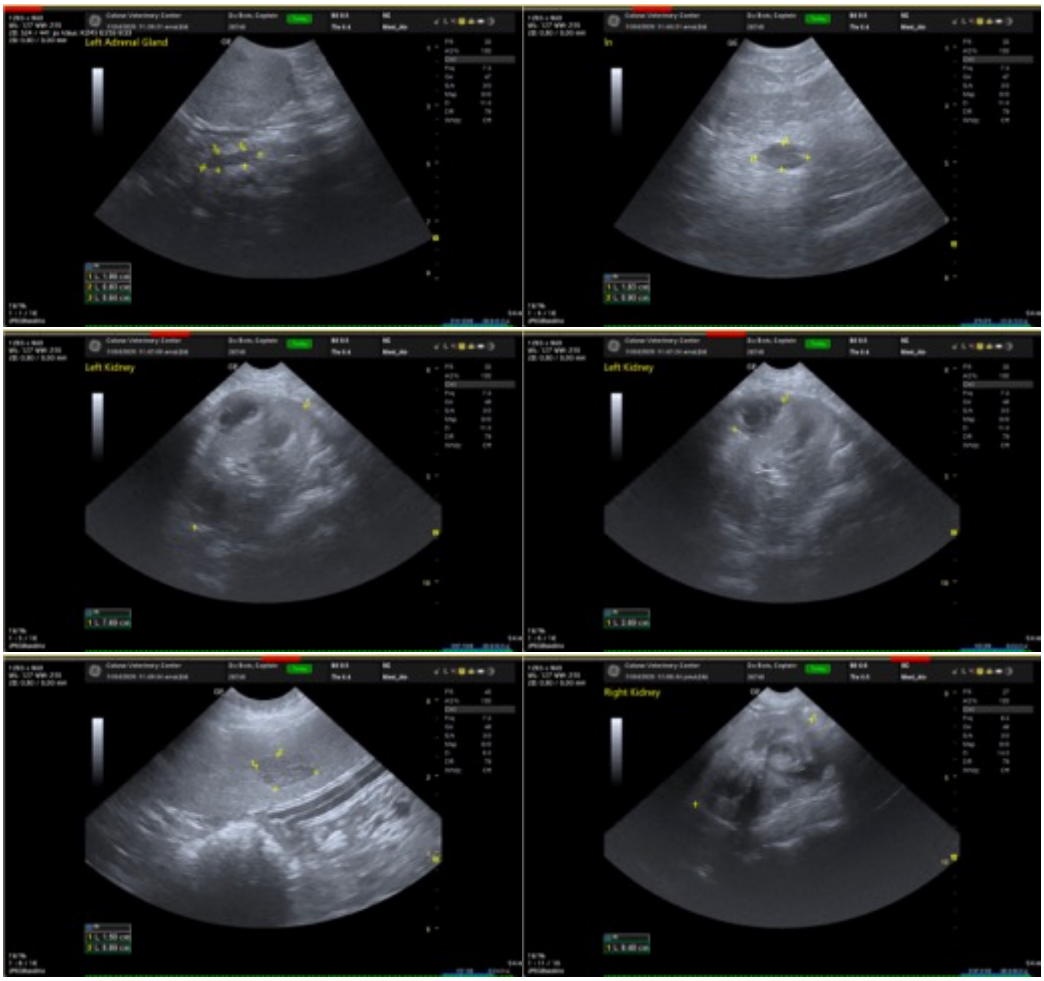
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported thoracic radiograph concerns combined with the findings described above, a diffuse round cell or metastatic or neoplasia is a concern and therefore tissue sampling is recommended. Fine needle aspirates of the kidneys, the enlarged lymph nodes, as well as the spleen, could all be considered if patient's coagulation status is appropriate.

Additionally, and/or alternatively, as a less invasive approach, sampling of the peripheral swellings and abnormalities could be considered first.

A urine culture is also recommended if not already evaluated.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



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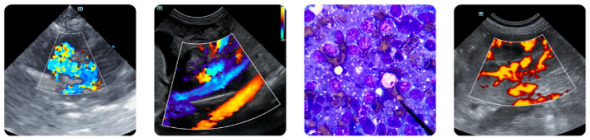

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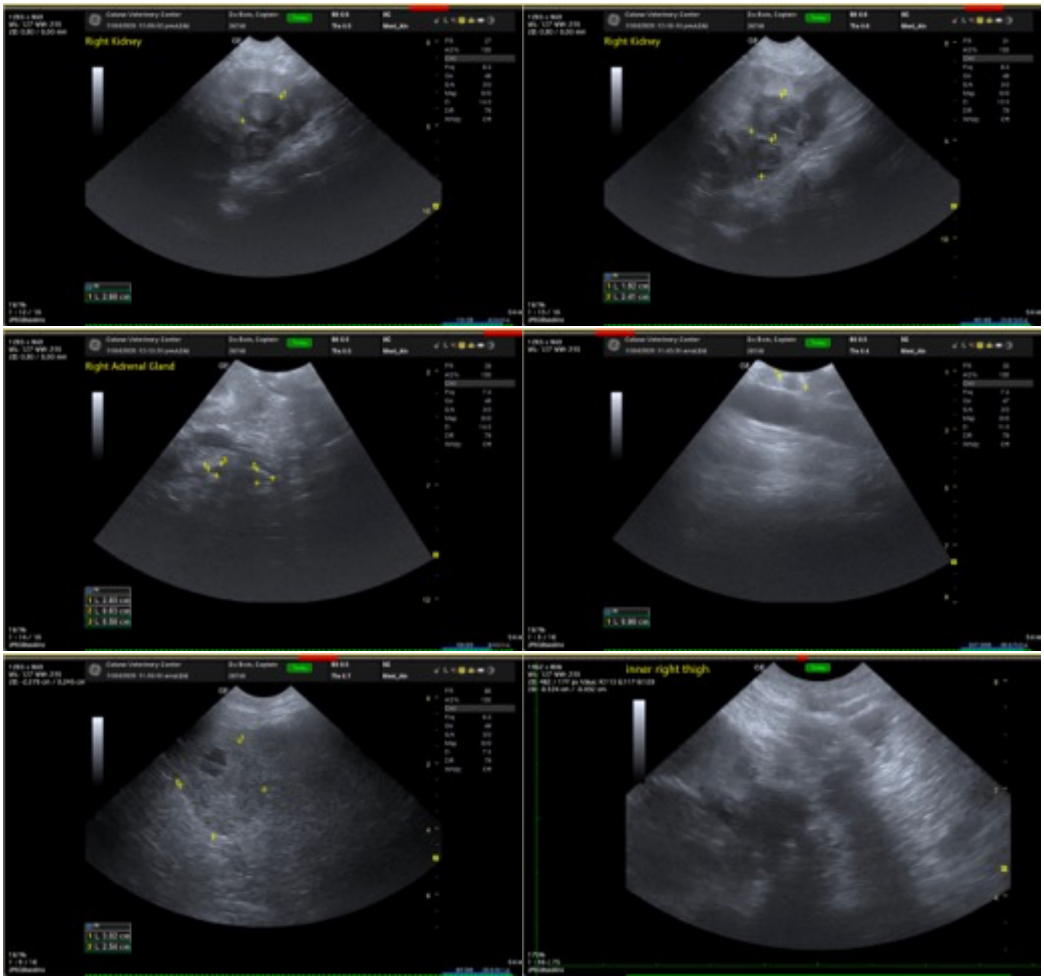

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com