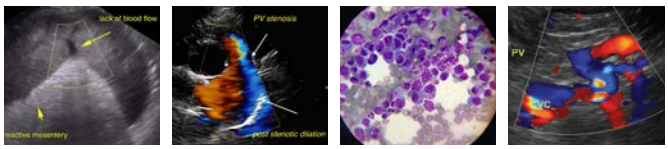
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Buddy Plante

SPECIES
Canine

BREED
Terrier X

SEX
Neutered Male

AGE
12 Years

WEIGHT
8.6 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Nigel Gumley

HOSPITAL NAME
Cedarview AH

REFERRING VET
Dr. Nigel Gumley

INVOICE
43594

DATE
12/20/22

PRESENTING CLINICAL SIGNS

Brought to clinic for teeth chattering episodically. Also had two seizure-like episodes at home.

Abnormal PE/Chem/CBC/UA Results: Distended abdomen, tense. Grade 2/6 systolic R side murmur. Growth adjacent to 208 on gingival margin. Normal lung sounds, normal pulses. ALT = 169, ALP = 769, normal CBC Chest radiographs radiodense nodules present (small). Blood pressure measurements normal.

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, except for in the mid ventral wall, where there is a 0.65 cm x 0.46 cm hypoechoic nodule.

The area of the prostate is examined without evident 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. The right kidney measures 5.2 cm. The left kidney measures 5.0 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.49 cm at the cranial pole and 0.47 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 (0.48 cm at the cranial pole and 0.99 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

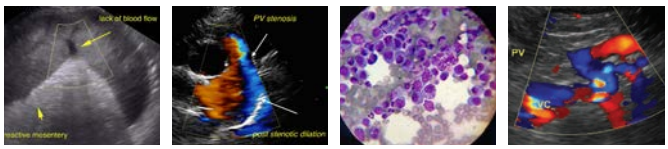
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 3.0 cm x 3.5 cm heterogeneous, partially cavitated, hypoechoic mass is noted in the mid body, resulting in a capsular bulge, as well as a smaller, approximately 1.0 cm hypo- to anechoic, non-capsule disrupting nodule adjacent to the mass. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild 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



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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.

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 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 free peritoneal effusion noted in these images.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Nodular Liver** - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
- **Heterogeneous, hypoechoic splenic mass –** This may represent a benign lesion such as hematoma or extramedullary hematopoiesis, or nodular regeneration. However, especially given the similar appearing lesions in the liver, infiltrative neoplasia has to be considered.
- **Urinary bladder nodule –** This trends in appearance towards benign, such as a small cyst or hematoma or potentially polyp, although infiltrative neoplasia cannot be definitively ruled out.

SECONDARY FINDINGS

- Age related kidney changes
- **Mild 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.
- **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.
- **Reactive medial iliac lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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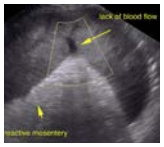
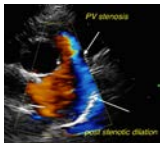
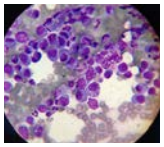
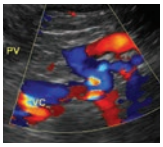

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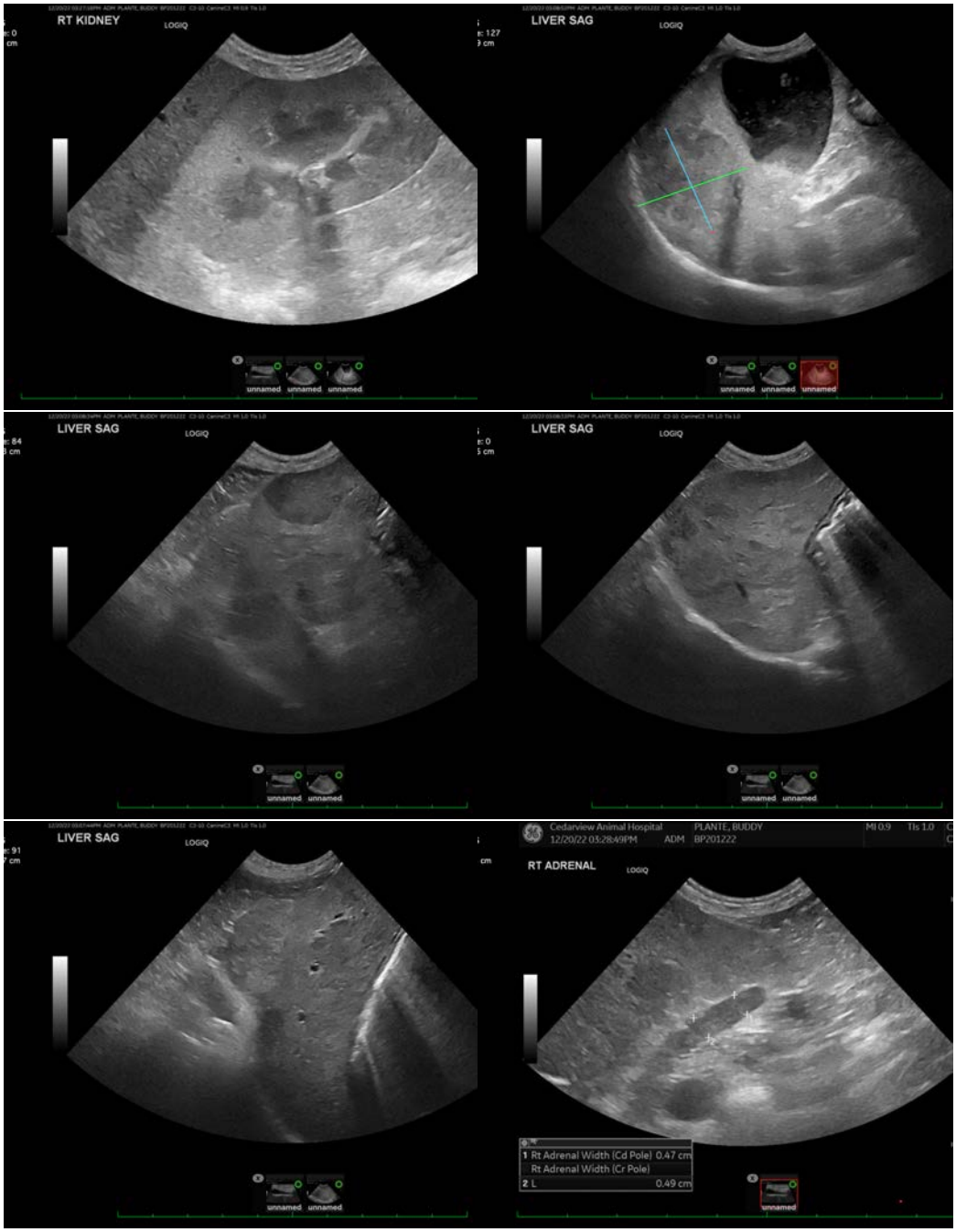
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported history of radiopaque pulmonary nodules, metastatic neoplasia is a concern, and the primary disease may be in the spleen and/or the liver. Therefore, fine needle aspirate of the liver and spleen is recommended if patient's coagulation status is appropriate. If a diagnosis is not obtained, further investigation of the urinary bladder lesion could be considered via a fine needle aspirate or potentially cystoscopy or even exploratory laparotomy, as it appears fully resectable. If none of the abdominal disease results in a diagnosis, further neurologic evaluation/advanced imaging such as an MRI could potentially be considered, given the recent reported seizures as well.



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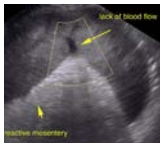
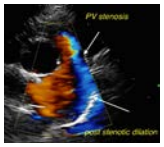
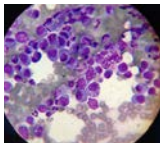
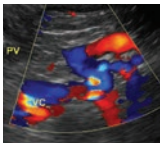

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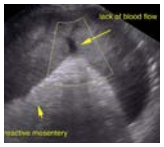
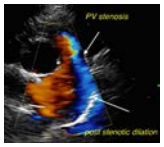
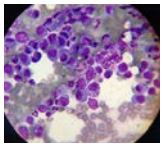
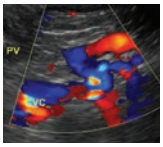

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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