

**DATE PRESENTING CLINICAL SIGNS**

12/21/22 Lethargy, reluctant to go on walks. Hx bilateral TTA and stifle arthritis for years, on carprofen and tramadol for pain. Hx panniculitis as a young dog, does well without any maintenance meds but he does only receive rabies vaccine.

PATIENT

Colby Ives Current Medications: Carprofen 50 mg PO BID, Tramadol 50 mg PO BID
Cyclosporine ophth drops for KCS

SPECIES

Canine

Lab Results: FAST scan abdomen showed irregular liver texture and nodule in spleen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Cocker Spaniel

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.

SEX

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

9/11/10

The right kidney is normal in size (5.72 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.

WEIGHT

55 Pounds

The left kidney is normal in size (5.87 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (2.83 cm long x 0.65 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The left adrenal gland is normal in size (2.65 cm long x 0.61 cm at the cranial pole and 0.71 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Airpark AH

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 1.7 cm x 1.5 cm mildly heterogeneous, hypo- to anechoic nodule is noted in the mid body, non-capsule disrupting. Splenic vasculature appears normal.

REFERRING VET

Dr. Owens

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. This is a marked degree of heterogenicity, almost nodular in appearance. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

43625

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 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 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 free peritoneal effusion noted in these images.

The mesenteric 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. One prominent mesenteric lymph node has a cystic appearance.

No evidence of pericardial effusion or heart base nodules noted in these images.

ULTRASONOGRAPHIC FINDINGS

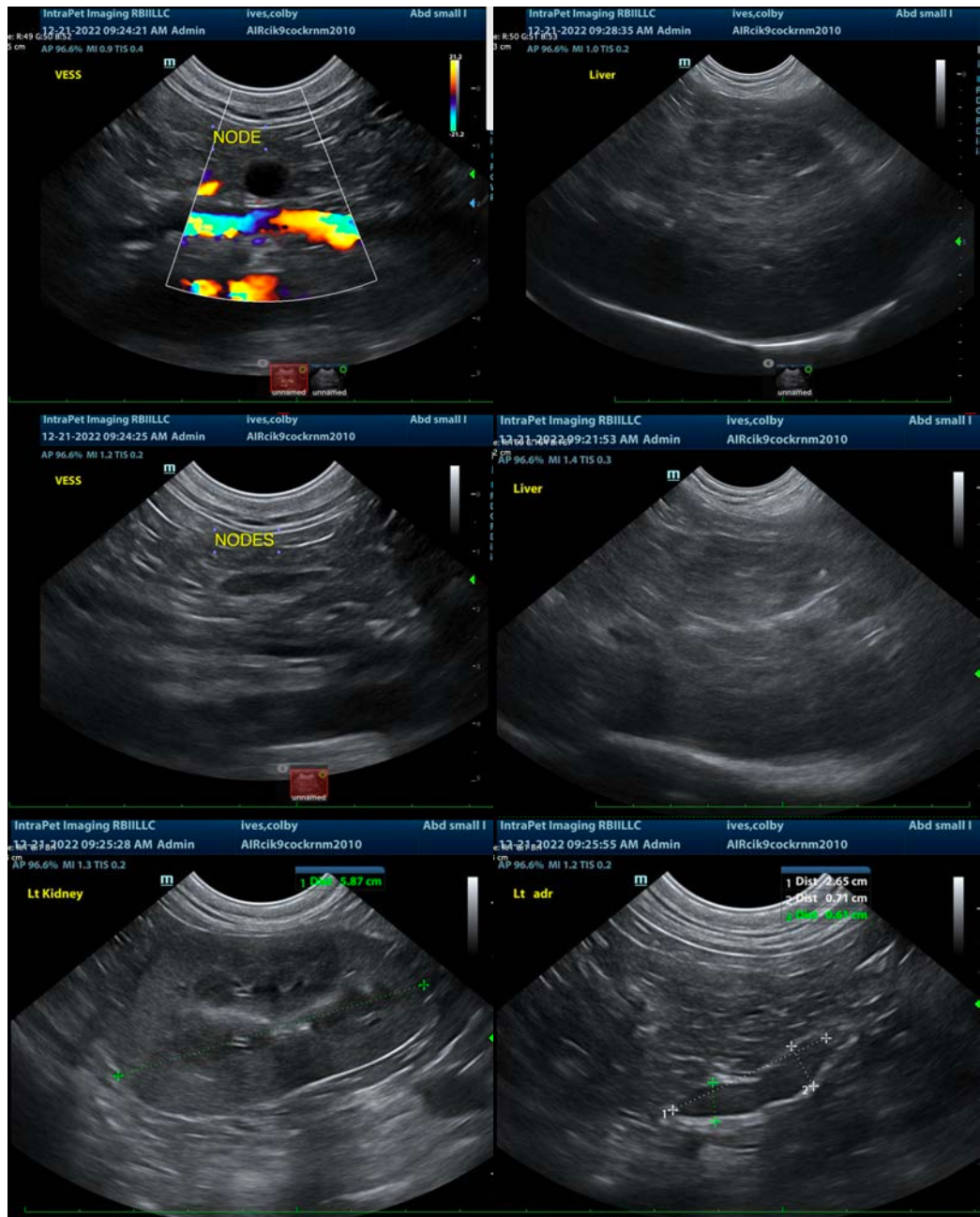
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Marked heterogeneous Liver** – These changes can occur with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease. However, given the marked degree, infiltrative round cell or metastatic neoplasia are also possible.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

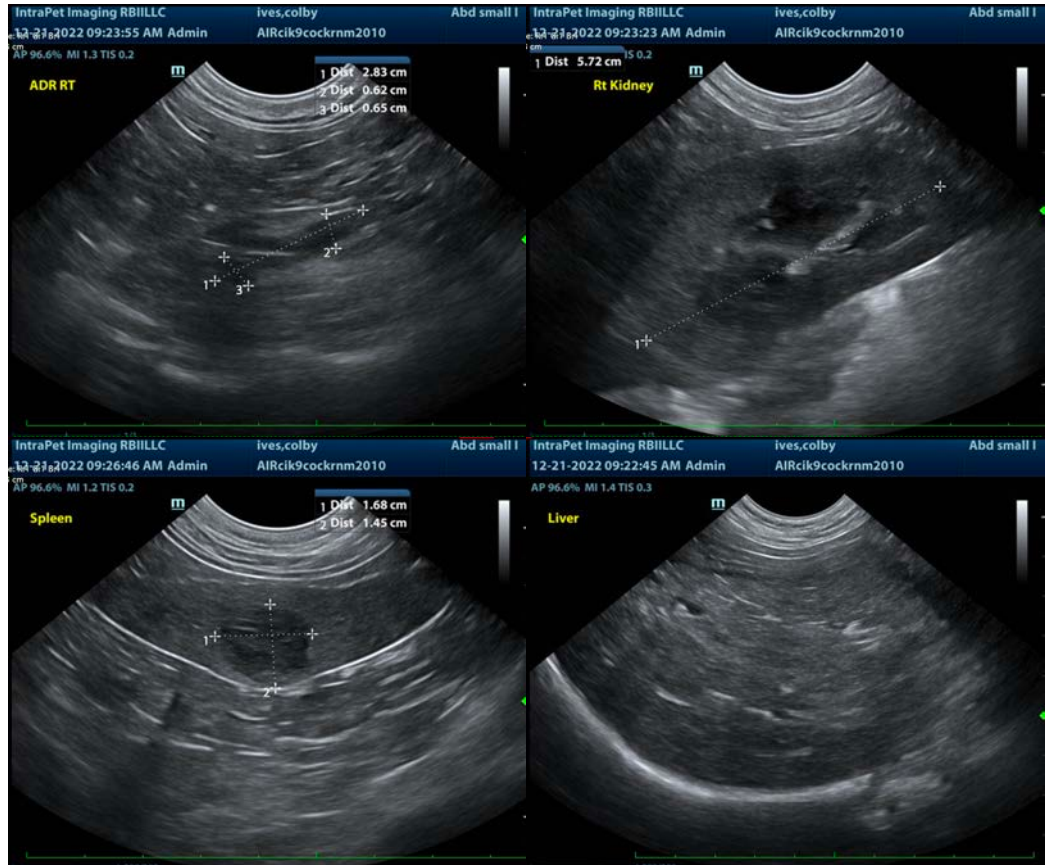
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All of the pathology described above can represent benign processes. However, given the combination of changes, including the cystic appearance to the lymph node, recommendations are to rule out infiltrative neoplasia i.e., round cell neoplasia, beginning with a fine needle aspirate of the liver if patient's coagulation status is appropriate, proceeding with a fine needle aspirate of the splenic nodule and/or the mesenteric lymph node if necessary.

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.

If a more conservative approach is elected, monitoring, beginning with a recheck ultrasound in 6-8 weeks could be considered.





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.

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