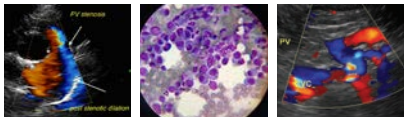
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/2/22

PATIENT

Georgey Miller

SPECIES

Canine

BREED

Plott Hound X

SEX

Spayed Female

AGE

4/3/14

WEIGHT

44.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

35841

PRESENTING CLINICAL SIGNS

Icteric, vomiting, weight loss.

Current Medications: Baytril 68mg BID x 14 days, Denamarin 225mg- 2 SID.
Lab Results: See attached.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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 right kidney is normal in size (6.52 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 (6.69 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 (1.2 cm at the cranial pole and 0.80 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 (0.60 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively enlarged in size. Parenchyma is mottled by multifocal poorly defined hypoechoic to anechoic nodules of varying sizes, resulting in a scalloped margin/capsule. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. The common bile duct is mildly distended, measuring 0.75 cm. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is diffusely thick, measuring 1.0 cm with normal layering maintained.The stomach is moderately distended with fluid and gas, resulting in a very echogenic reverberation artifact, which may partially obscure subtle lesions in the far wall.

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 area caudal to the stomach around the pancreas is severely hyperechoic and clumped, with loss of normal anatomic detail, making visualization of pancreatic parenchyma difficult.

Free Abdomen

Marked mesenteric lymphadenopathy is noted, characterized by 3-4 cm round, mixed, irregular mesenteric lymph nodes. Scant anechoic free fluid is present between liver lobes.

No pericardial effusion is noted in these images.

ULTRASONOGRAPHIC FINDINGS

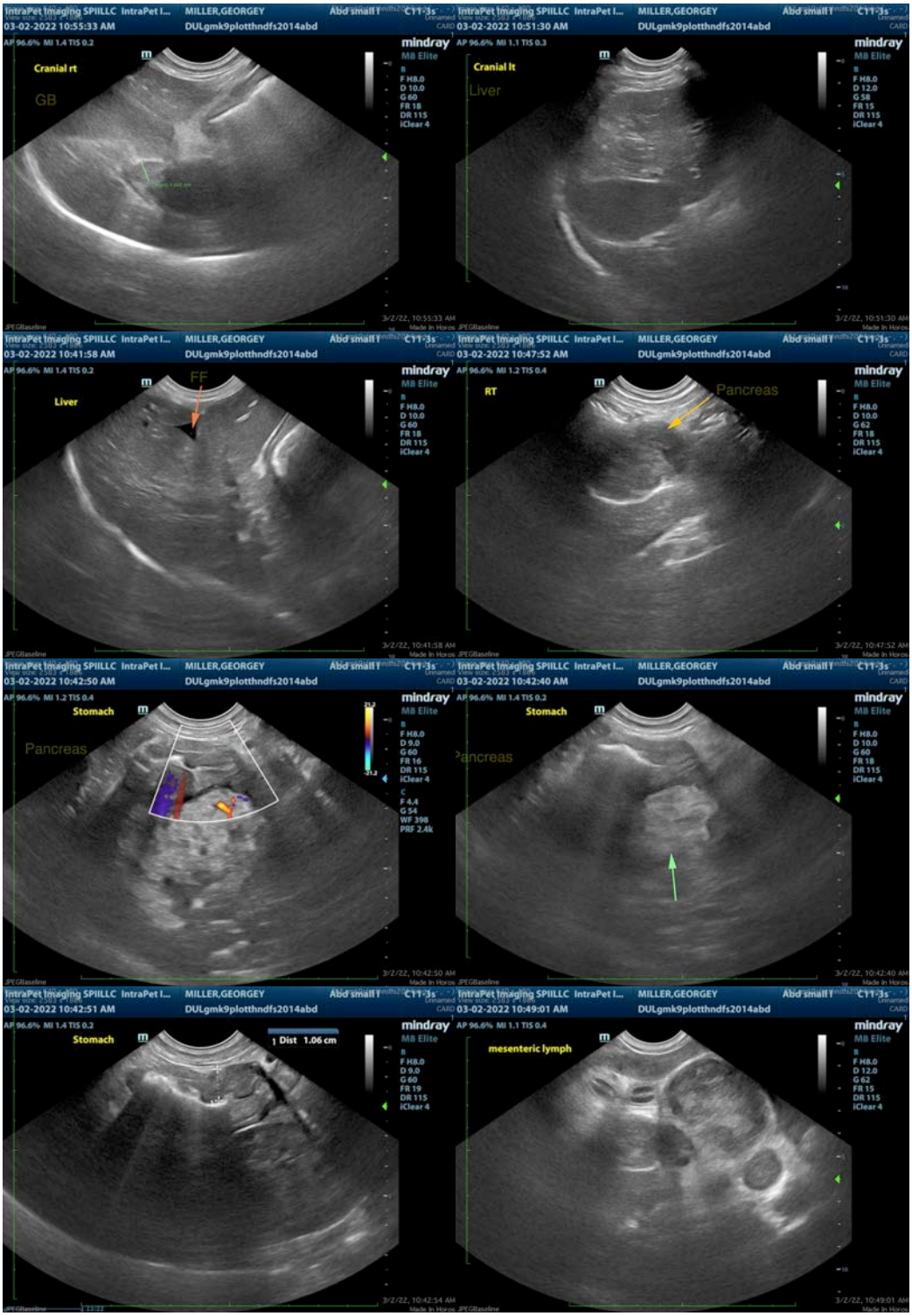
- Nodular, irregular spleen – most concerning for infiltrative neoplasia such as round cell neoplasia. Benign nodular hyperplasia, extramedullary hematopoiesis, etc. can mimic infiltrative neoplasia, and cannot be ruled out, but is considered much less likely.
- Marked, mixed, irregular mesenteric lymphadenopathy – most concerning for infiltrative neoplasia.
- Hyperechoic clumped irregular tissue caudal to the stomach in the area of the pancreas with poor loss of normal anatomic detail – differentials include acute pancreatitis, possibly acute on chronic pancreatitis, versus reactive changes secondary to infiltrative neoplasia affecting the cranial abdominal organs.
- Gastric wall thickening and dilated biliary system are considered secondary to pancreatitis and/or concurrent infiltrative neoplasia of cranial abdominal organs, resulting in post-hepatic obstruction.

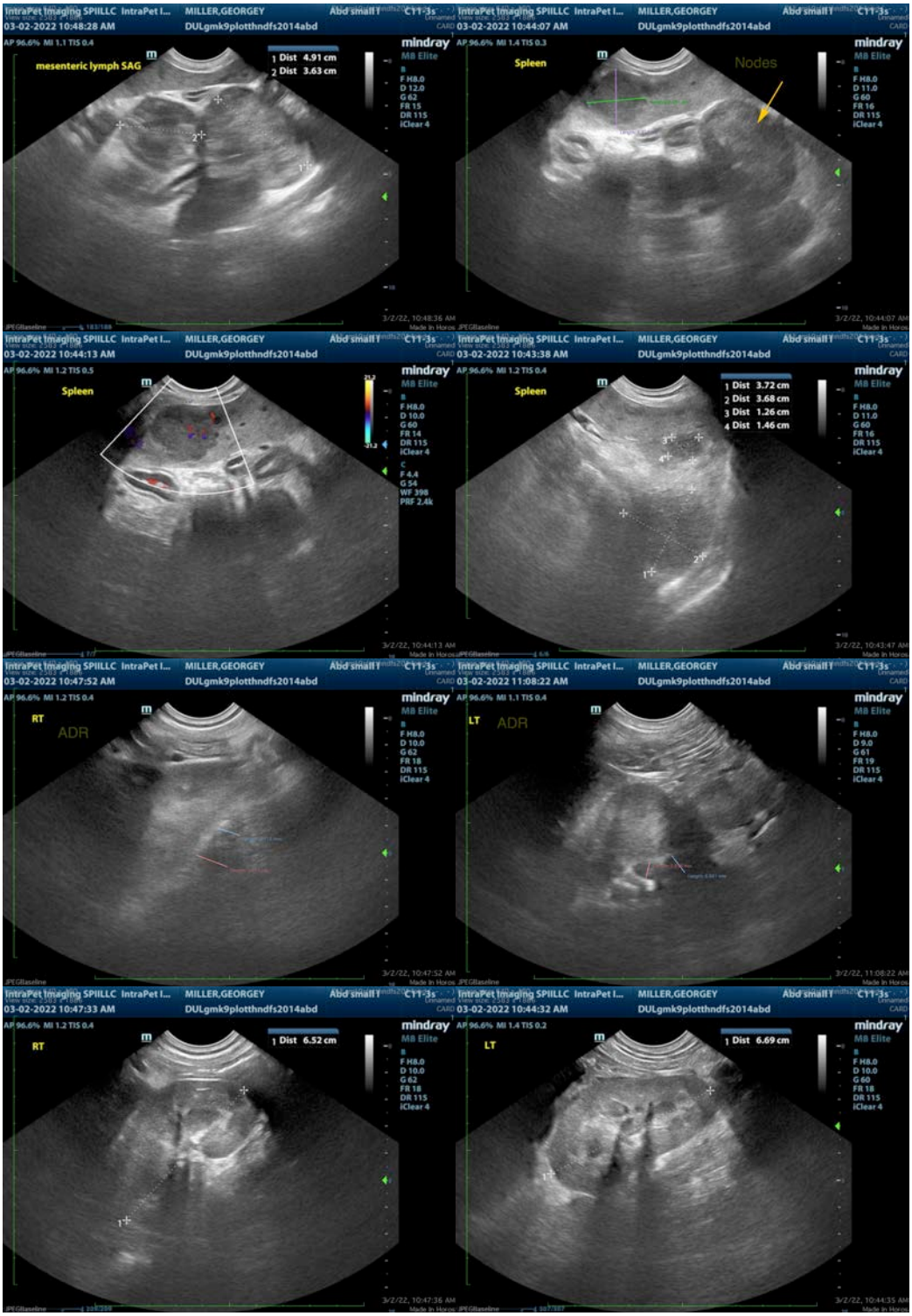
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern in this patient is likely infiltrative neoplasia affecting the spleen and mesenteric lymph nodes +/- the pancreas and stomach. Recommendations include a fine needle aspirate of the spleen and enlarged lymph nodes if patient's coagulation status is appropriate.

Acute pancreatitis and resultant post-hepatic cholestasis are also likely contributing to clinical signs and this patient's increased total bilirubin, however are considered secondary change given the concurrent evidence of infiltrative disease.

Therapeutic recommendations include medical management of pancreatitis with supportive gastrointestinal care in the form of antiemetics, gastroprotectants, appetite stimulants, if necessary, pain management as appropriate, and broad-spectrum antibiotics as well as IV fluid therapy while awaiting a cytologic diagnosis from aspirates. If not recently evaluated, 3-view thoracic radiographs are also recommended to further evaluate for metastatic disease.


IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:55:33 AM DULgmk9plotthndfs2014abd
mindray
Cranial rt
GB
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:51:30 AM DULgmk9plotthndfs2014abd
mindray
Cranial lt
Liver
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:41:58 AM DULgmk9plotthndfs2014abd
mindray
Liver
FF
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:47:52 AM DULgmk9plotthndfs2014abd
mindray
RT
Pancreas
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:42:50 AM DULgmk9plotthndfs2014abd
mindray
Stomach
Pancreas
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:42:40 AM DULgmk9plotthndfs2014abd
mindray
Stomach
Pancreas
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:42:51 AM DULgmk9plotthndfs2014abd
mindray
Stomach
Dist 1.06 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,GEORGEY Abd small f C11-3s
03-02-2022 10:49:01 AM DULgmk9plotthndfs2014abd
mindray
mesenteric lymph



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