IMAGING PERFORMED BY

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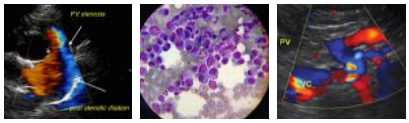

SonoPath
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DATE
6/13/22

PATIENT

Arlie Eidsmore

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6/30/15

WEIGHT

93.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kraselski

INVOICE

16082

PRESENTING CLINICAL SIGNS

History: 06-11-2022 Notes: Pet presents for Approx. 2-week hx of ADR. Started on 6/4/22 originally after getting into trash and eating chicken bones. Has not eaten much other than possibly a few bites of chicken and possibly some Purina One dog food in last few days. Last significant amt of food eaten was a McDonald's hamburger on Thurs. Had previously been on a couple months long course of antibiotics for anal sacculitis - now resolved. Also finished 20mg PO BID course of prednisone about 1 wk ago, but O was not instructed to taper. Was on oral cerenia, but has not given a dose in 3 days as P won't take meds in PB which is how O usually administers meds. On Pe moderate dehydration, abdomen palpates tense, uncomfortable, significant cranial organomegaly appreciated, liquid dark tinge diarrhea.

Current Medications: Ampicillin, Sucralfate, Buprenorphine, Proviable.
Lab Results: Alt 184u/L, ALKP 913u/L.
Radiographs: Thorax 2 view--no signs of esophagitis or pneumonia. mild age-related lung changes, normal cardiac silhouette. Prominent enlarged liver in included abdominal portion No overt cause of ptyalism.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is normal is size (7.32 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.

Right kidney is normal is size (6.72 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.

Adrenal Glands

Left adrenal gland is normal in size (2.67 cm in length x 0.79 cm at cranial pole and 0.86 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.43 cm in length x 0.81 cm at cranial pole and 0.7 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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). An oblong hypoechoic slightly heterogeneous nodule was noted in the mid body caudal aspect of the spleen, measuring 3.6 cm x 2.3 cm in size. Splenic vasculature appears normal.

Liver
Liver is subjectively enlarged. The margins are smooth but rounded, especially just caudal to the gallbladder, where an early mass-like appearance is present. It has a normal homogeneous echotexture. Parenchyma is diffusely hyperechoic, characterized by more prominent than normal portal vein walls. The visible vasculature appears normal.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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.

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
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
No free fluid is noted in these images. Marked cranial abdominal lymphadenopathy is appreciated, including large round hypoechoic portal and other cranial abdominal lymph nodes, surrounded by enhanced hyperechoic fat and mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic hepatomegaly. Differentials for which can include acute hepatitis/cholangiohepatitis, as well as infiltrative neoplasia, such as round cell neoplasia.
- Hypoechoic splenic nodule. Differentials for which include both benign lesions, such as extramedullary hematopoiesis, hematoma, etc., as well as infiltrative neoplasia, such as round cell neoplasia.
- Diffuse cranial abdominal lymphadenopathy. Concerning for infiltrative neoplasia given the shape, size, and presence of enhanced hyperechoic mesentery and fat. Reactive nodes can’t be ruled out.

Secondary Findings

- 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.

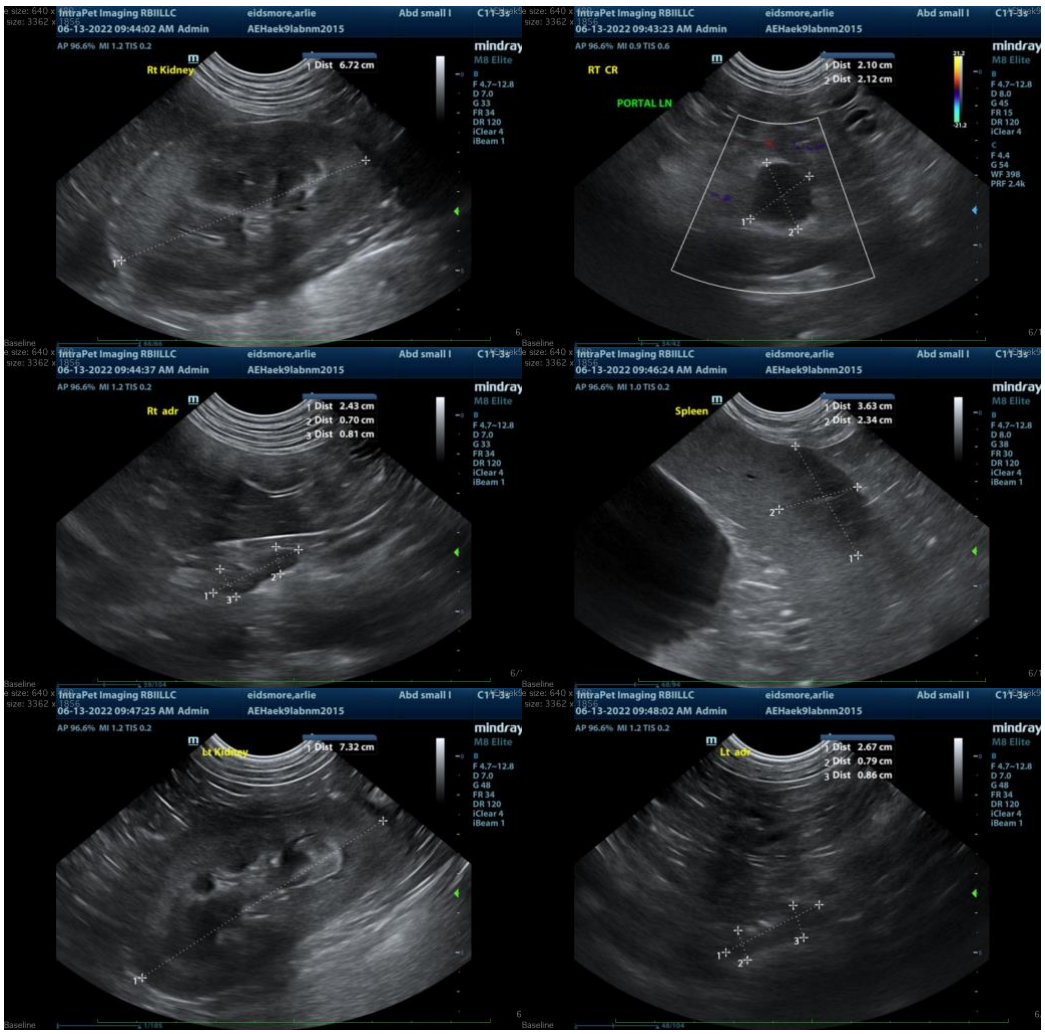
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

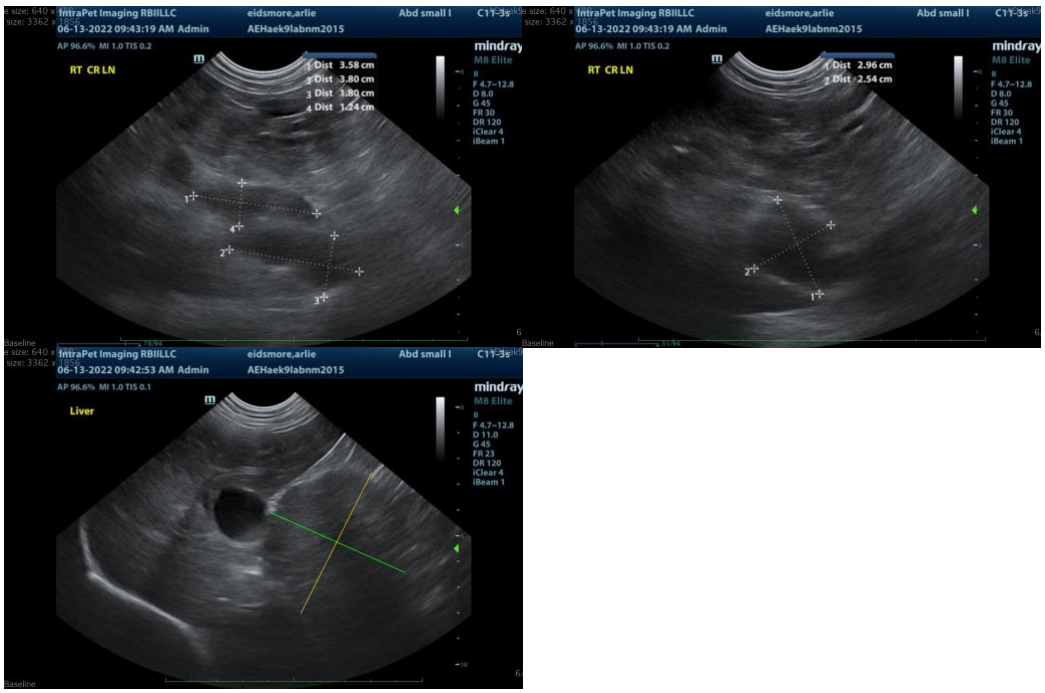
Recommendations for this patient include:

1. A fine needle aspirate of the liver, the spleen, as well as the enlarged cranial abdominal lymph nodes, if patients coagulation status is appropriate.

2. Testing for leptospirosis could also be considered.

3. In the meantime, while awaiting diagnostic results, medical management/supportive care may have to include restarting a low dose of steroid and then tapering appropriately, in case acute hypocortisolemia is also contributing to decreased appetite and malaise, etc.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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