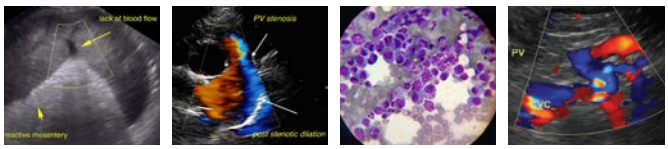
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Madisun Potter

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
13.9 Pounds

WEIGHT
40 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
38680

DATE
6/14/22

PRESENTING CLINICAL SIGNS

Rescued a few weeks ago from deceased owner, minimal prior history. Appetite is decreased. On exam, very thin with cranial organomegaly. CBC / Chem / U/A - Hct 29.7%, non-regen. Mod azotemia, with isosthenuria and proteinuria (UPC 3.3). ALP 936, else normal. Normotensive

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 kidneys are normal in size, but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 6.44 cm. The right kidney measured 6.09 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.83 cm at the cranial pole and 0.51 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 (0.56 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.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

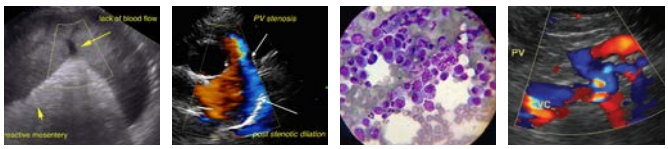
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. The entire left caudal liver is altered by an 11 cm heterogeneous, primarily hyperechoic liver mass arising from the left caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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.



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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 peritoneal effusion. There are enlarged cystic lymph nodes surrounded by enhanced hyperechoic fat medial to both kidneys.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver mass – most concerning for infiltrative neoplasia such as carcinoma versus sarcoma, round cell disease, and/or metastatic disease (consider less likely, given the lack of lesions elsewhere).
- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Diffusely thick small intestinal muscularis layer – This finding has been reported with infiltrative bowel disease, including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Cystic lymph nodes medial to the kidneys – This finding occurs commonly with chronic urinary tract infection/pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported chronic kidney disease and the lymph node changes on ultrasound, recommendations include a urine culture. If the culture is negative, an empirical course of antibiotics could be tried, in case the infection is localized to the kidneys.

A fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate, or surgical excisional biopsy could be elected for mass removal, despite cytologic diagnosis, given the risk of hemorrhage, necrosis, etc., even with benign lesions.

If not recently evaluated, 3-view thoracic radiographs are recommended to further assess any other evidence of metastatic disease.

This patient's gastrointestinal signs/weight loss are likely caused by infiltrative bowel disease. Therefore, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of gastrointestinal function, and ideally biopsies of the bowel would be obtained for definitive diagnosis, and therefore directing of medical management.

Otherwise, in the meantime, in addition to the antibiotics mentioned above, management of this patient's chronic kidney disease and protein losing nephropathy is warranted.

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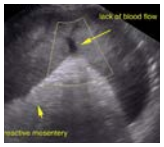
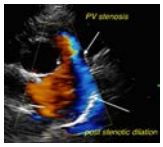
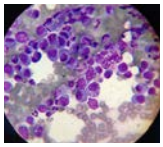
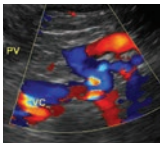

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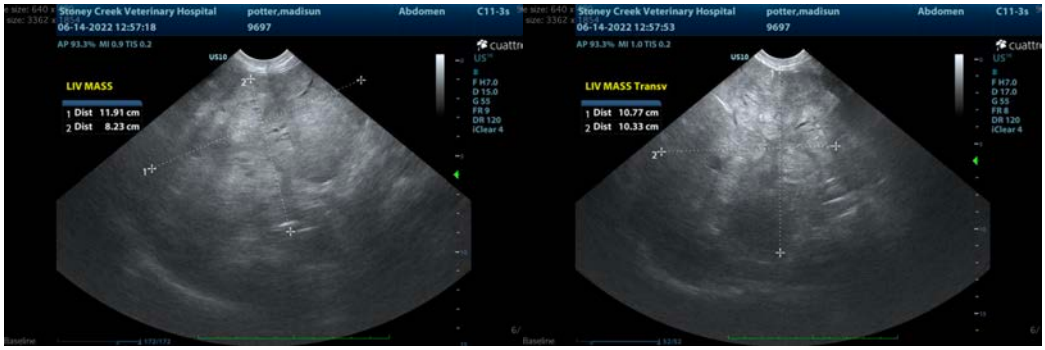

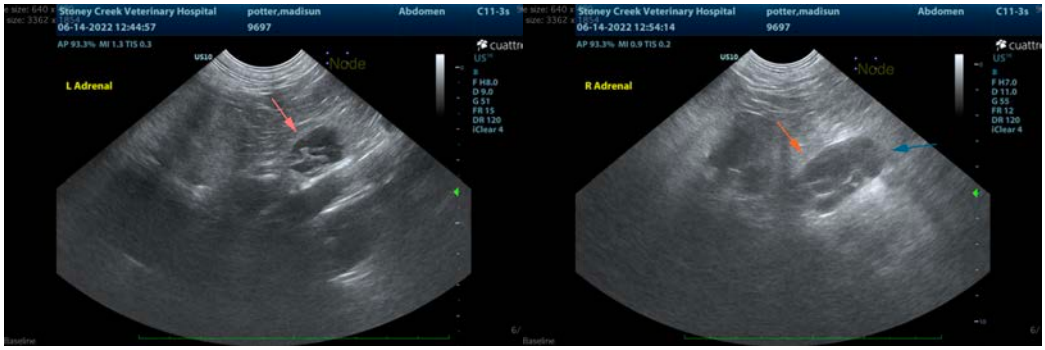

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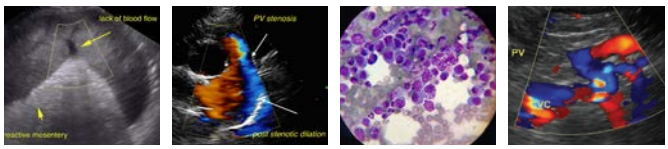

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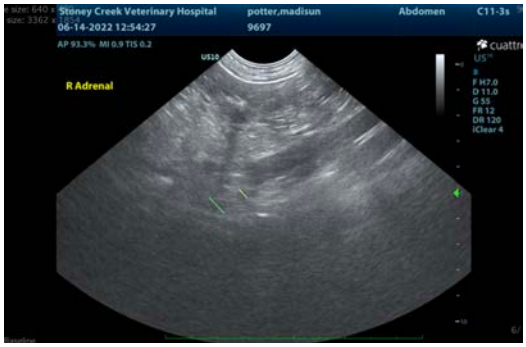

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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