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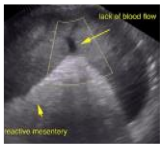
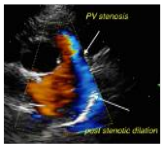
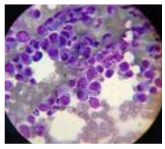
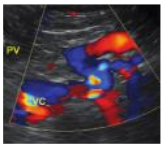
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Rogue Adair

SPECIES

Canine

BREED

Brittany Spaniel

SEX

FS

AGE

7 yr 5 mo

WEIGHT

21.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

Gulf Island Veterinary Clinic

INVOICE

14294

DATE

7/15/22

PRESENTING CLINICAL SIGNS

Presented on July 13th with lethargy, reluctance to move. A large mass was newly noted over Rogues right hip. On exam, Rogue was febrile and the large mass was noted to measure 15 cm. It was soft and warm. Bloodwork showed a thrombocytopenia, increased BUN, increased ALP, and electrolyte imbalance. She was sent home on 375 mg Clavaspetin PO BID and 100 mg gabapentin PO BID-TID. At the conclusion of this ultrasound exam, an aspirate of the mass was taken. Thick, purulent, blood-tinged fluid was present. Repeat bloodwork was pending, and Rogue was transferred to an emergency clinic for further management.
Abnormal PE/Chem/CBC/UA Results: Verbal reports of very low platelets confirmed on smear (32) on July 13. If I remember correctly, Ca was high.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measures 6.73 cm. The right kidney measured 6.39 cm.

Adrenal Glands

The right adrenal gland is normal in size (2.55 cm long x 0.63 cm width at the cranial pole and 0.65 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

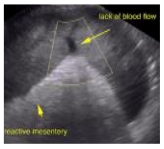
The left adrenal gland is unable to be well visualized.

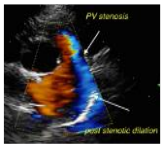
Spleen

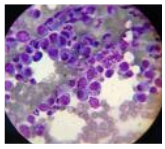
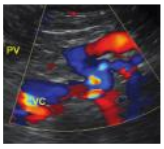
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.





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Gallbladder is moderately distended with anechoic bile as well as 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

The stomach wall is normal in thickness (< 0.5 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. The abnormal appearance questioned appears consistent with ingesta and gas artifact. Gastric wall abnormalities cannot be definitively ruled out and if concern Is present based on clinical signs, etc., reevaluation of a fasted stomach is recommended.

The visible small intestines are normal in wall thickness and layering (< 0.5 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

The reactive 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.

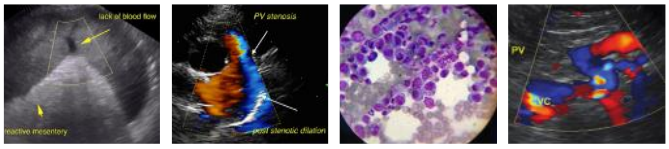
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

- Hyperechoic hepatomegaly - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

- Reactive medial iliac lymphadenopathy likely related to the flank mass reported – infiltrative neoplastic disease cannot be ruled out but is considered less likely



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Secondary Findings

- 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.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC/Chemistry panel, electrolytes, and urinalysis are recommended as are reportedly pending. If there is any indication of azotemia and/or increased liver enzymes, given these ultrasound findings, testing for Leptospirosis could be considered.

If indicated based on urinalysis results, a urine culture could be considered.

Fine needle aspirate of the mass was reportedly performed and recommendations are to submit sample for both cytology and culture, given the reported appearance of the fluid combined with the patient fever, etc. If calcium is still high, a malignancy panel including PTH, PTHrP, and ionized calcium is recommended. IN the meantime, supportive medical management of clinical signs, as well as broad-spectrum antibiotics +/- anti-inflammatories or pain management as-needed for the reported flank mass are recommended.

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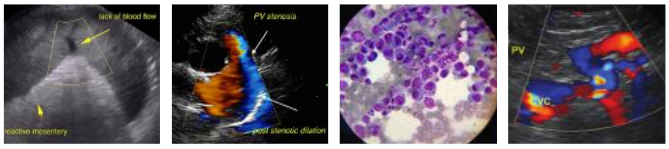

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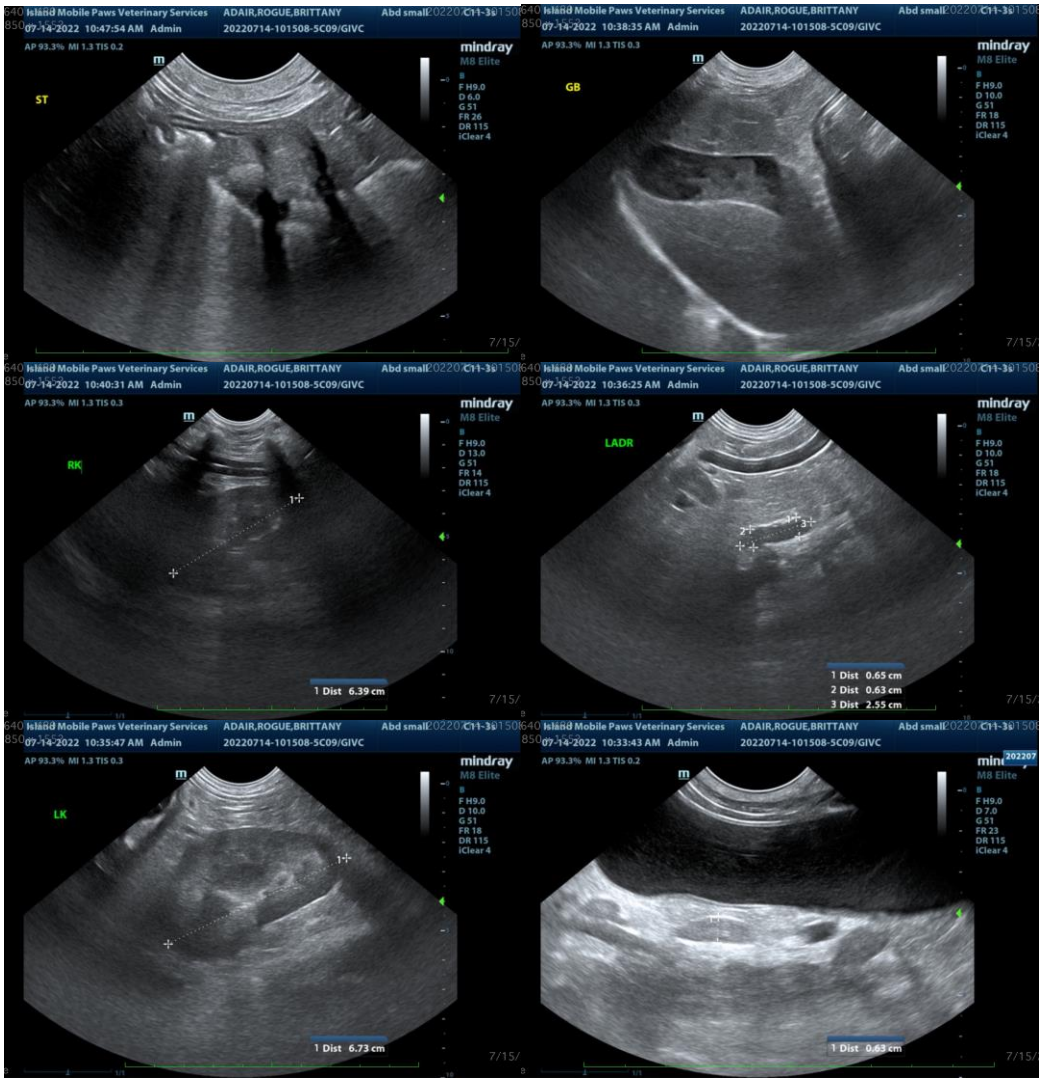

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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