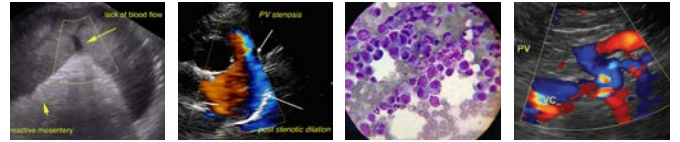


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dayo Hackney

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

7 Years

WEIGHT

94.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Vet Center

REFERRING VET

Dr. Greg Hartman

INVOICE

39257

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Lethargy, wt loss, poor appetite. Started early June. Past treatments are Pred, Vit K, Doxycycline. Abnormal PE/Chem/CBC/UA Results: Fever 103.2. Anemia and low platelet. Palpable abdominal mass. Muscle wasting. CBC lymphocytosis, thrombocytopenia, anemia. Coombs test negative. FNA aspirate of LNs undiagnostic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.9 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 (7.3 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 unable to be well visualized.

The left adrenal gland is enlarged (1.4 cm at the cranial pole and 2.0 cm at the caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted with some concern for emerging capsular escape (not definitively visualized). No vascular invasion appreciated.

Spleen

The spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

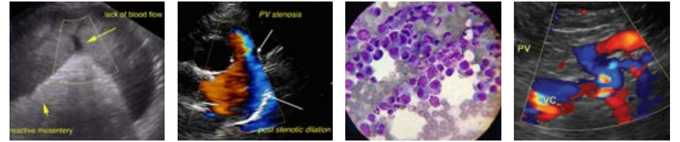
The liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



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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 free peritoneal effusion noted in these images.

Cranial abdominal lymph nodes (involving hepatic, gastric +/- pancreaeticoduodenal nodes) are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Aggressive cranial abdominal lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Left adrenal mass

SECONDARY FINDINGS

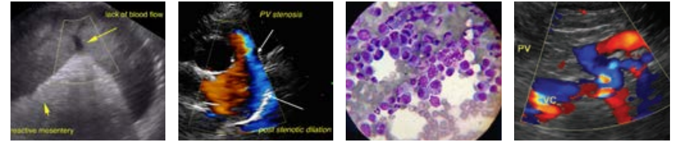
- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A fine needle aspirate of the liver and spleen and cranial abdominal lymph nodes (if possible) is recommended to definitely diagnose the suspected infiltrative round cell neoplasia. If the platelet count is >25 or ideally 50,000, then a fine needle aspirate with a small 25-gauge needle and close observation for hemorrhage could be considered.

If the platelet count is not at a safe level for aspiration, options include either empirical therapies with potentially vincristine to increase peripheral platelet count as well as immunosuppressive therapy, followed by aspirates when the platelet count is in a safe range (knowing that empirical therapy may decrease the validity of the cytology), or a bone marrow exam could be considered with less risk of hemorrhage and the possibility of obtaining a diagnosis if round cell neoplasia is affecting the bone marrow and therefore resulting in the cytopenias.



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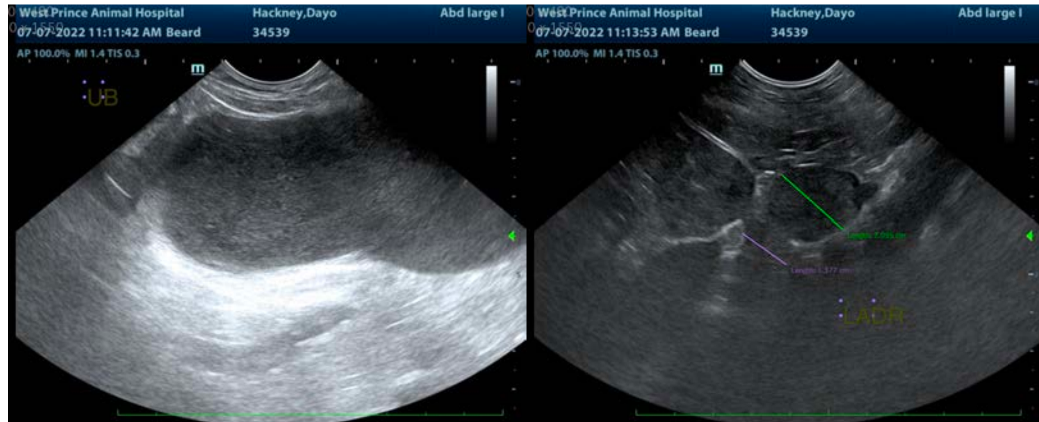
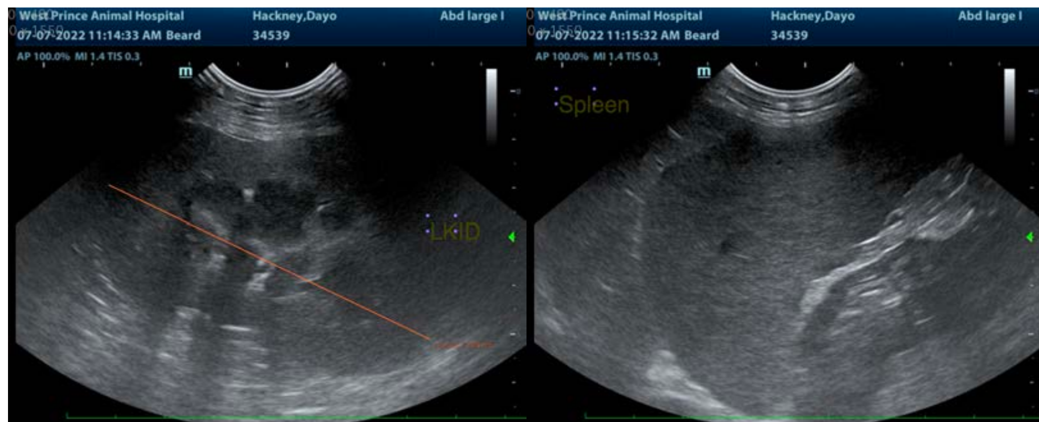
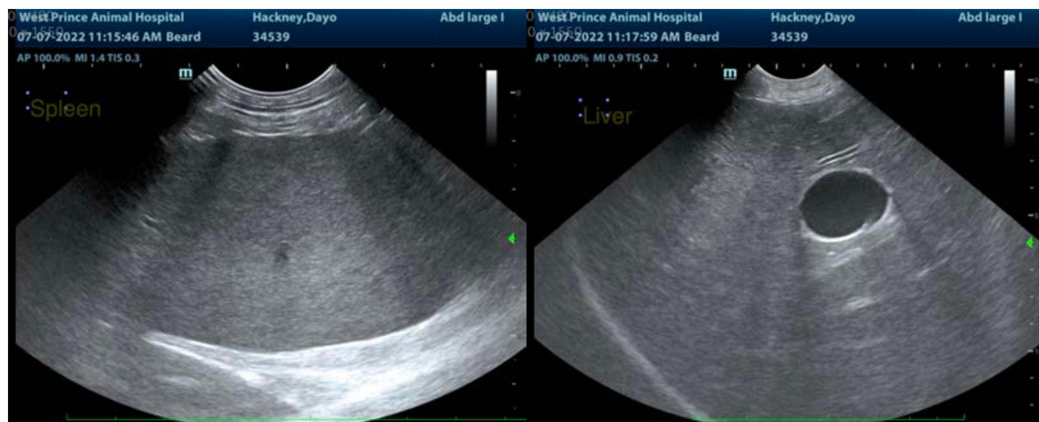
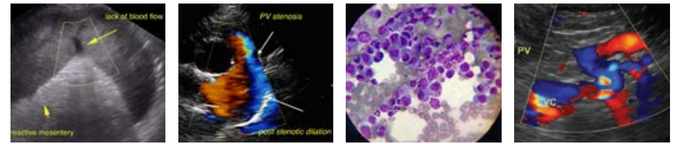
Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Pending the outcome of the organomegaly and cytopenia workup, close monitoring of the left adrenal mass is recommended with recheck ultrasound in 4-6 weeks, given the suspicion for emerging capsular escape. Other options could include an abdominal CT scan.









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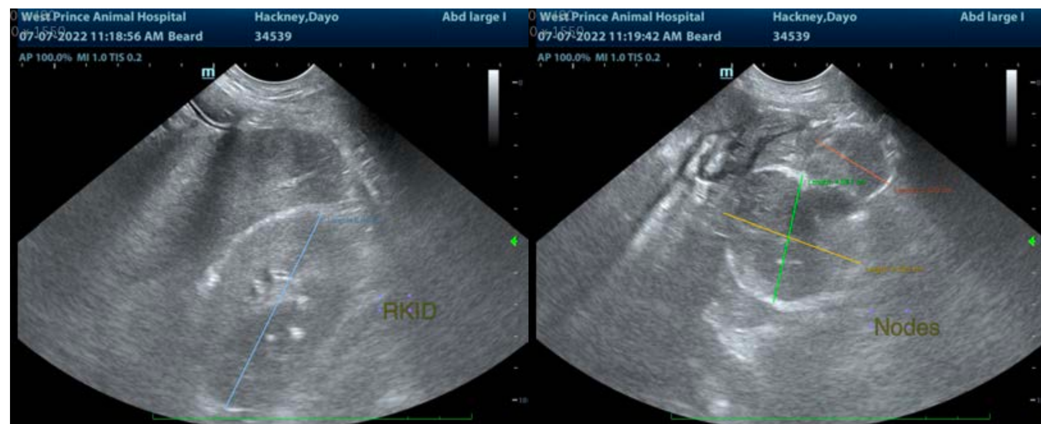

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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