

**DATE**

7/7/22

PRESENTING CLINICAL SIGNS

On and off limping, not eating, high psl.
Current Medications: Galliprant 60mg SID, Dasuquin.
Lab Results: Amylase 3119, Precision 619.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

Zelda Roth

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

8/20/12

WEIGHT

61.8 lbs

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**Animal Clinic of
Southgate**REFERRING VET**

Dr. Alexander

INVOICE

31511

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is very full/over 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 (7.65 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 (7.4 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 (2.6 cm long, 0.85 cm at the cranial pole and 0.85 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.79 cm long, 0.9 cm at the cranial pole and 0.95 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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. A discrete, approximately 1.0 cm, hyperechoic nodule was noted in the left liver and the hepatic veins appeared subjectively prominent.

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 visible stomach wall is normal in thickness 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 intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Reactive lymph nodes are prominent in size with swollen capsular contour. The lymph nodes are likely gastric, pancreatic or duodenal nodes. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Mildly fluid distended uterine stump was noted.

Ring downs were noted at the level of the diaphragm, suggestive of concurrent pulmonary pathology. There was no free fluid noted including pericardial effusion was noted in these images.

ULTRASONOGRAPHIC 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.

Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Liver nodule – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

Gallbladder debris (canine) - 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.

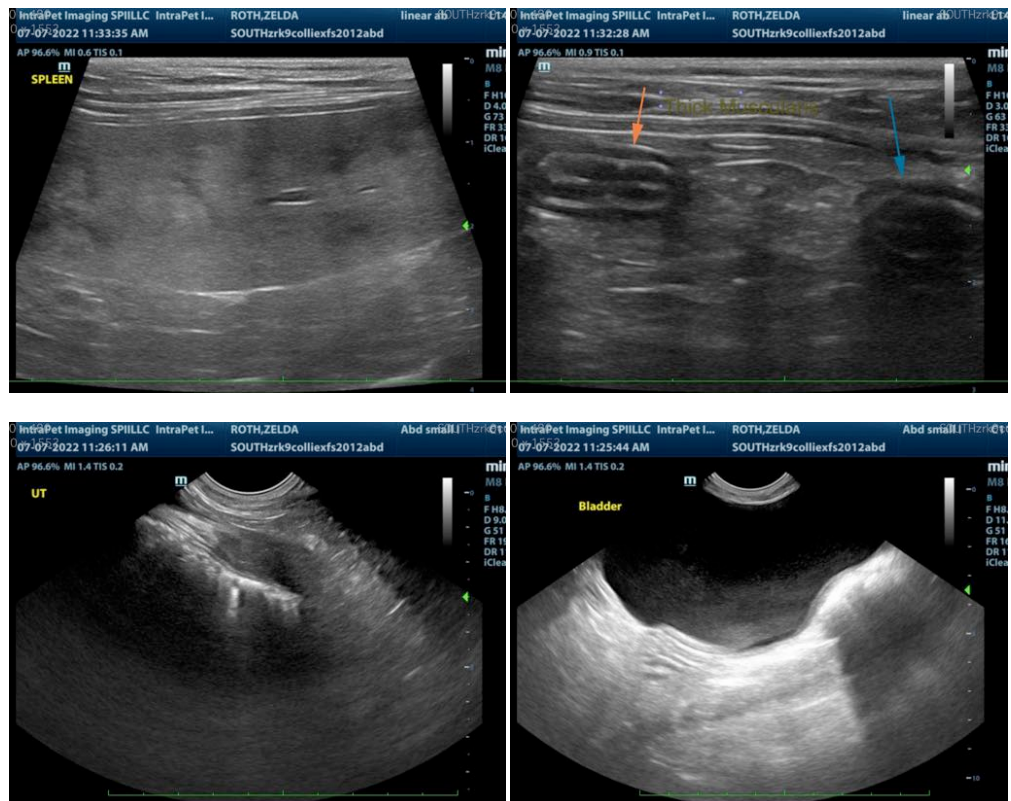
Reactive cranial abdominal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

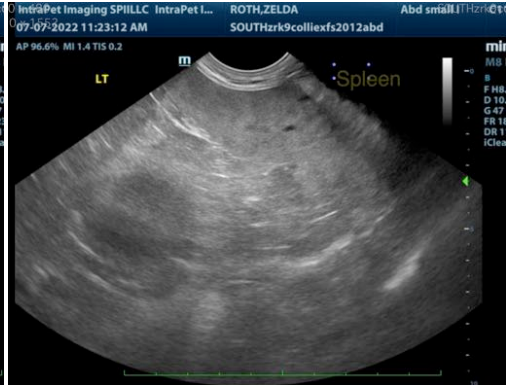
Ring Downs – suggestive of concurrent pulmonary pathology.

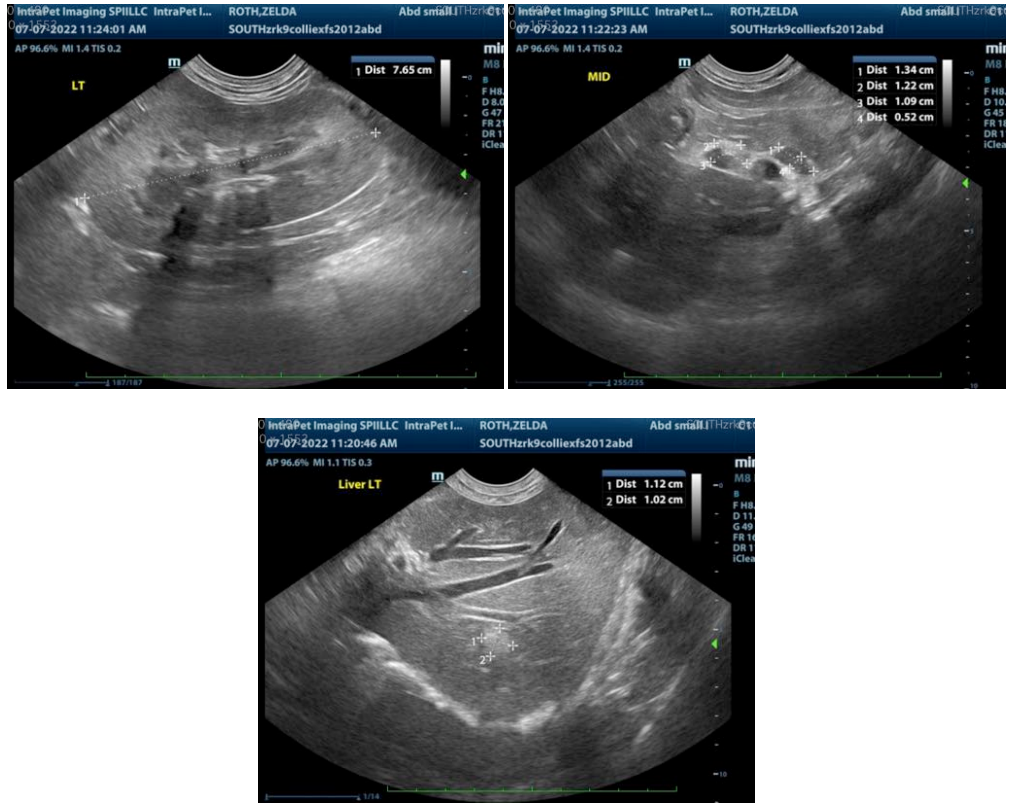
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. Met check – 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. This can be followed by an echocardiogram if indicated.
2. Blood pressure measurement if not recently evaluated.
3. FNA of the spleen is indicated if the patient's coagulation status is appropriate.
4. Given the bowel changes and lymphadenopathy a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
5. Ultimately if a diagnosis is not obtained cytologically then biopsies of the GI tract would be obtained to definitively diagnose and therefore manage the suspected infiltrative bowel disease.







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

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