SonoPath
Clinical Sonography & Telecytology
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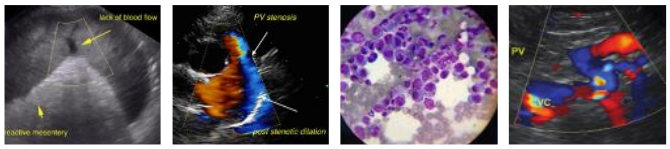


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Eli Paul

SPECIES
Canine

BREED
Lab

SEX
Neutered Male

AGE
9 Years

WEIGHT
65 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Ray Caughman

HOSPITAL NAME
Dogwood AH

REFERRING VET
Ray Caughman

INVOICE
17014

DATE
8/23/22

PRESENTING CLINICAL SIGNS

History: Inappetence, PU/PD, lethargy, weight loss of 4 lbs

Abnormal PE/Chem/CBC/UA Results: ALP 628. AST 93, Bilirubin 0.7. Positive Murphy sign 7,8,11,14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 5.73 cm. The right kidney measures 7.24 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.2 cm long 0.64 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.6 cm long x 0.44 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

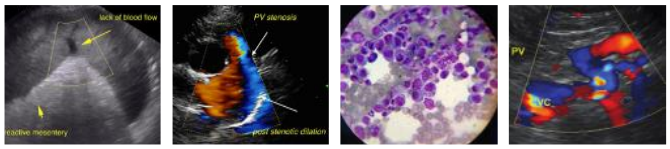
Liver

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverbation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. 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 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. * See Free Abdomen section.

Free Abdomen

There is a moderate amount of anechoic free fluid in the cranial abdomen, as well as enhanced hyperechoic fat and mesentery surrounding the spleen and liver, making full visualization of the cranial abdominal organs, including the stomach and pancreas difficult to fully assess. A medial iliac lymph node is prominent, measuring 1.1 cm thick x 2.5 cm long with a heterogeneous cystic appearance.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Medial iliac lymphadenopathy with a cavitated appearance, differentials for which include both infiltrative neoplasia, as well as reactive lymphadenopathy.
- The free fluid and enhanced hyperechoic fat in the cranial abdomen are suggestive of inflammation, as is seen with a focal peritonitis and this could be secondary to inflammation in the spleen. However, concurrent pancreatitis is suspected and cannot be ruled out.

Secondary Findings

- Age-related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A quantitative PLI is recommended, if not recently evaluated.

A fine needle aspirate of the spleen is recommended, if patients coagulation status is appropriate and sampling of the free abdominal fluid for cytology +/- culture, if indicated, based on cytology results, is recommended at the same time.

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.

In the meantime, while awaiting results, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial.

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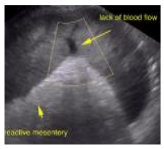
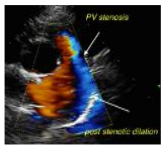
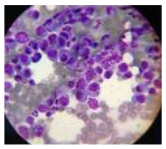
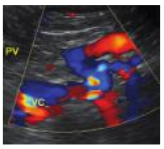

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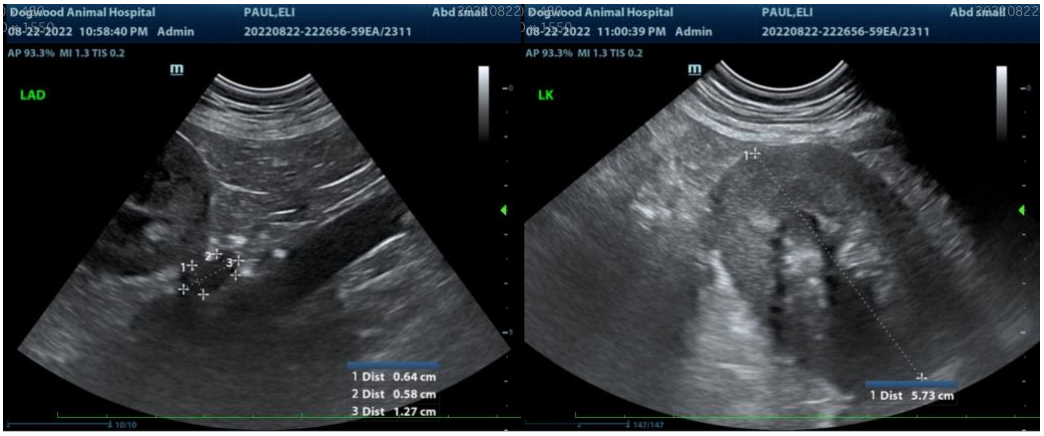

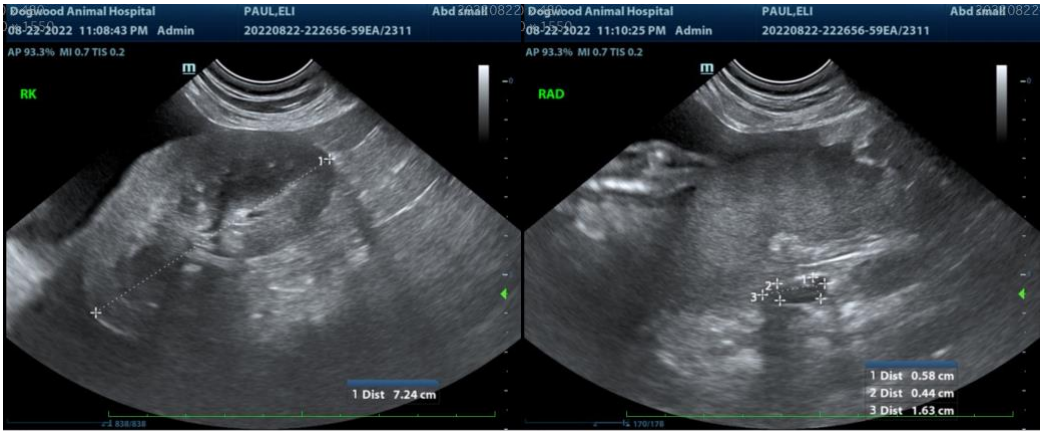

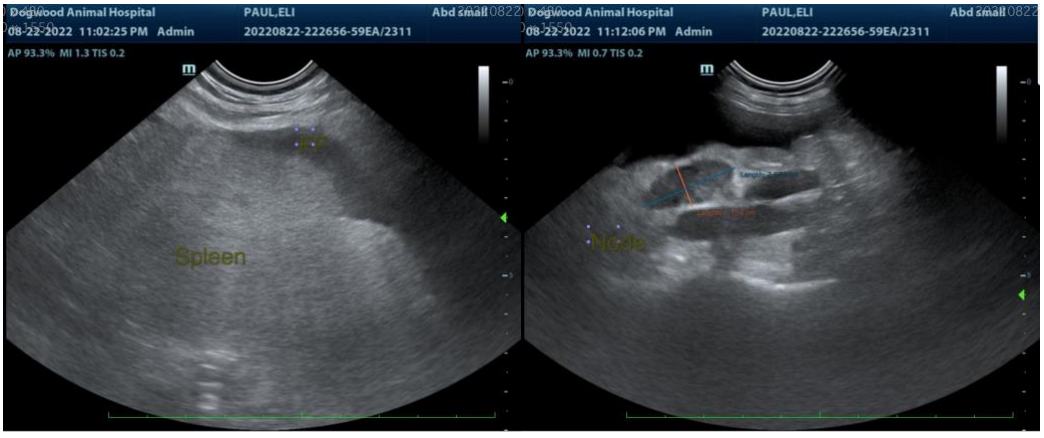

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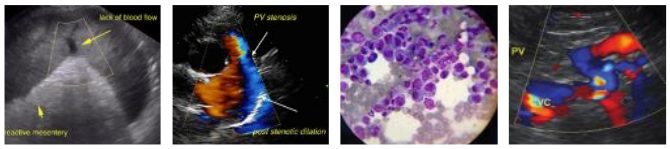

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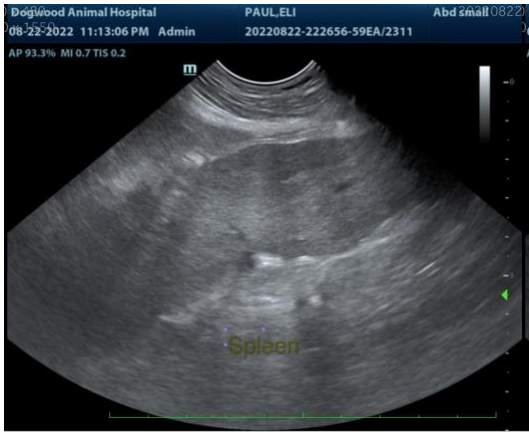

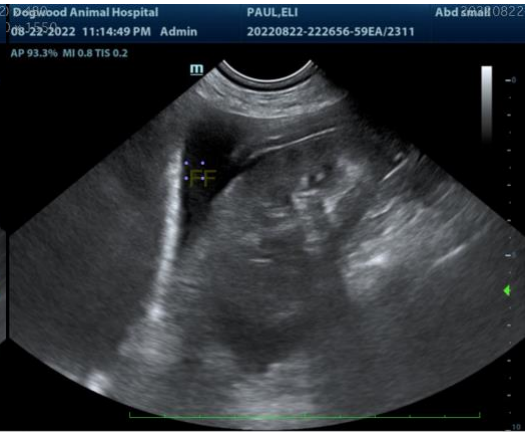

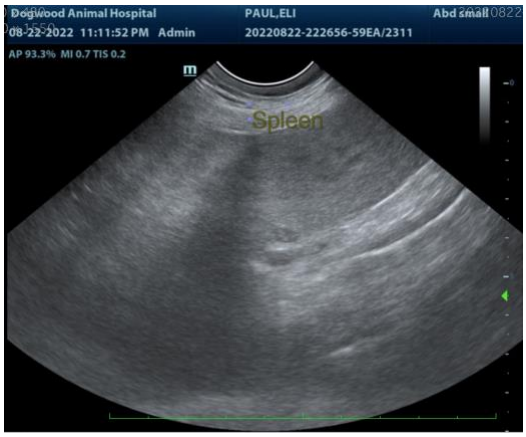

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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