



**PATIENT PRESENTING CLINICAL SIGNS**

Astor Silva Lethargic anorexic vomiting, urinated and dedicated in the house yesterday. Painful right abdomen on AFAST

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Leukocytosis neutrophilia, elevated SDMA USG 1051 with 5 WBC per HPF  
Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Bernese Mtn Dog Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Some of the debris appears mineral in makeup. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

**SEX**

Neutered Male The right kidney is normal in size (6.45 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.

**AGE**

9 Years The left kidney is normal in size (5.89 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.

**WEIGHT**

37 kg *Adrenal Glands*  
The right adrenal gland is normal in size (0.41 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM DACVIM The left adrenal gland is normal in size (0.59 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Dr. Belan 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.

**HOSPITAL NAME**

McKnight AH *Liver*

**REFERRING VET**

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

**INVOICE**

40727 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.

**DATE**

8/24/22 *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.



**PATIENT**

Astor Silva

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.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Bernese Mtn Dog

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.

**SEX**

Neutered Male

**Free Abdomen**

In the sublumbar area, in the area of the sublumbar nodes, there is a 3.7 cm x 6.2 cm irregular, heterogeneous mass. There is a small amount of anechoic free fluid pocketed throughout the abdomen, as well as clumped, hyperechoic/enhanced mesentery.

**AGE**

9 Years

**PRIMARY FINDINGS**

**WEIGHT**

37 kg

- **Aggressive sublumbar lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. The top differential for this mass is a sublumbar lymph node. However, an undifferentiated primary mass arising from tissue of unknown origin cannot be ruled out.
- **Free fluid and enhanced hyperechoic, almost nodular appearing mesentery** – Concerning for paraneoplastic effusion. However, benign inflammatory change cannot be ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**SECONDARY FINDINGS**

**IMAGING PERFORMED BY**

Dr. Belan

- **Chronic Cystitis with small mineral debris** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the location and diffuse nature of the changes.
- **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.

**HOSPITAL NAME**

McKnight AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Picyk

Differentials for the sublumbar mass include an enlarged suspected metastatic sublumbar lymph node versus a primary mass of unknown tissue origin. Therefore, recommendations include a rectal exam and thorough perianal area exam if not recently evaluated in case this is a lymph node metastatic lesion from an anal gland adenocarcinoma.

**INVOICE**

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A fine needle aspirate of the enlarged lymph node is recommended, if patient's coagulation status is appropriate.

**DATE**

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If an answer is not obtained cytologically from the lymph node, cytologic analysis of the fluid and/or even of the clumped nodular appearing mesentery could be considered, yet is considered likely of lower yield.



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As is reportedly pending, 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.

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**SEX**

Neutered Male

**AGE**

9 Years

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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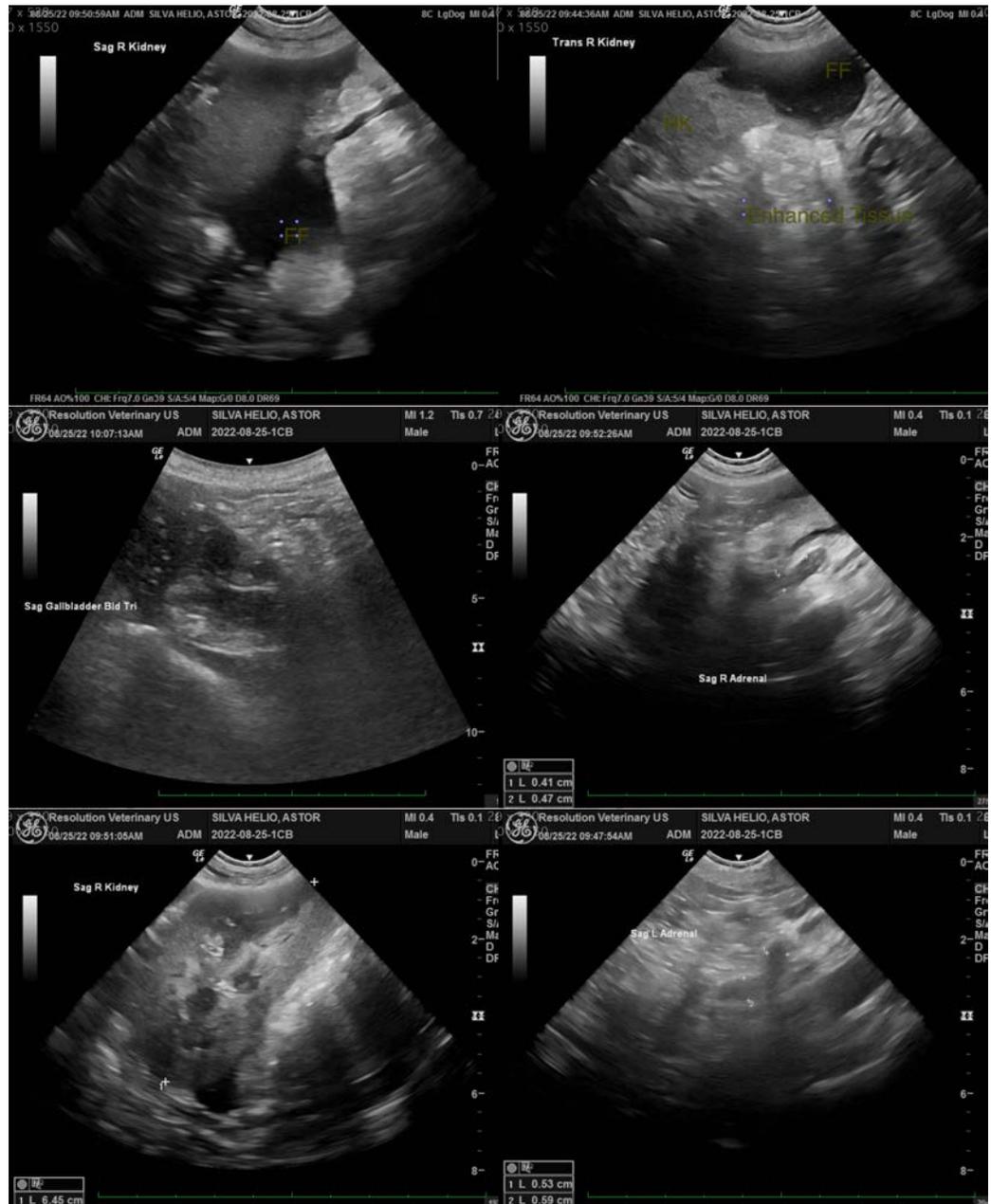
Dr. Picyk

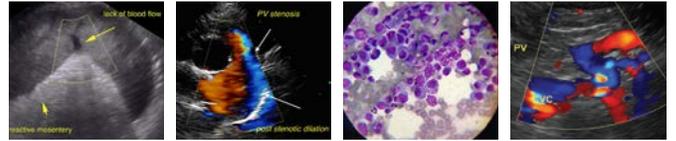
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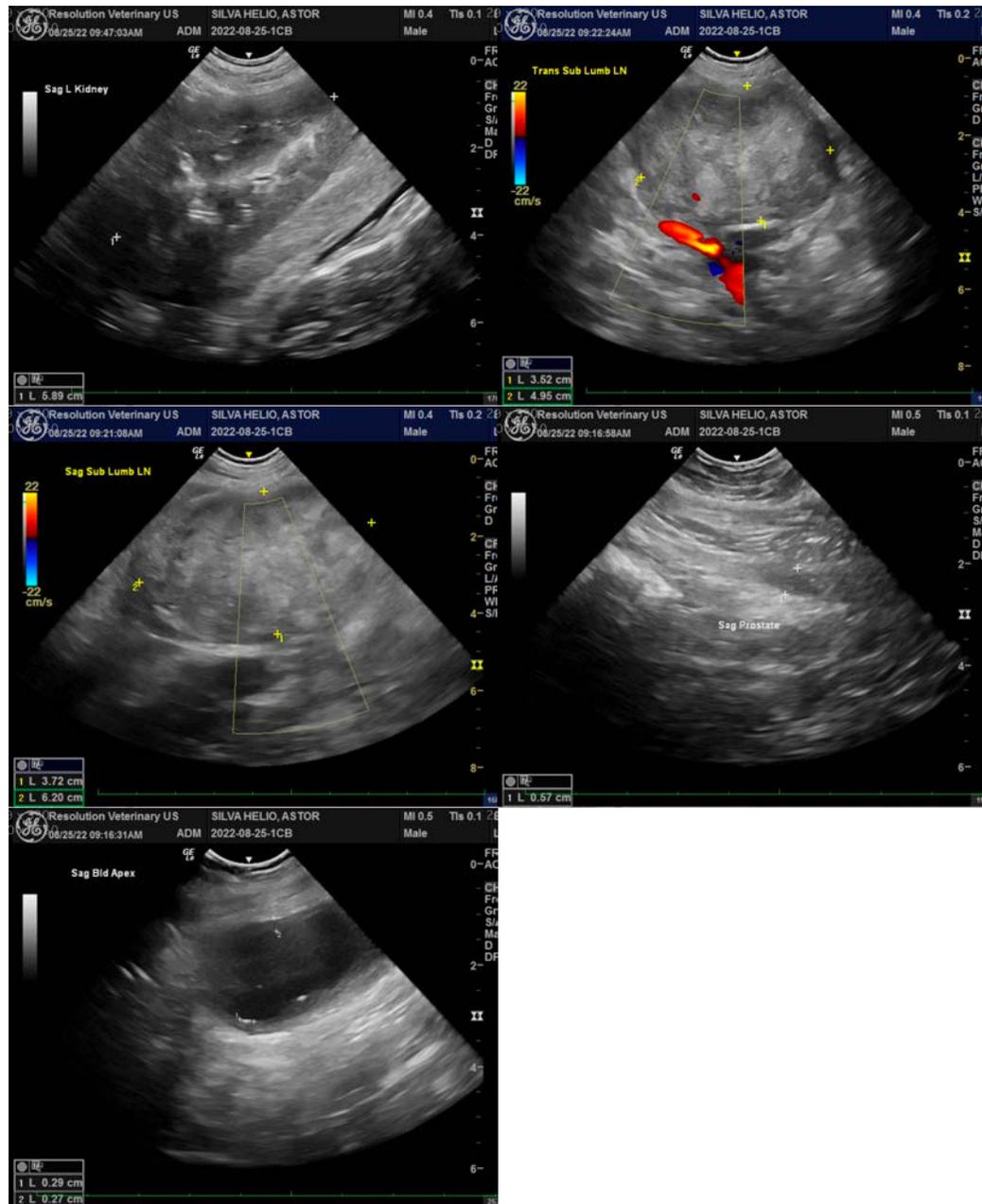
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**DATE**

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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