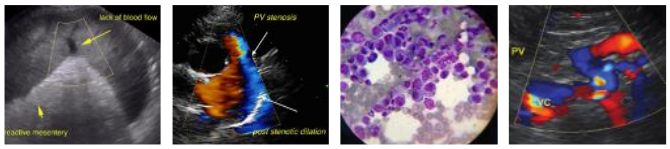
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Saydi Amanda Lowe

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

INVOICE

17109

DATE

8/29/22

PRESENTING CLINICAL SIGNS

History: weight loss, decreased appetite, vomit/diarrhea

Abnormal PE/Chem/CBC/UA Results: albumin 2.6, ALT 358, AST 167, Alkphos 1233, bilirubin .4, sg urine 1.015

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.

Left kidney is normal is size (7.44 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 (7.1 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 area of both adrenal glands is examined without evident pathology.

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). In the middle of the spleen, there is a 2.5 cm amorphous, primarily hyperechoic but slightly heterogeneous area that may represent a nodule/mass. Splenic vasculature appears normal.

Liver

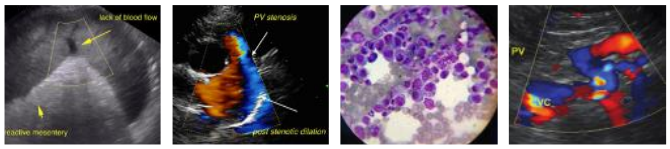
Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal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

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 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, except for in the mid caudal abdomen, there is an approximately 8.0 cm long area of small bowel with a concentric complete loss of normal layering, characterized by a hypoechoic thick wall measuring about 1.0 cm thick.



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

PATIENT

Saydi Amanda Lowe

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

INVOICE

17109

DATE

8/29/22

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.

Free Abdomen

The mesenteric lymph 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. Enhanced hyperechoic fat is noted surrounding the bowel mass and the lymph nodes. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Bowel mass is most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma, given the concurrent lymphadenopathy, although adenoma versus other cannot be ruled out.
- Aggressive lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- 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.
- The amorphous hyperechoic foci within the spleen could represent infiltrative neoplasia or even a metastatic lesion, however, benign lesions such as an atypical appearing myelolipoma or fibrosis or calcification of an old hematoma or infarct, chronic inflammation, granulomatous disease, etc. is considered more likely.

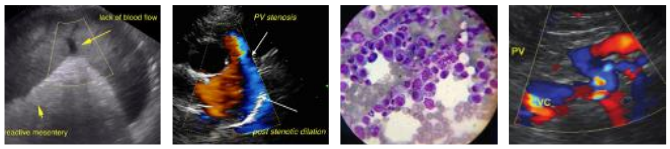
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 bowel mass and enlarged lymph nodes is recommended if patients coagulation status is appropriate.

If a diagnosis cannot be obtained cytologically, then an exploratory laparotomy for bowel mass removal and potentially splenectomy or splenic lesion biopsy may be necessary to definitively diagnose this patients underlying illness.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Saydi Amanda Lowe

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

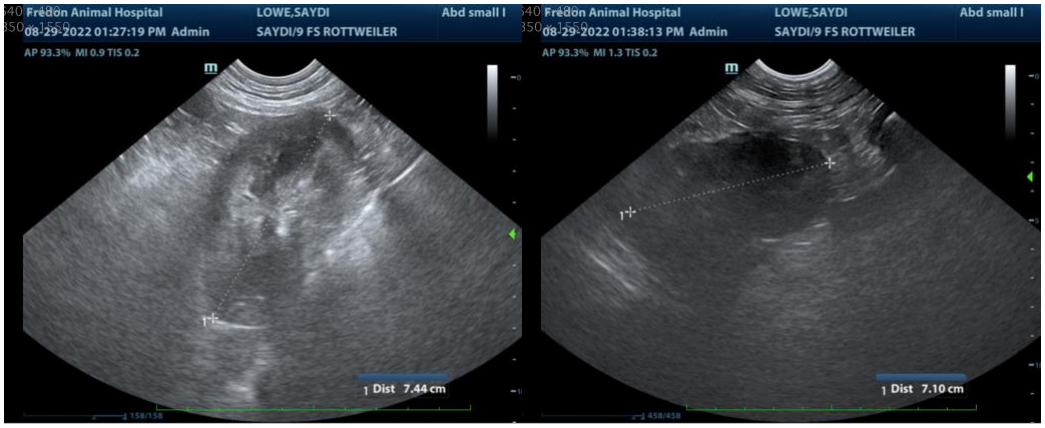
Michelle Roche

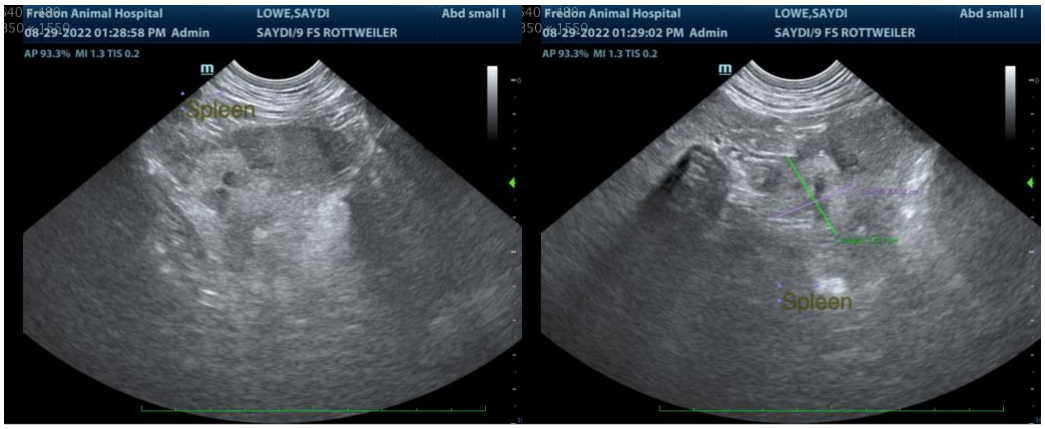
INVOICE

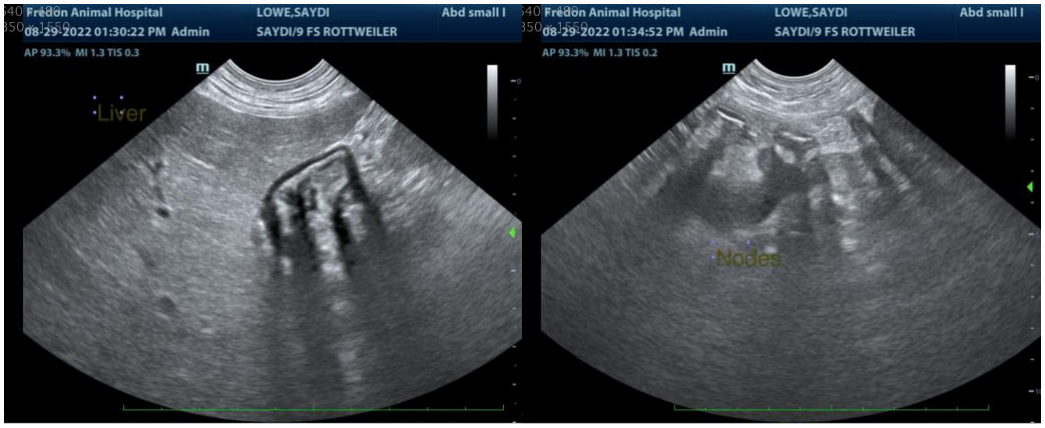
17109

DATE

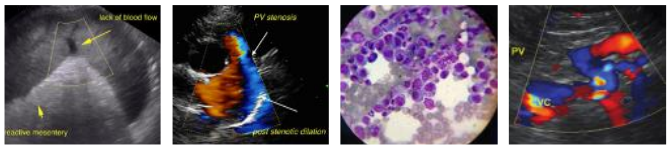
8/29/22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Saydi Amanda Lowe

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

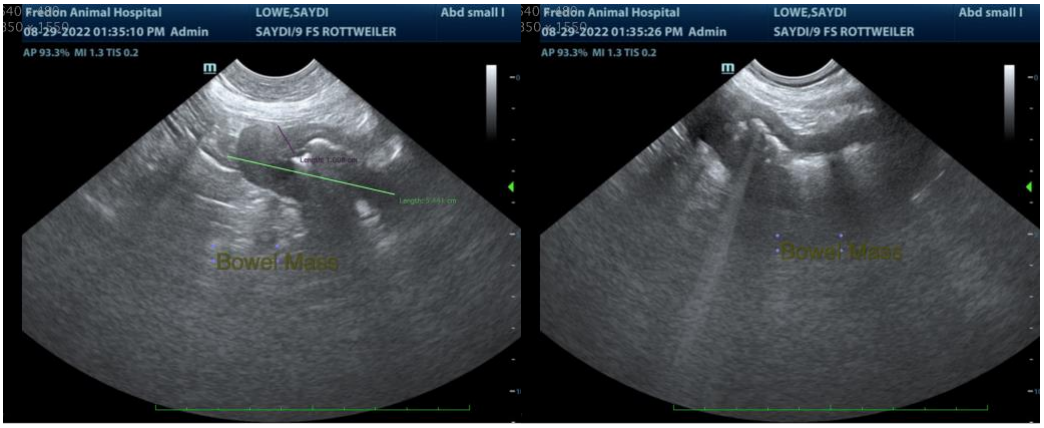
Michelle Roche

INVOICE

17109

DATE

8/29/22



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