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Clinical Sonography & Telecytology
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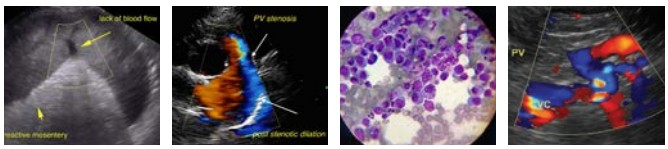

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1-800-838-4268 info@sonopath.com

PATIENT
Dudley Pinkerton

SPECIES
Canine

BREED
Poodle X

SEX
Neutered Male

AGE
11 Years

WEIGHT
42.6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Harold Mike Beard

HOSPITAL NAME
Animal Care VC

REFERRING VET
Dr. Harold Mike Beard

INVOICE
41297

DATE
9/14/22

PRESENTING CLINICAL SIGNS

ADR, 3 weeks duration, poor appetite, depressed, lethargic, was originally given dex and gabapentin then more gabapentin and diagnosed with a CCL, then given Enrofloxacin and now is on Doxycycline and itraconazole (recommend 200 mg BID) PO, generalized SQ abscessation, possible central abdominal abscess and osteomyelitis (bacterial and or fungal) lesion in proximal R tibia. Chronic fever and multifocal abscesses.

Abnormal PE/Chem/CBC/UA Results: Seems painful in abdomen area. Abdomen had a cranial abdominal mass. Screening via CSAC for Rickettsial, Leptospirosis, Fungal, Toxoplasmosis/Neospora negative. Additional R/O - Yersinia pestis, Bacillus anthracis, Mycobacterium

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The 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.

The right kidney is normal in size (7.5 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 (7.1 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 right adrenal gland is normal in size (0.80 cm at the caudal pole, cranial pole is not fully visualized), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.67 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

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.

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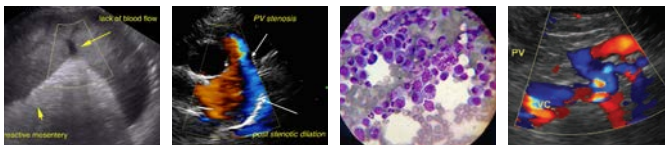

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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The 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.

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

In the mid cranial abdomen, there is a 7-8 cm mixed heterogeneous mass with an approximately 4.0 cm anechoic/cavitated region. The mass is surrounded by enhanced hyperechoic fat and mesentery. Definitive tissue origination cannot be determined.

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mixed cavitated cranial abdominal mass of unknown tissue origin – Differentials include free omental/mesenteric mass/abscess, given this patient's reported history versus potentially cavitated or necrotic or abscessed lymph node. Spleen, pancreas, or liver cannot be definitively ruled out, but are considered less likely. Infiltrative neoplasia is a differential. However, given this patient's reported history of multifocal abscessation throughout his body, an abscess of similar etiology is the top differential.

- **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.

- **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.

- Urinary bladder debris

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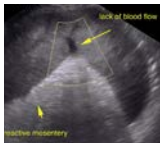
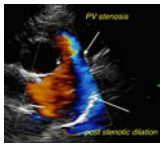
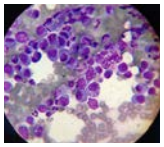
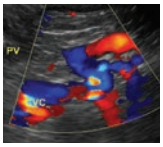

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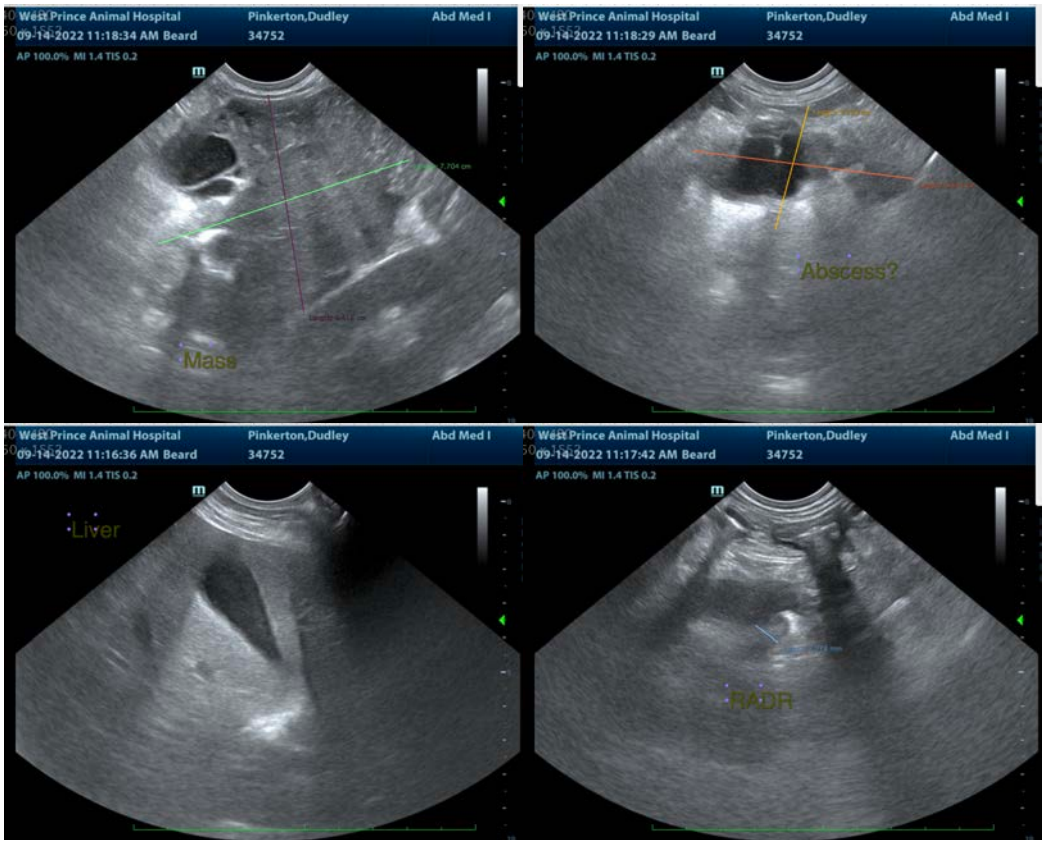
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 mass for cytology as well as culture and sensitivity is recommended if patient's coagulation status is appropriate. If a diagnosis cannot be obtained cytologically, an exploratory laparotomy with planned excisional biopsy for histopath as well as culture of the deep tissue may be necessary to obtain a definitive diagnosis and therefore guide appropriate therapy.



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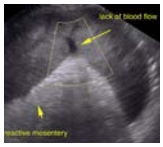
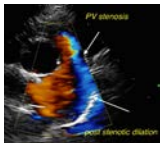
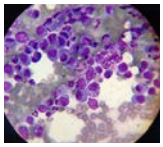
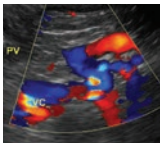

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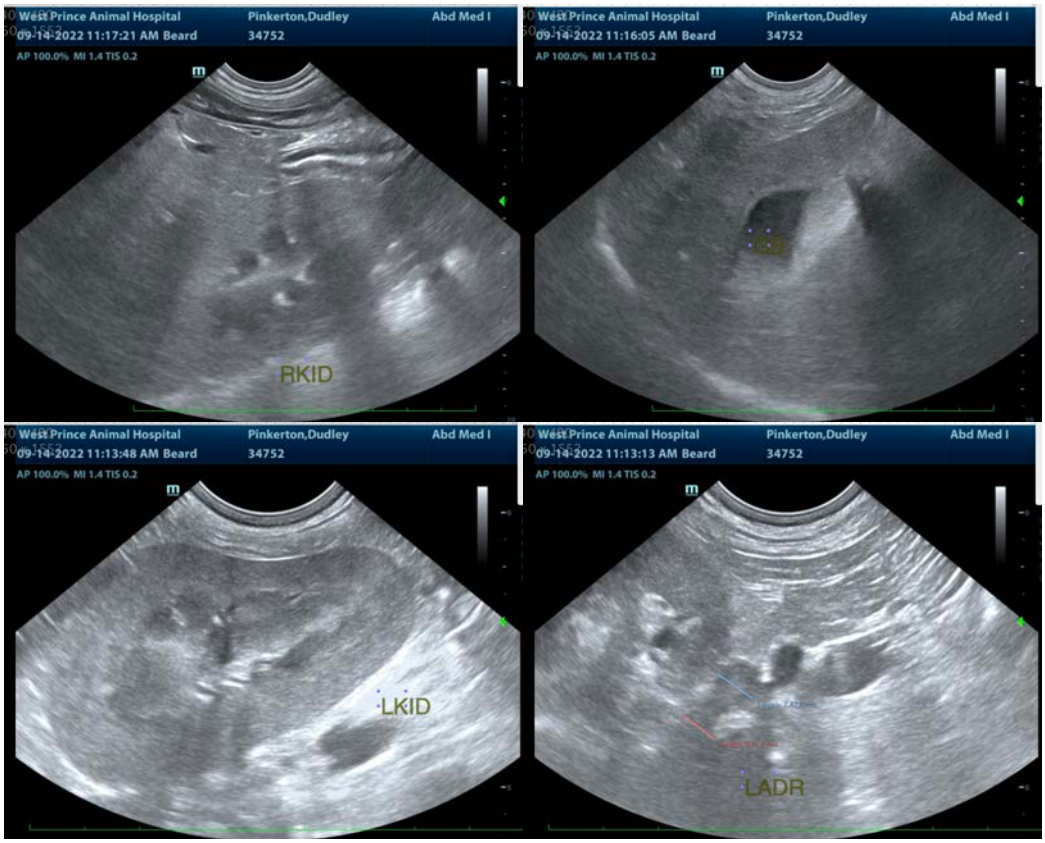

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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