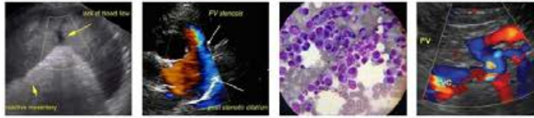
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dean Christenson

SPECIES

Canine

BREED

Birttany Spaniel

SEX

Intact Male

AGE

10.5 Years

WEIGHT

Approx. 45 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

Dr. Nancy Rees

INVOICE

41749

DATE

9/28/22

PRESENTING CLINICAL SIGNS

Dean had an acute onset of lethargy and vomiting of a large amount of water and collapse on 9/23/22. He presented to an emergency clinic where he had pale pink mm's, somewhat weak/thready pulses, and mild dehydration. He improved within a few minutes of exam. Bloodwork- mild anemia HCT 35.8% (37.3-61.7%) with no evidence of reticulocytes (automated machine), mild increase neuts 13.53 (2.95-11.64 K/ul) and decreased lymphocytes 0.95 (1.05-5.10 K/uL). Chemistries (chem 17/lytes/SDMA) were all WNL. Radiographs- (radiologist interpretation) normal cardiac size/shape, normal lungs, liver enlargement, mildly thickened gastric wall with gas in stomach, gas filled colon and cecum. (Idexx link for rads available if needed). aFast- no gallbladder wall edema. Spleen: 1/3 coarse echotexture and associated mesentery hyperechoic in that area of the spleen. Dean appeared uncomfortable while ultrasounding that area. BP was WNL. Dean was given fluids, cerenia, buprenorphine, clavamox and gabapentin and the owner opted to take home. Dean has since recovered much of his energy and appetite and has had no vomiting since then. His current weight 9/27/22 was 44.4# which is down from his normal of about 50# per the owner. (9/27/22 was our first time seeing him). PE-NSF except the right lobe of his prostate was maybe slightly larger than the left, but non-painful and smooth. Given the previous findings, we did feel a full abd U/S was warranted. We are unsure if the aFast findings were related to the acute episode or not (i.e. some ingestion of something outside). We have not (yet) repeated a CBC/chemistries, and there is no urinalysis on record.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

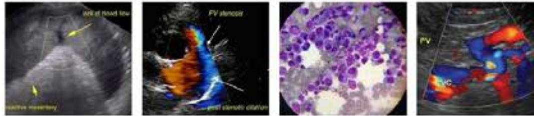
Prostate is normal in size for an intact male (4.0 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

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 6.5 cm. The left kidney measures 6.5 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in both kidneys.

Adrenal Glands

The right adrenal gland is normal in size (0.58 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm mat the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.



PATIENT

Dean Christenson

SPECIES

Canine

BREED

Birttany Spaniel

SEX

Intact Male

AGE

10.5 Years

WEIGHT

Approx. 45 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

Dr. Nancy Rees

INVOICE

41749

DATE

9/28/22

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

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.

The 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 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.

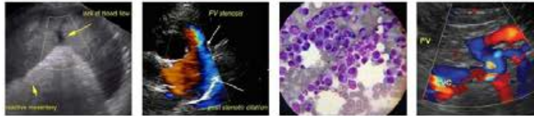
Free Abdomen

No testicular pathology visualized.

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

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Left sublumbar lymph node is enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). The node is hypoechoic with loss of normal parenchymal detail.



PATIENT

Dean Christenson

SPECIES

Canine

BREED

Birttany Spaniel

SEX

Intact Male

AGE

10.5 Years

WEIGHT

Approx. 45 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

Dr. Nancy Rees

INVOICE

41749

DATE

9/28/22

PRIMARY FINDINGS

- **Aggressive left sublumbar lymph node –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

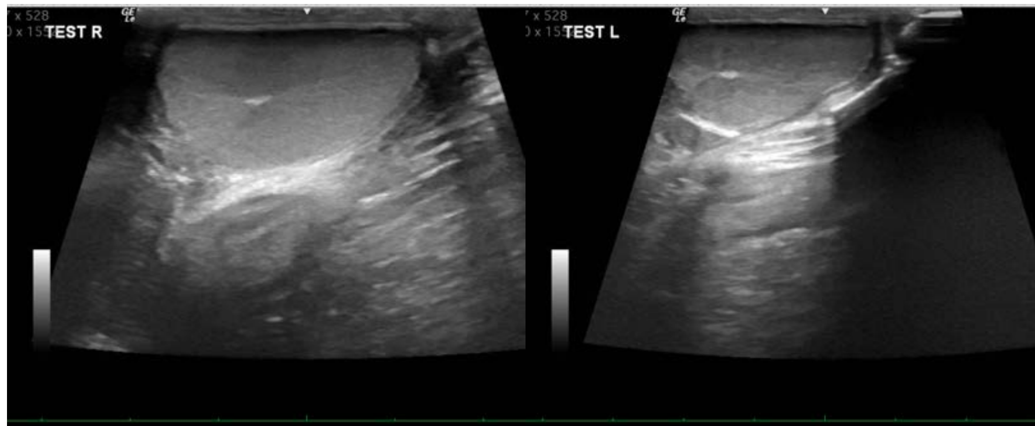
SECONDARY FINDINGS

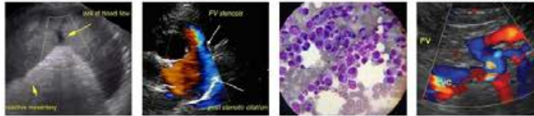
- Age related kidney changes with non-obstructive dystrophic mineralization bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of cranial abdominal inflammation, thick stomach wall, etc., a differential for the acute clinical signs is acute pancreatitis. However, there is no evidence of the previously reported abnormalities visible in these images at this time, which matches the patient's reported clinical improvement.

Potentially unrelated, however, is the sublumbar lymphadenopathy, differentials for which include aggressively reactive lymph node secondary to prostatitis, such as bacterial prostatitis. However, metastatic disease from a perianal mass cannot be definitively ruled out. Therefore, recommendations include a thorough rectal/perianal exam, paying close attention to the anal glands, as well as urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. A fine needle aspirate of the enlarged lymph node is recommended if patient's coagulation status is appropriate.





PATIENT

Dean Christenson

SPECIES

Canine

BREED

Birttany Spaniel

SEX

Intact Male

AGE

10.5 Years

WEIGHT

Approx. 45 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

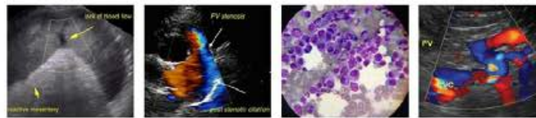
Dr. Nancy Rees

INVOICE

41749

DATE

9/28/22



PATIENT

Dean Christenson

SPECIES

Canine

BREED

Birttany Spaniel

SEX

Intact Male

AGE

10.5 Years

WEIGHT

Approx. 45 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

AC of Penn Valley

REFERRING VET

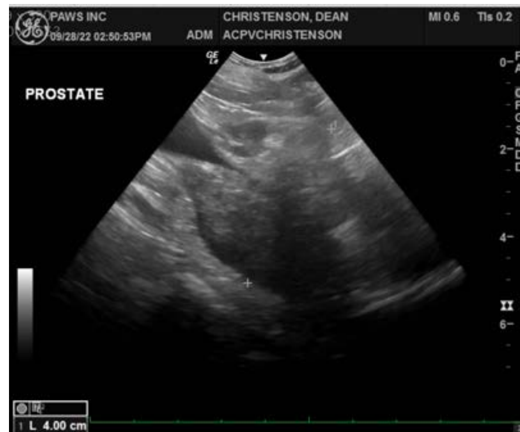
Dr. Nancy Rees

INVOICE

41749

DATE

9/28/22



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