

PATIENT	PRESENTING CLINICAL SIGNS
Jack Mink	Vomiting not eating for 1 week. Icterus
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Miniature Schnauzer Mix	The prostate is unable to be well visualized due to the marked reactive tissue in the abdomen. However, there was no overt pathology noted in the area of the prostate. A moderate amount of anechoic free fluid is present.
SEX	Left kidney is normal in size (3.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
Neutered male	Right kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
AGE	Adrenal Glands
4 years	Left adrenal gland is normal in size (1.37 cm long x 0.29 cm at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
WEIGHT	Right adrenal gland is normal in size (1.7 cm long x 0.75 cm at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
11.25 lbs	Spleen
INTERPRETED BY	Spleen is subjectively enlarged in size with swollen, but smooth margins. Parenchyma is diffusely hypoechoic in echogenicity with a slightly coarse echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	Liver is subjectively enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
Jenna Walsh, CVT	Gastrointestinal
HOSPITAL NAME	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
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PATIENT

Jack Mink

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Canine

Pancreas

Pancreas is diffusely prominent and hypoechoic in echogenicity with a slightly, coarse echotexture and normal architecture maintained.

BREED

Miniature Schnauzer
Mix

Free Abdomen

SEX

Neutered male

Diffuse lymphadenopathy is noted including cranial abdominal lymph nodes, mesenteric lymph nodes and medial iliac lymph nodes. All lymph nodes are hypoechoic and surrounded by diffusely hyper reactive/hyperechoic mesentery.

AGE

4 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.25 lbs

Primary Findings

Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Hypoechoic splenomegaly. This can be associated with congestion caused by sedation, if the patient was sedated. This can also be associated with diffuse, infiltrative disease. Benign conditions such as extramedullary hematopoiesis and lymphoid hyperplasia as well as infiltrative neoplastic disease such as round cell neoplasia should be considered.

Diffuse lymphadenopathy. Differentials include both reactive changes as well as infiltrative neoplasia.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Moderate amount of anechoic free fluid and reactive mesentery throughout the abdomen.

HOSPITAL NAME

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Prominent, hypoechoic pancreas. Rule outs include acute pancreatitis versus reactive change secondary to the diffuse peritonitis. Infiltrative neoplasia is also possible/cannot be ruled out. While acute pancreatitis can certainly cause the free fluid and the hyper reactive mesentery as well as the pancreatic changes observed it is not typically associated with the amount of lymphadenopathy appreciated in this patient combined with the splenomegaly and hepatomegaly. Therefore, more consideration is given to infiltrative neoplasia, likely round cell neoplasia i.e. lymphoma.

REFERRING VET

Dr. Kryukova

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

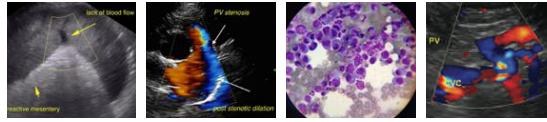
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Recommendations include sampling the free fluid for cytology as well as a FNA of the spleen, liver and enlarged lymph nodes +/- pancreas if the patient's coagulation status is appropriate. There is some concern on the edge of one of these clips of concurrent lymphadenopathy within the thorax. Therefore, other recommendations include three view thoracic radiographs to further assess for metastatic disease if not already evaluated. In the meantime, while awaiting cytology results supportive care of possible pancreatitis is recommended with rehydration, anti-emetics, appetite stimulants, +/- a feeding tube as well as antibiotics and pain medication if indicated.

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Miniature Schnauzer
Mix

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Neutered male

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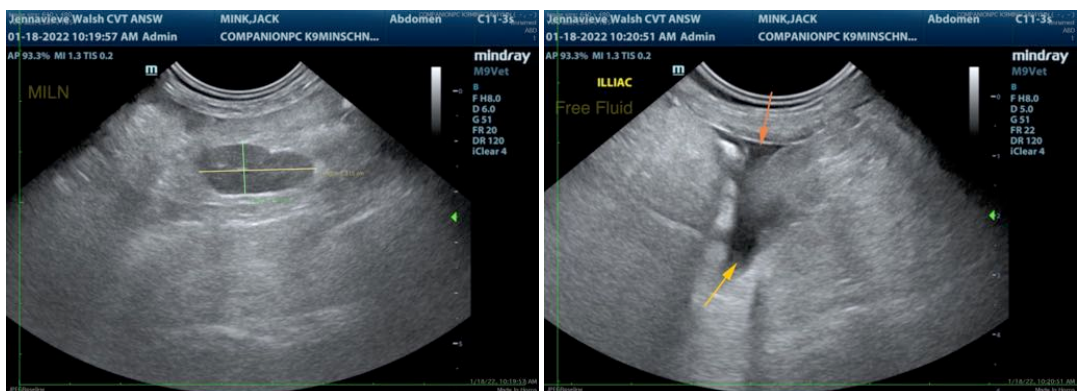
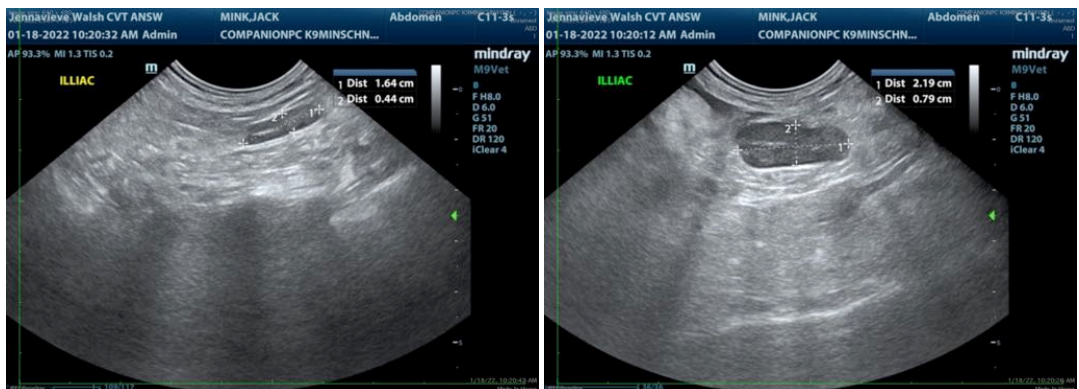
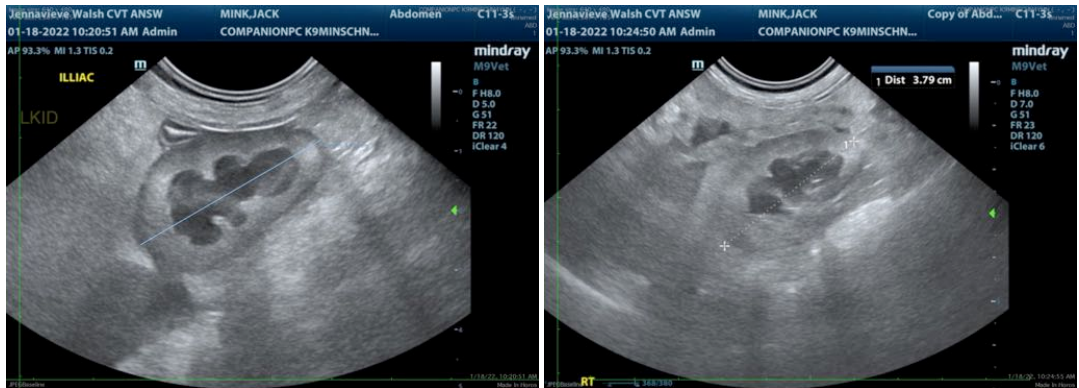
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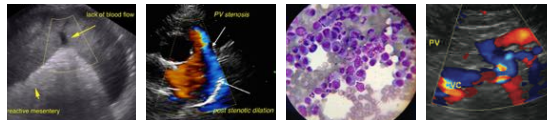
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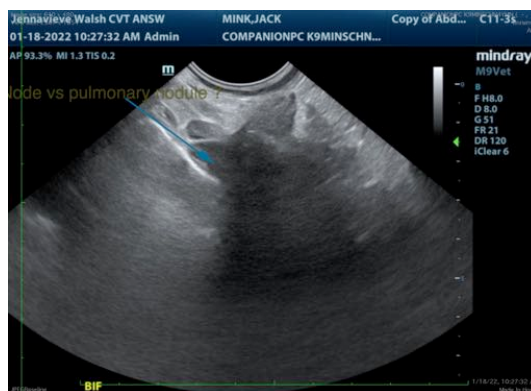
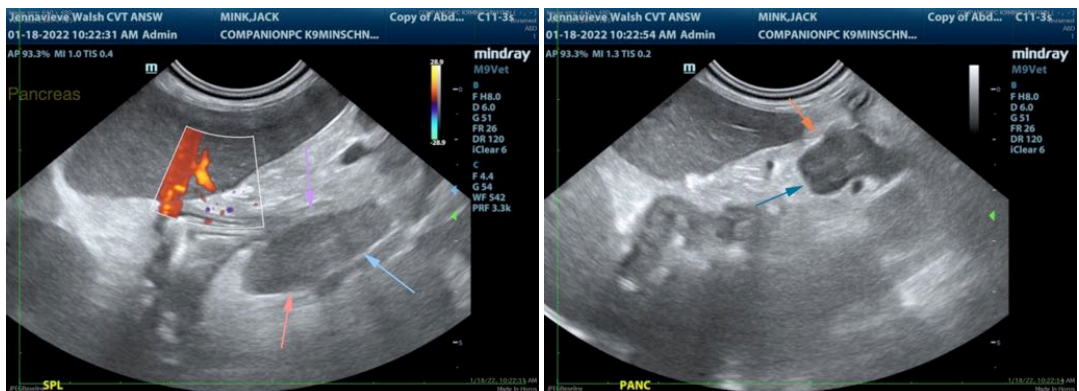
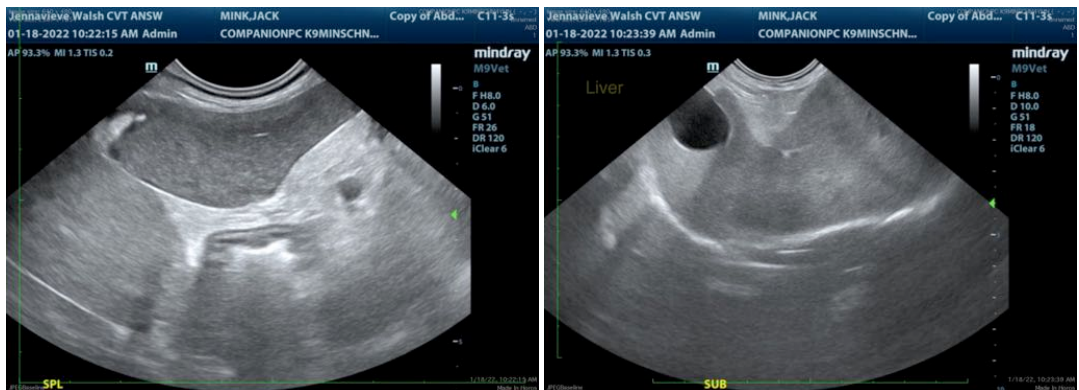
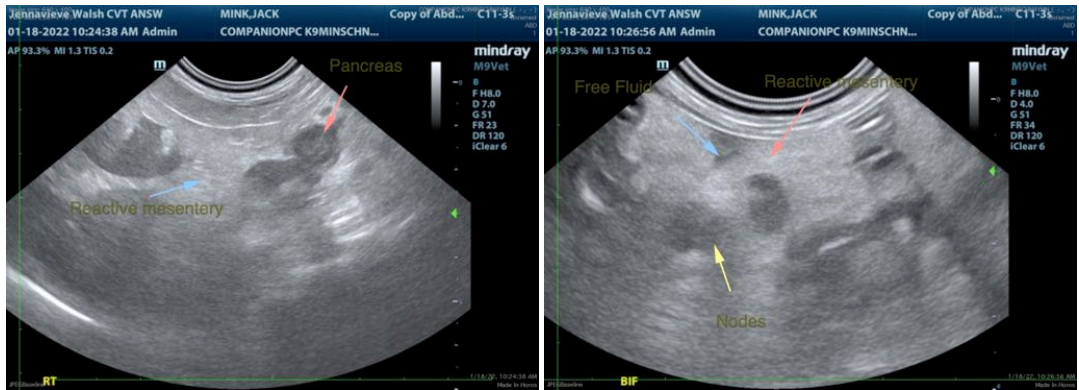
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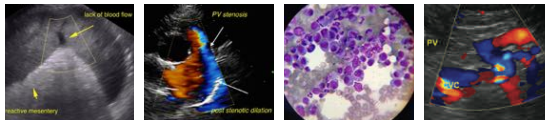
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The information and recommendations provided are based on the images presented by the referring



PATIENT

Jack Mink

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.

SPECIES

Canine

Beth Johnson, DVM DACVIM

BREED

Miniature Schnauzer
Mix

Beth.Johnson@SonoPath.com

SEX

Neutered male

AGE

4 years

WEIGHT

11.25 lbs

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PERFORMED BY**

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