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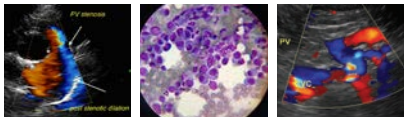

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/28/21

PATIENT

Jackson Klimovitz

SPECIES

Canine

BREED

American Bulldog X

SEX

Neutered Male

AGE

3/15/09

WEIGHT

76 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Stay Pet Vet

REFERRING VET

Dr. Klimovitz

INVOICE

26701

PRESENTING CLINICAL SIGNS

Post op mass removal of LH dorsal hip 8 days ago, JP drain placed 3 days ago due to incisional drainage. The day following JP drain placement, woke up with signs of Horner syndrome OS: ptosis, enophthalmos, miosis, third eyelid covers 90% of his corneal surface. Was restless during the day, started with random vocalization at times when walking after getting up from laying down (happened 3-4 times) *POSSIBLE* but not repeatable each time decreased neck extension. Overall he is slow, and stiff when moving around. Acute onset last night of pronounced tachypnea, sternal positioning for panting, then lateral laying while still tachypneic. Pulses were normal, HR 132 RR 65 to eventual 30-40 after gabapentin and methocarbamol PO within 3 hours of administration. No drain or incisional pain. Seems still very stuporous mentally despite PO meds given 14 hours ago, responds to stimuli. Possible regurgitation from left nare during surgery for drain placement. Normal appetite, urine and defecation (Though has not defecated today since he is a little dull and stuporous)

Current Medications: Pimobendan, Budesonide.
Lab Results: Labwork so far is wnl. Tumor biopsy was benign trichoepithelioma.
Radiographs: radiology report suspicious of mediastinal mass with lymphadenopathy.
Date of Previous IntraPet Ultrasound: ABD: 11/26/19 ECHO:9/22/21. Multiple previous reports.
Sedation: Not needed.
Stat Report: stat report requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

Iliac lymph nodes masses were noted in this patient, significantly disruptive, hypoechoic, irregular, and regionally inflamed. Disrupted architecture is strongly suggestive for lymphatic based neoplastic event such as lymphoma or similar.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.2 cm. The left kidney measured 7.35 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.43 cm x 0.6 cm at the caudal pole and 0.76 cm at the cranial pole.

The **left adrenal gland** was slightly irregular. A portion fo the left adrenal appeared to be occupying the left phrenic vein. However, this may represent thrombosis and not necessarily a neoplastic event.

Spleen

The **spleen** presented multifocal hypoechoic, mildly disruptive nodules, the largest of which measured 1.38 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A hypoechoic nodule was noted in the left cranial liver measuring 1.58 cm x 0.5 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Retention of ingesta was noted in the **stomach**. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Thorax

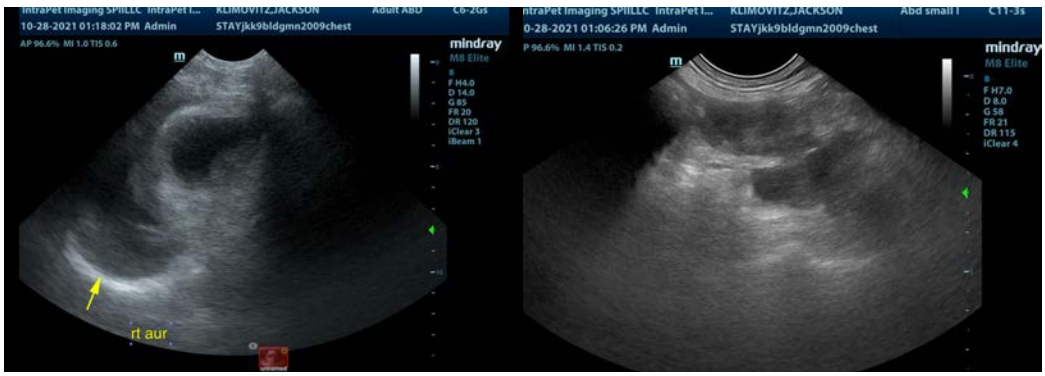
The thorax revealed extracardiac masses deriving from the cranial mediastinum. The heart revealed relatively normal volume and contractility. Masses in the chest measured up to 8.0 cm and do not appear resectable. Likely lymph node origin and metastatic from the abdominal presntation. The heart is deviated from its normal position owing to regional lymph node masses. Multiple lymph nodes were coalescing in the cranial mediastinum to create a mass effect.

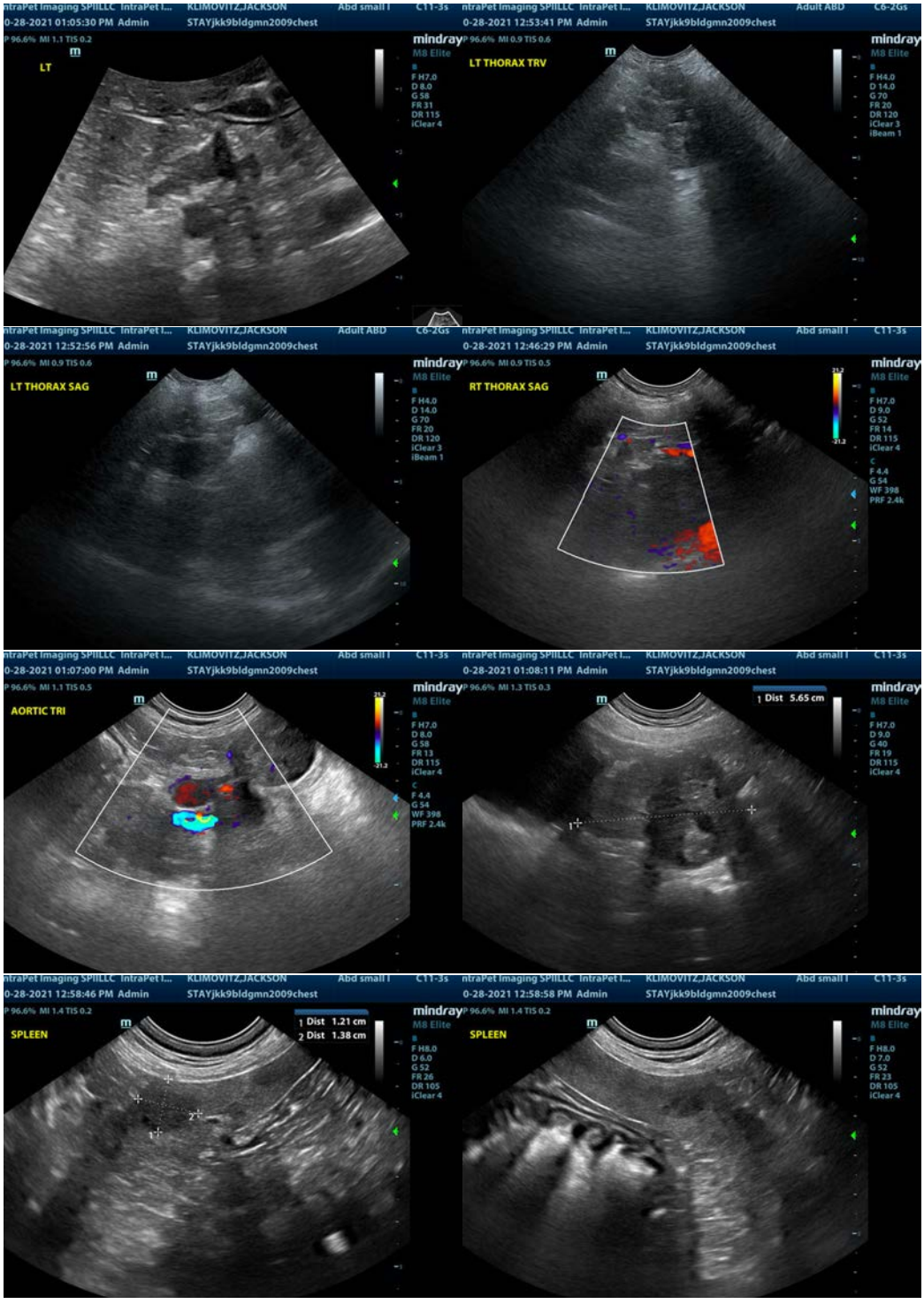
ULTRASONOGRAPHIC FINDINGS

- Multifocal lyphoproliferative pattern dual cavity neoplasia – round cell neoplasia likely
- Iliac lymph nodes, spleen +/ liver likely involved in the neoplastic process
- Left phrenic thrombosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the most accessible lymph nodes and thoracic masses recommended. Prognosis is poor long-term depending upon potential responsiveness to chemotherapy. The iliac lymph nodes created a mass effect upon the colon, likely responsible for the reported dyschezia/straining to defecate.

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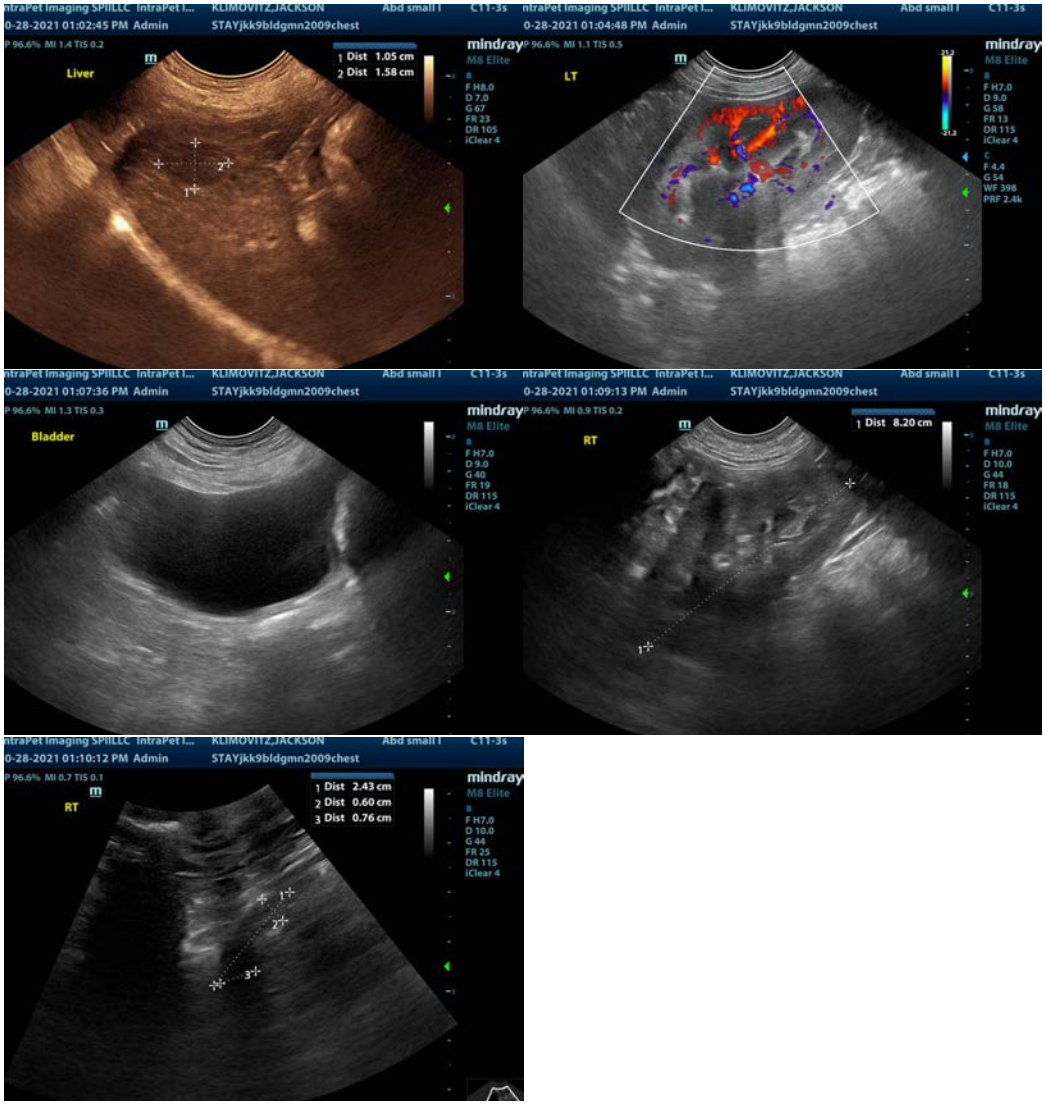

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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