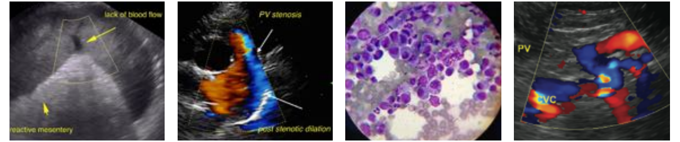
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Simon Johnson

SPECIES

Canine

BREED

Flat Coated Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

31.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

42901

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Today (12/6), around 1pm P V+ once a very large amount and then started to pant very hard and started trembling. O's son then took him to VCA where P has been at all day. P ate breakfast just fine and has been drinking water. Before Thanksgiving P D+ for about 4-5 days. O said that she put P on wet version of his dog food that he has been on his whole life which resolved the issue. There are no other pets in the home. No changes to setting and diet_ Ag No recent diet changes and no known exposure to any toxins. No fish exposure. Has past history of eating items from around the house. Presented to VCA Salem for vomiting, shaking, panting, and lethargy. Had a pile of partially digested food and was laying in it. Had eaten and drank this in the morning. Had cerenia, buprenorphine, and SQ fluids at VCA Salem at approx 2pm. Initial presentation had temp of 103.6F and was tachycardic at 170bpm. Labs VCA Salem 12/6 CBC: WBC 13,950 with neutrophilia and lymphopenia, PCV 49%, TS 7 g/dL Chemistry profile: ALB 4.4, GLU 120 --> stress hyperglycemia 3 view abdominal radiographs: stomach appears mostly empty and in a normal position, small amount of gas pocketing in bowels without overt evidence of GI foreign body or mechanical bowel obstruction, moderate amount of formed stool in the colon, normal serosal detail. Submitted for STAT AIS radiology review. AIS radiology report: small amount of amorphous soft tissue opaque material within the stomach (r/o ingesta vs foreign material), small amount of small intestinal gas without evidence of mechanical bowel obstruction. 5pm
Abnormal PE/Chem/CBC/UA Results: R/O: dietary indiscretion, foreign body, pancreatitis, neoplasia, parasitic, open _ Vomiting Abdominal pain 5% dehydrated

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 was noted. Ureteral papillae were normal.

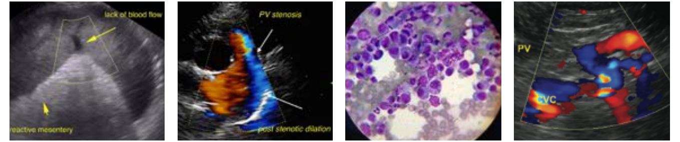
The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The left kidney measured 6.0 cm. The right kidney is irregular in contour and measures 6.0 cm with enhanced mesentery noted in the retroperitoneal space. Heterogenous tissue was noted in the sublumbar/retroperitoneal region with regional free fluid.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** is mildly enlarged and folded upon itself with mild scalloping contour. Subtle, heterogenous parenchymal changes were noted.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Free Abdomen

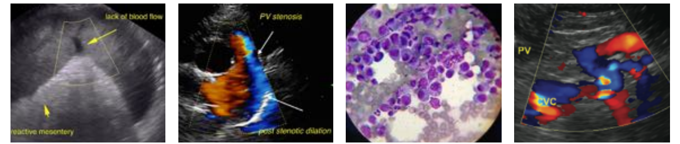
A sublumbar, cystic lymph node mass is noted and measures 4.0 cm. Other lymph nodes are enlarged and irregular. Regional free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Sublumbar lymphadenopathy and regional free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the sublumbar lymph node mass and abdominal CT would be ideal in this patient. I cannot rule out underlying adrenal neoplasia. Round cell neoplasia is a strong potential. The prognosis is guarded to poor depending upon cytology findings and potential CT findings.



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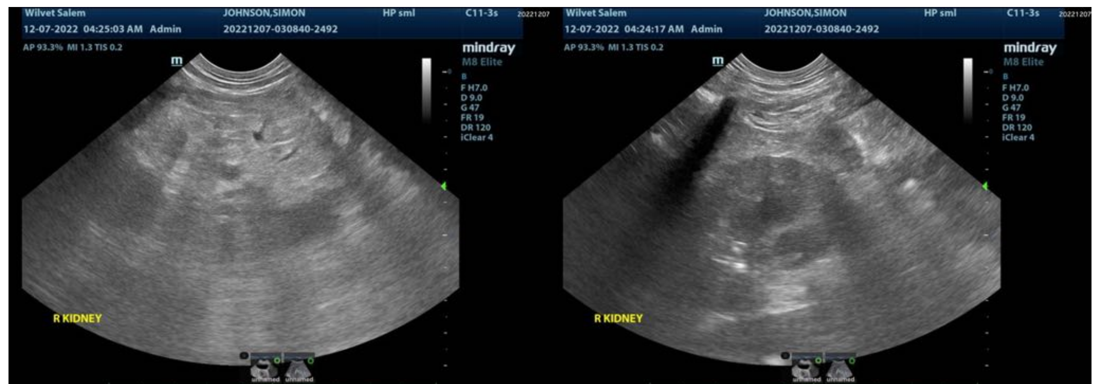

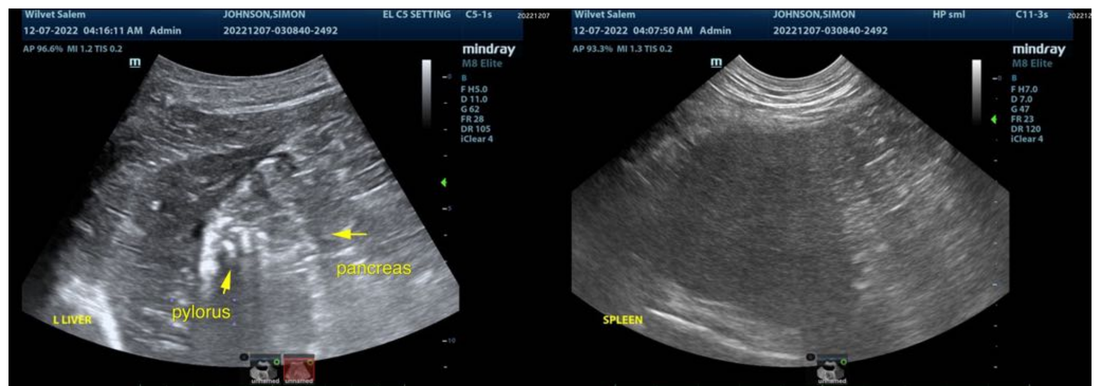

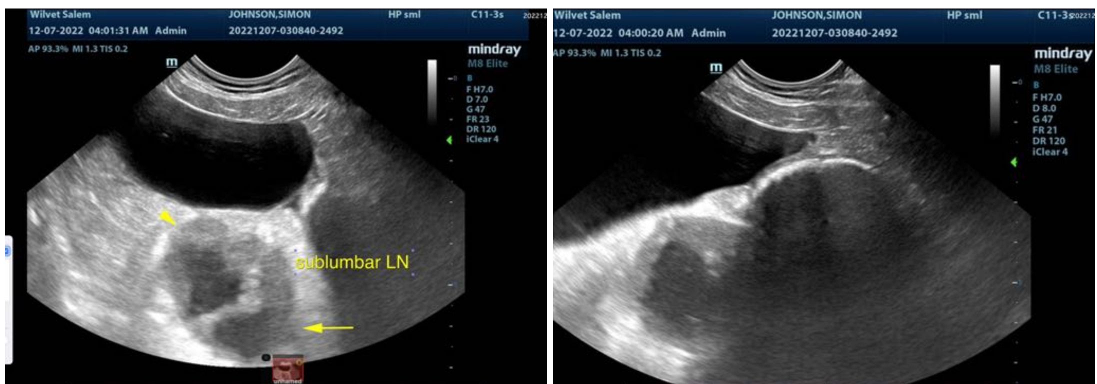

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com