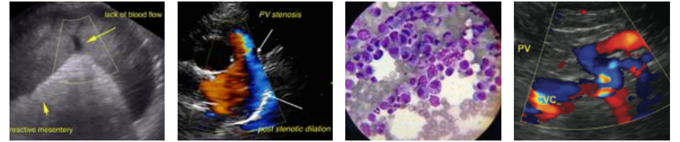
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Joey Olmstead

SPECIES
Canine

BREED
Shetland Sheepdog Mix

SEX
Neutered male

AGE
13 years

WEIGHT
22 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Moser

INVOICE
45896

DATE
7/5/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating since Monday usually a picky eater per owner, started with diarrhea, not wanting to get up, lethargic was seen at rDVM today radiographs and bloodwork transfer to shores. Previous Health Concerns: hypothyroidism, arthritis Current Medications: thryo tabs, gabapentin
Abnormal PE/Chem/CBC/UA Results: Rads: poor detail, enlarged spleen poss liver enlargement, concern for mass mid abd Lepto negative Bloodwork: RBC 4.05; HCT 25.5; HGB 9.1; WBC 31.04; NEU 21.29; MONO 6.22; MPV 15; PDW 22.4; CREA 3.4; BUN 115; PHOS 11.6; ALKP 1871; K 6.6 UA: blood +10; pro trace; bacteria TNTC; WBC TNTC; RBC TNTC

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 **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 6.03 cm. The left kidney measured 5.34 cm with corticomedullary mineralization.

Adrenal Glands

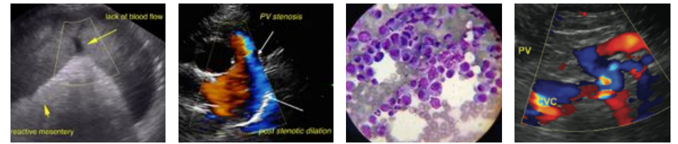
The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.6 x 1.07 cm at the cranial pole and 0.97 cm at the caudal pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.8 cm at the caudal pole.

Spleen

The **spleen** was enlarged, irregular, swollen with dramatically hypoechoic parenchymal changes. Regional lymphadenopathy is present.

Liver

The **liver** was mildly enlarged with slight, heterogenous parenchymal changes. The gallbladder and common bile duct were normal.



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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

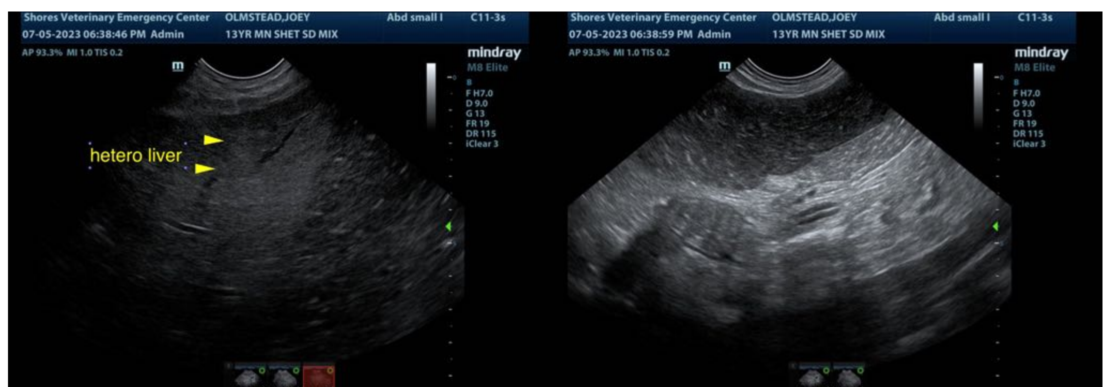
The iliac lymph nodes are enlarged, hypoechoic and rounded with peripheral inflammation. The largest lymph node measured 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

Splenic and lymph node based infiltrative disease. Round cell neoplasia is likely with potential hepatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out splenic torsion; however, given the lymphadenopathy and the sonographic appearance, round cell neoplasia is most likely. Given the splenic and lymph node presentation FNA of the liver is recommended screen if it is involved in the presumed neoplastic process. FNA of the spleen, lymph nodes and liver is recommended along with chest radiographs. Prognosis is guarded to poor depending on responsiveness to chemotherapy.



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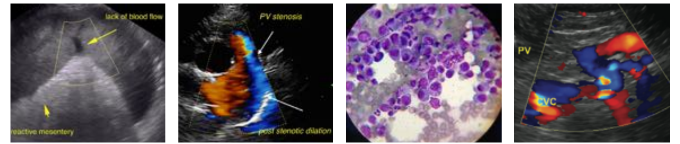

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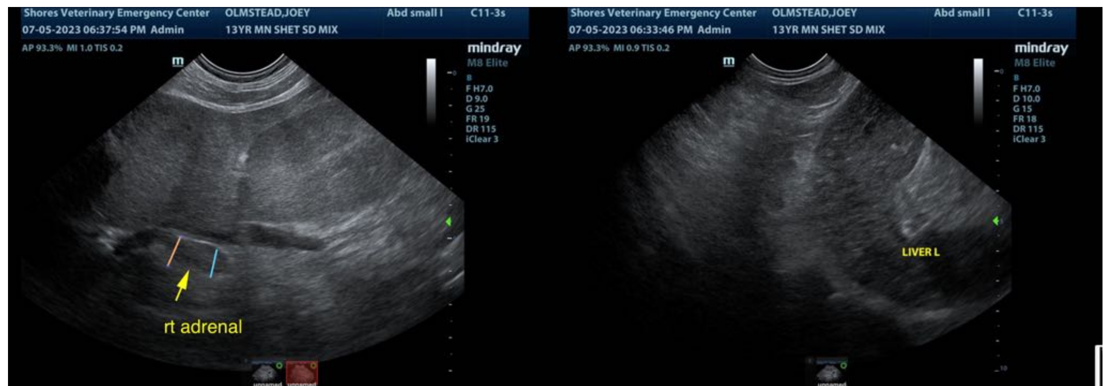

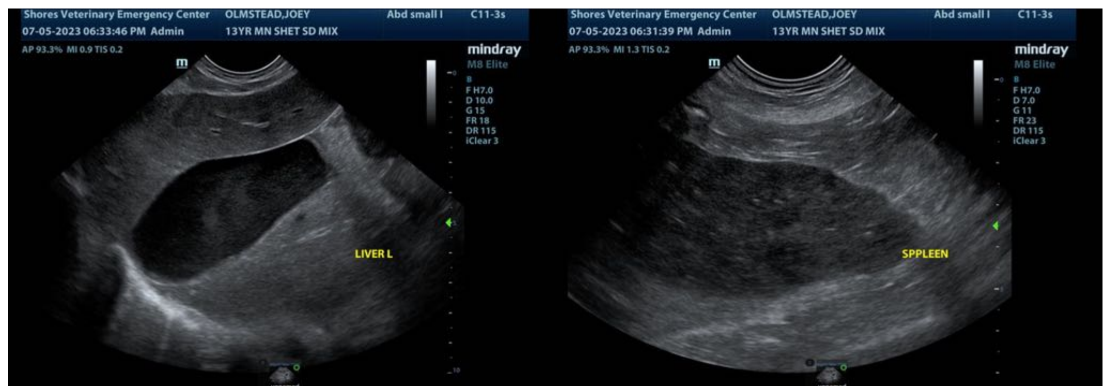

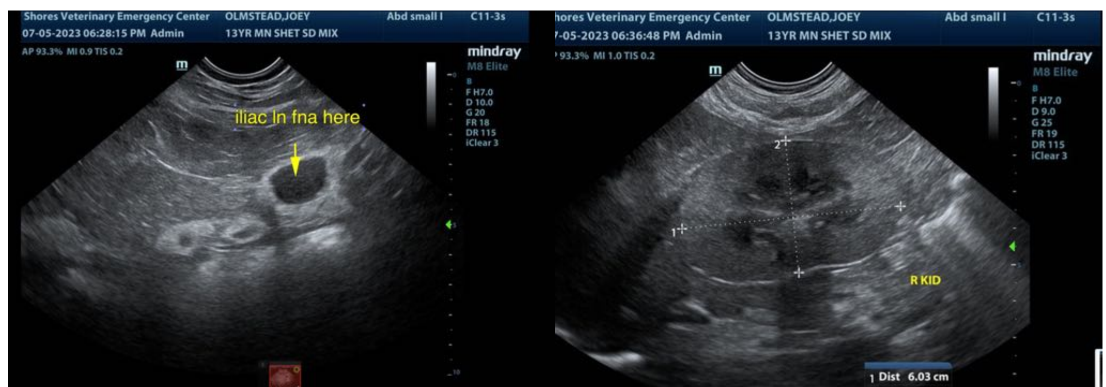

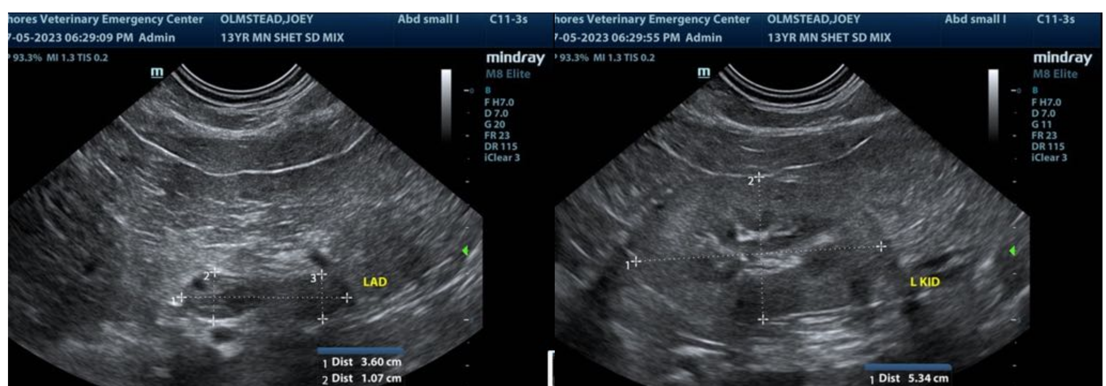

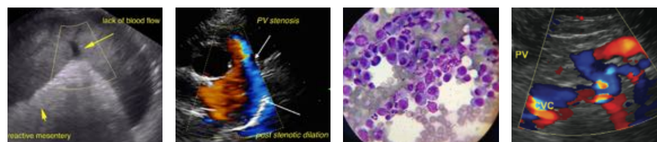

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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