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Clinical Sonography & Telecytology
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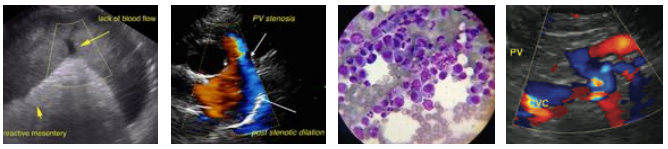

PATIENT
Sophia Kinslow

SPECIES
Canine

BREED
PItbull Mix

SEX
Spayed Female

AGE
7 years

WEIGHT
51.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Kaltsas

INVOICE
91478

DATE
8/24/21

PRESENTING CLINICAL SIGNS

History: Watery diarrhea since chewing on a deer antler last week. Has not improved with bland diet. Acting fine, will eat. No vomiting. Possible weight loss.
Abnormal PE/Chem/CBC/UA Results: TP 3.6, Alb 1.6, Chol 82, Amylase 1,839. Baseline cortisol 2.2.
RADS: Subjectively small liver, all else WNL. USG Abd tap: clear, watery fluid.

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** 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 left kidney measured 5.04 cm. The right kidney measured 5.43 cm.

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.69 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 2.0 X 0.5 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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.

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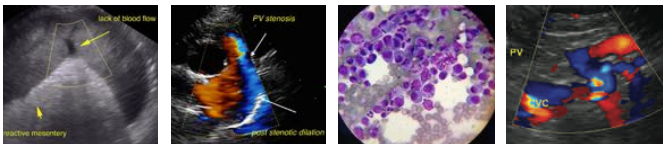

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Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Soft stool was noted in the colon. The mesenteric lymph node was enlarged and measured 1.39 x 2.71 cm with heterogenous parenchymal changes. FNA is indicated to ensure that this is a reactive state as opposed to an early neoplastic one.

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 mild amount of free fluid was noted.

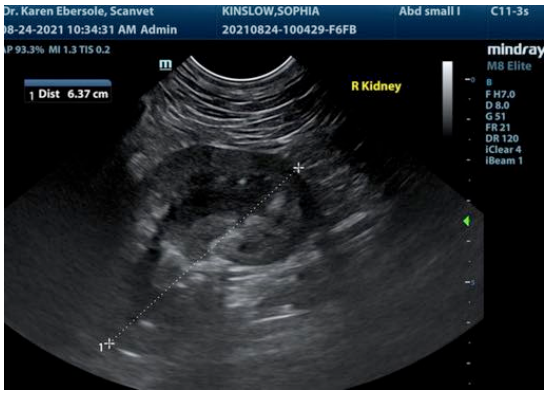
ULTRASONOGRAPHIC FINDINGS

Protein losing enteropathy pattern/mucosal striations and fogging.

Secondary ascites with mesenteric lymphadenopathy. Potential for emerging lymphoma with paraneoplastic PLE.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes is recommended +/- PCR or PARR for lymphoma. Guarded prognosis depending on cytology results. The lymph node pattern is reactive pattern. Neoplasia is largely unlikely, yet possible.



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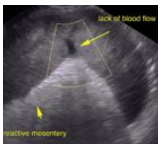
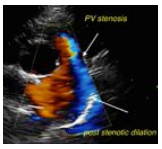
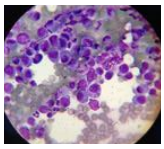
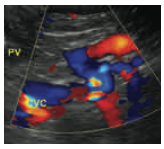

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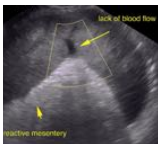

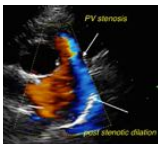

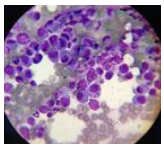
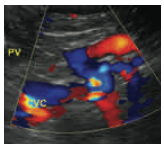

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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