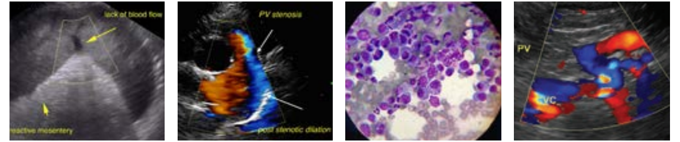


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Cody King

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

9 Years

WEIGHT

60 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

41365

DATE

9/15/22

PRESENTING CLINICAL SIGNS

Hx: presented for decreasing appetite over the last few weeks Last 5 days pet would vomit soon after eating a large meal containing wet food, vomiting decreased once feeding smaller sized meals. PE: wt 59lbs (lost 10lbs in 3 months) - epaxial muscle loss; cranial abdomen appears distended - pet very tense making palpation very difficult Radiographs-hepatomegaly with mass effect causing shift in stomach axis Current Medication - cerenia

Abnormal PE/Chem/CBC/UA Results: BW results 9/12 ALP 458 (23-212) BUN 34 (7-27)Crea 2.2 (0.5-1.8) remainder of chemistry wnl, unremarkable CBC

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed diffuse hyperechoic cortical changes with interstitial nephrosis pattern. Slight pelvic mineralization noted measuring 2.0 mm. The left kidney measured 5.2 cm with undulating contour. Blood flow was subnormal on power doppler assessment. Cortical infarct noted on the left kidney. The right kidney measured 5.8 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.50 cm.

The **right adrenal gland** was visualized obliquely and measured approximately 5.0 mm in width.

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 were noted.

Liver

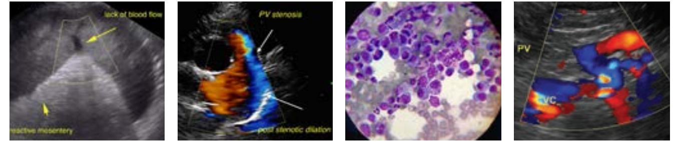
The **liver** was diffusely nodular with coalescing hypoechoic, irregular target lesions with scalloping contour. The liver was swollen. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The ileocecal junction revealed a hypoechoic nodular change in the intestinal wall, appears to be the cecal wall. Ultrasound guided FNA warranted on this lesion. The lesion measured 2.0 cm with hyperechoic surrounding fat.

A mid abdominal lymph node was enlarged, hypoechoic and irregular, measuring 2.5 cm x 1.5 cm with hyperechoic inflamed capsule.

Pancreas



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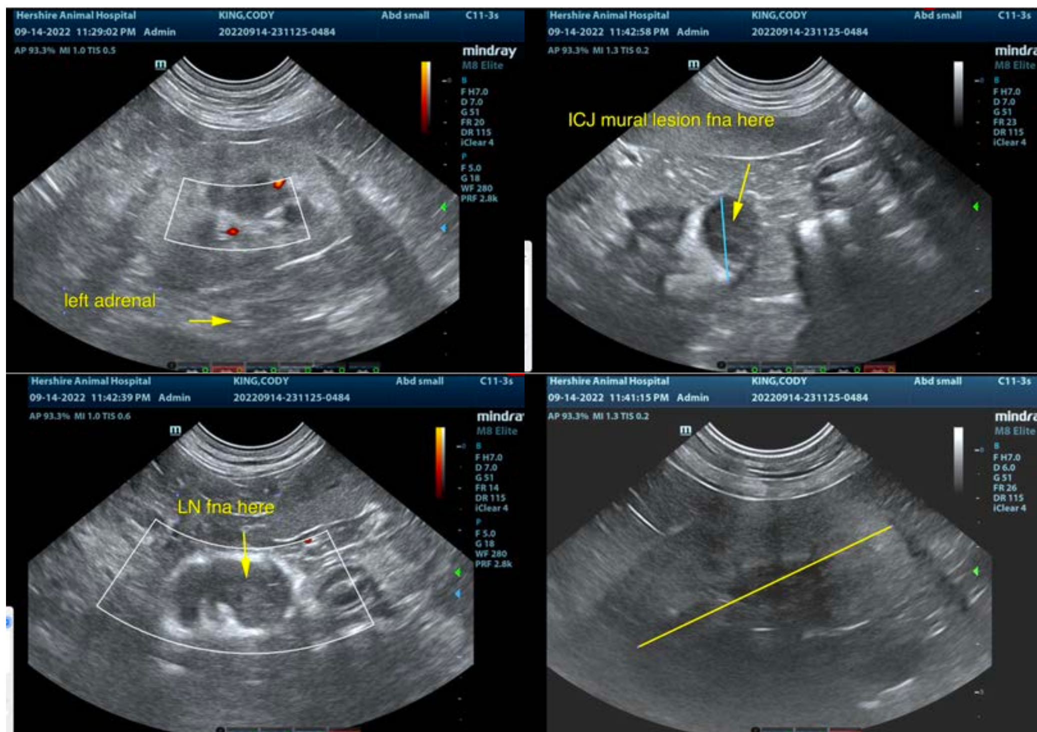
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern with infarcts and remodeling
- Ileocecal mural nodule with regional lymph node enlargement
- Diffuse coalescing hypoechoic nodular hepatic changes – concern for metastatic disease or pronounced nodular hyperplasia possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the ileocecal nodule and the mesenteric lymph node revealed similar hypoechoic echotexture. If crusting skin lesions are present. the liver is reminiscent of potential hepatocutaneous syndrome. 72-hour IV fluid protocol, full urinary workup, bile acid profile, and ultrasound guided FNA of the ileocecal mural lesion, lymph node, and liver all indicated. Prognosis is very guarded. The kidneys do not appear overtly end stage, subjectively 40-50% compromised. Prerenal azotemia or complicating renal insult from prerenal disease such as the mesenteric lymph node, cecal, and hepatic pathology all possible.



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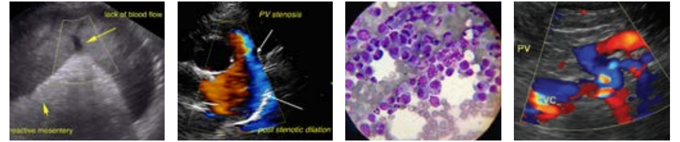

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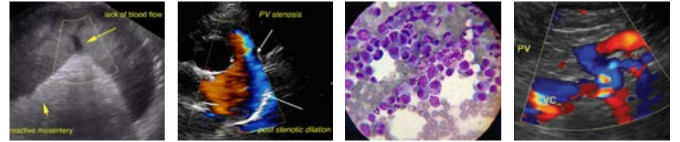

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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