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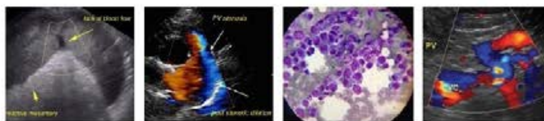


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Sojo Grossman

SPECIES

Canine

BREED

Aussie

SEX

Intact Male

AGE

14 Years

WEIGHT

21.9 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Sutton

INVOICE

34163

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Peripheral lymphadenomegaly currently on: Prednisone and Amoxi-Clav
Abnormal PE/Chem/CBC/UA Results: FNA of all peripheral lnn submitted to Idexx - Confirmed Lymphoma Chemistry WNL Mild leukocytosis on CBC but suspect patient has a peri apical abscess

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The right kidney has a normal shape and size (7.46 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (6.46 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.80 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

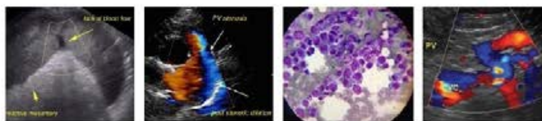
Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal lesions are observed in the spleen, but the reticulated, mottled pattern is characteristic for lymphoma.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

No free fluid. There is a significant mesenteric lymphadenopathy with large, hypoechoic lymph nodes measuring 2.26 cm x 1.29 cm and 3.03 cm x 1.39 cm. The omentum is generally of increased echogenicity around the enlarged lymph nodes.

Other

Both testicles are visualized. There are two hyperechoic nodules within the parenchyma of the left testicle, one measuring 0.73 cm and one measuring 0.50 cm. The right testicle appears normal.

PRIMARY FINDINGS

- Mottled/reticulated spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The reticulated pattern of the spleen is classic for lymphoma.

- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. This concerning for the presence of possible infiltrative disease.

- Moderate/severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, etc. A fine needle aspirate with cytology is recommended for further evaluation.

- Two hyperechoic nodules within the parenchyma of the left testicle – Of primary concern would be metastatic lesions, although other possibilities exist.

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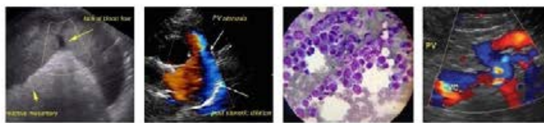

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SECONDARY FINDINGS

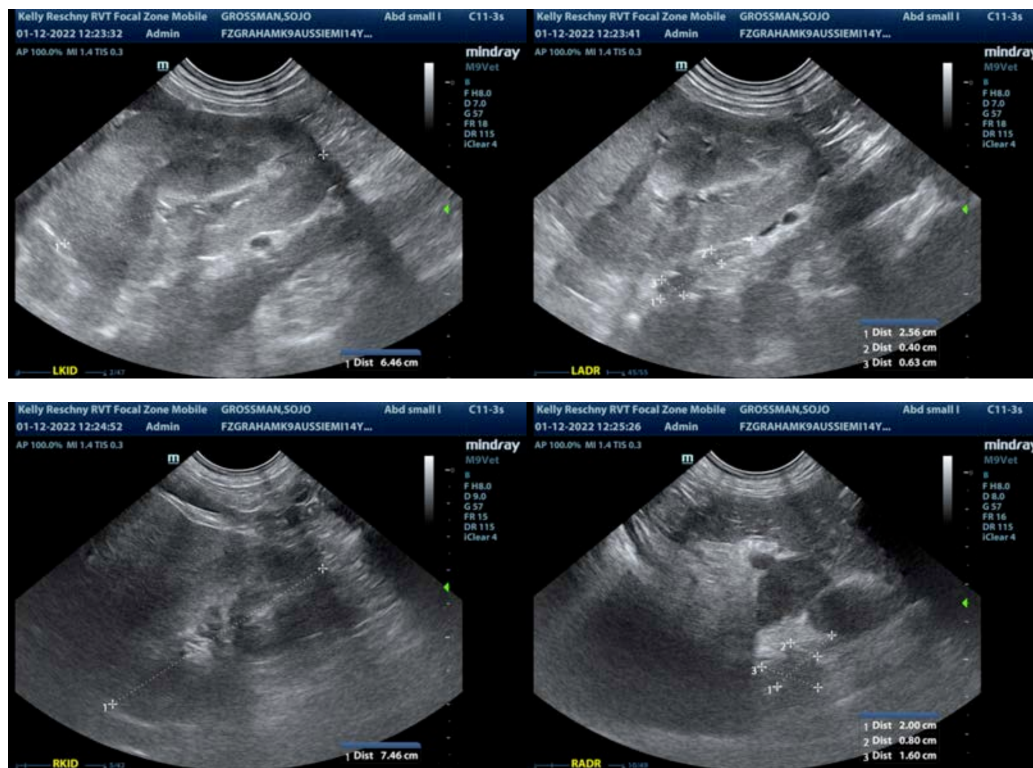
- Pinpoint non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

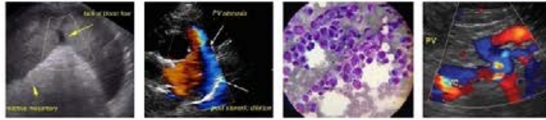
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the reticulated spleen, large hyperechoic liver, and enlarged mesenteric lymph nodes is likely secondary to lymphoma within these structures. You could consider a fine needle aspirate of the liver, spleen and lymph node to confirm this, or continue with treatment as recommended by your veterinary oncologist.

Additionally, there are two nodules within the left testicle. If these resolve with chemotherapy, they likely were lymphoma. If they do not, I would recommend neutering and submitting the testicle for histopathology.

Recommend 3-view thoracic radiographs to look for evidence of concurrent intrathoracic disease.





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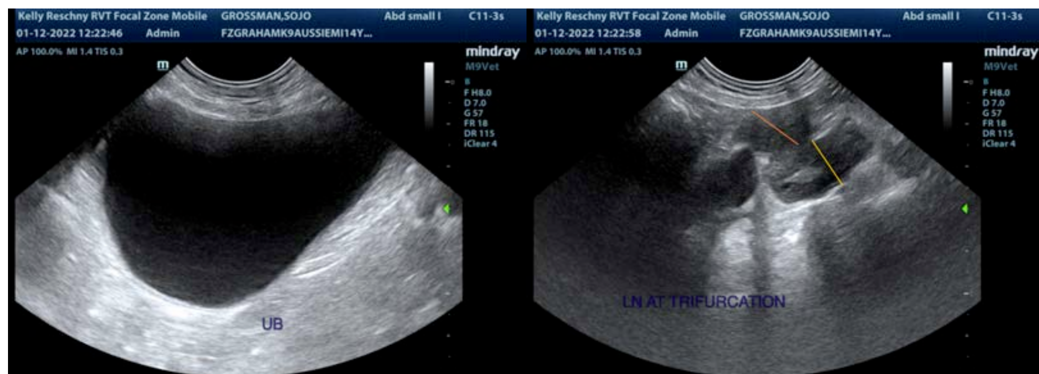

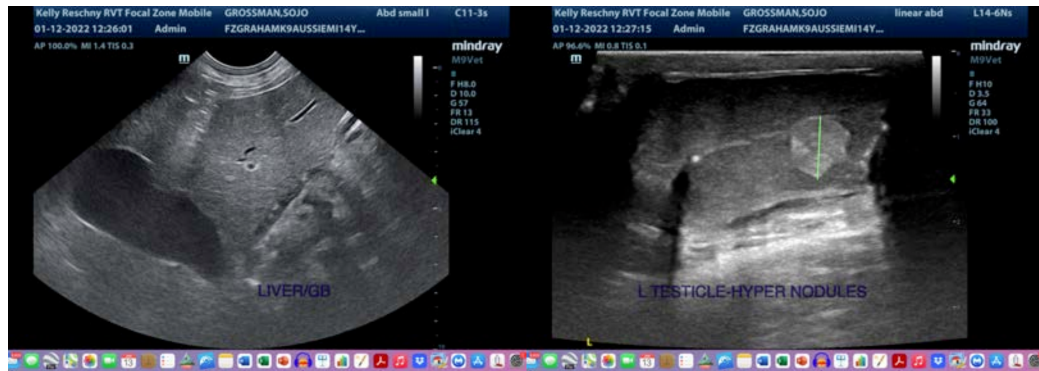

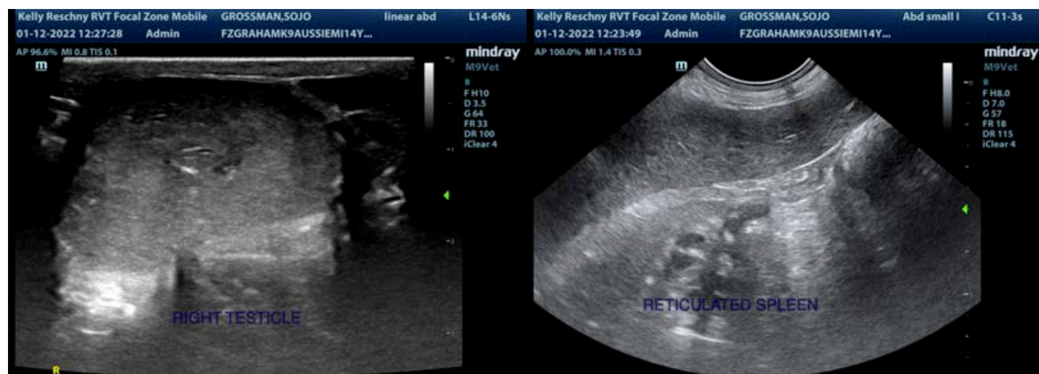

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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