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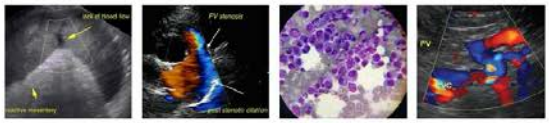

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pawsonography@gmail.com 530-786-8340

PATIENT

Akua Arca

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

10 Years 5 Months

WEIGHT

82 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

34064

DATE

1/6/22

PRESENTING CLINICAL SIGNS

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~ pulmonary metastasis, cardiomegaly and murmur Relevant Medical History and Physical Exam findings (Heart Murmur / Arrythmia): ~Patient presented on 12/30/21 for evaluation of cough after eating a food wrapper. On PE noted grade 4/6 murmur and significant cough elicited on tracheal palpation. Slightly muffled lung sounds on Right ventral lung field. Radiographs appear consistent with cardiomegaly and suspected pulmonary metastasis. Recommended abdominal ultrsound to r/o primary neoplasia and echocargiogram to r/o cardiogenic origin. Also recommended thoracocentesis and lung nodules fna. Also recommended coccidiomycosis serology testing. Collected serosanguinous fluid from pleural cavity and collected serous fluid from the peritneal cavity. Also, obtained sample for cytology from pulmonary nodule. Results are pending. No perianal masses noted.~ Current diet: ~homemade raw diet: beef, chicken, quinoa, cottage cheese, sweet potatos~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ Hematocrit 37.6 (38.3 - 56.5) Globulin 4.4 (2.4 - 4.0 g/dL) Bilirubin - Conjugated 0.2 (0.0 - 0.1 mg/dL)~ Creatine Kinase 238 (10 - 200 U/L) Current medications (include full name, dosage and frequency): ~ Sucralfate 1g PO TID Probiotic/Enzyme chew SID~ Relevant Radiograph Findings(email radiographs if available): ~attached~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears mildly thickened at 0.72 cm, and slightly irregular. The area of the trigone, proximal urethra and ureters appears free of masses or calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

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 left kidney has a normal shape and size (7.4 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.8 cm) with a 1.7 cm cortical cyst. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

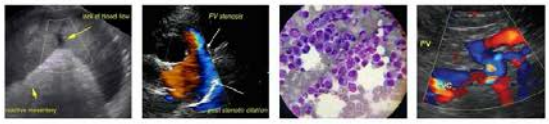
Adrenal Glands

The left adrenal gland is normal in size measuring 1.0 cm at the caudal pole. 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma



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appears normal. A focal mass effect is not clearly visualized, but there is the impression of folding over of the spleen in some areas, which can create a "mass effect".

Liver

The liver is large in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The biliary tract appears largely normal (see gallbladder), but the vasculature appears dilated and prominent. No focal nodules or cystic lesions are observed.

The gallbladder 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 bile duct appears prominent and somewhat dilated, measuring 0.38 cm in diameter.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. Jejunum wall measured 0.31 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

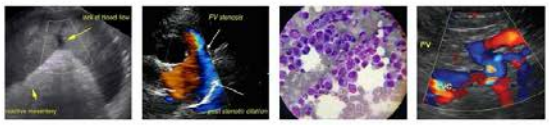
There is a moderate amount of anechoic free fluid. There is a significant mesenteric lymphadenopathy with a cranial mesenteric lymph node measuring 1.32 cm x 0.89 cm and another measuring 1.0 cm x 2.8 cm. The omentum is uniformly hyperechoic.

Other

A brief view of the heart was submitted, which identified a moderate amount of pericardial effusion, a cardiac mass, and pleural effusion with a pulmonary nodule visualized.

PRIMARY FINDINGS

- Large, mottled, possibly folded 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.
- Large, heterogeneous, hypoechoic liver with dilated vasculature – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia,



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inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. Hepatic vasculature is likely dilated due to congestion from the pericardial effusion.

- Right renal cyst – likely an incidental finding.
- Moderate mesenteric lymphadenopathy – The moderate 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.
- Free abdominal fluid – I suspect this is secondary to the pericardial effusion noted.
- Pericardial effusion and heart base mass visualized
- Pulmonary nodules and pleural effusion visualized

SECONDARY FINDINGS

- Mildly echogenic urine with subjectively thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly dilated and tortuous common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large witih dilated vasculature, the spleen is large and congested, and mesenteric lymph nodes are enlarged. Much of this could be due to the pericardial effusion visualized. Additionally, some of this could represent metastatic disease. Samples were obtained of the pleural effusion, abdominal effusion, and a fine needle aspirate of the pulmonary nodule. This should hopefully provide a diagnosis and a basis to consult with a veterinary oncologist regarding treatment options and prognosis. Prognosis is guarded to grave.

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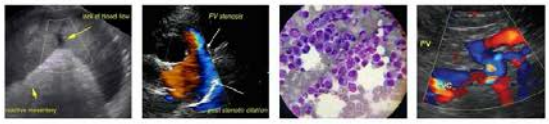

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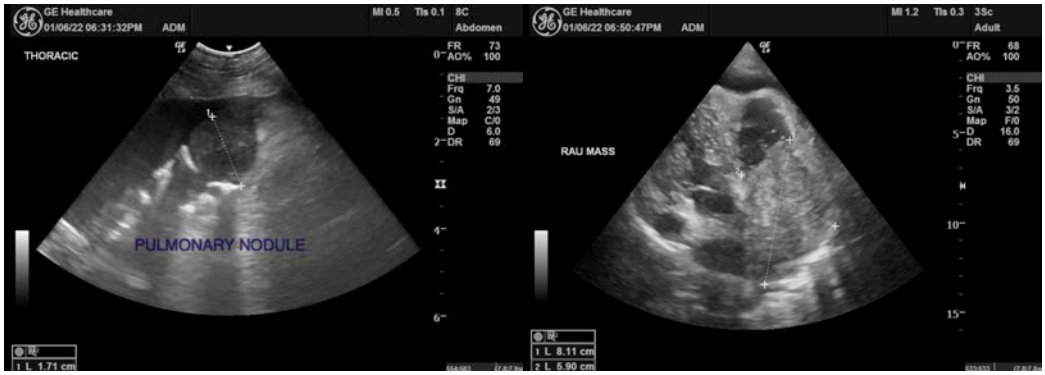

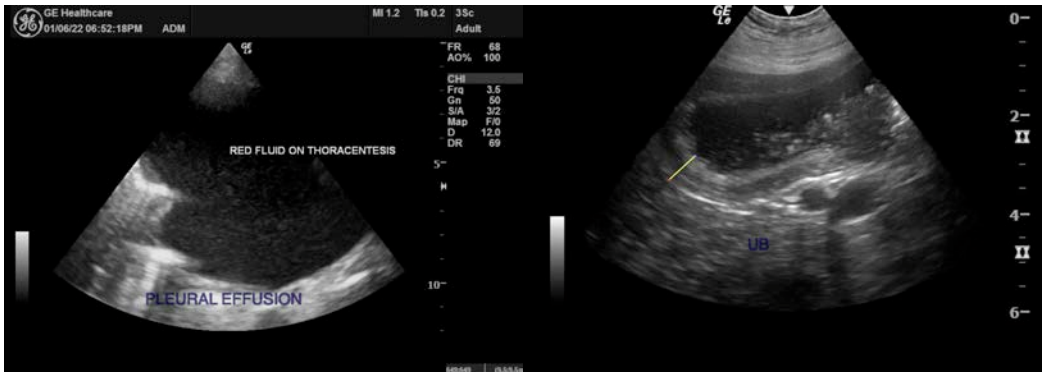

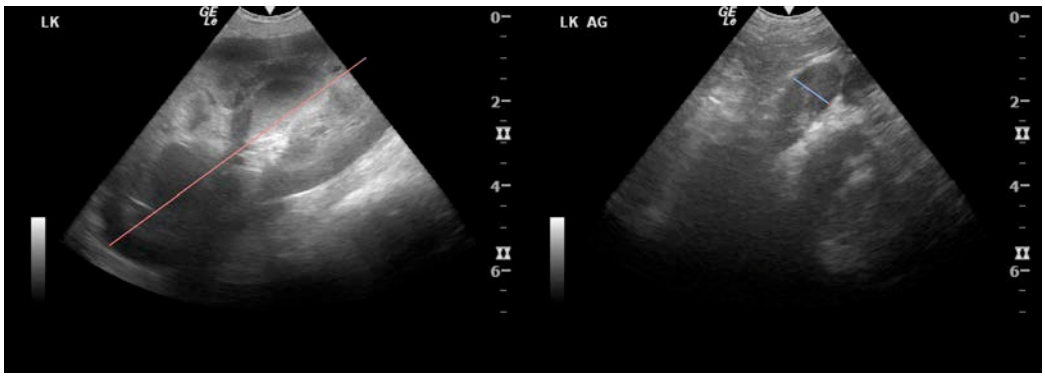

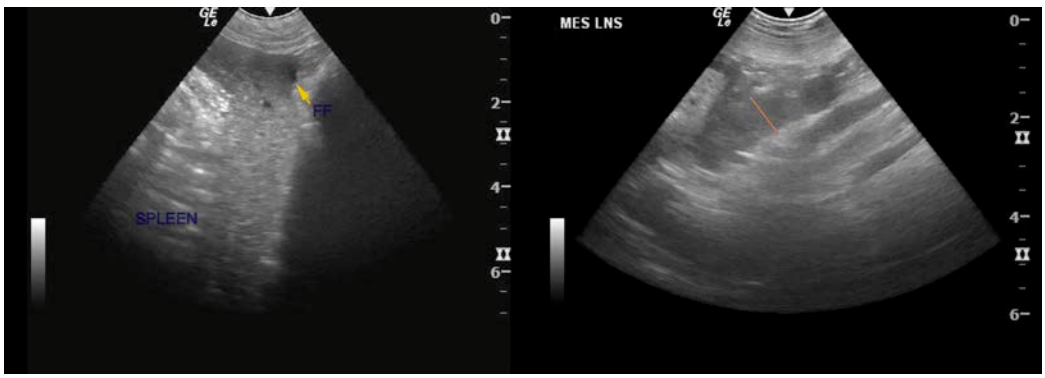

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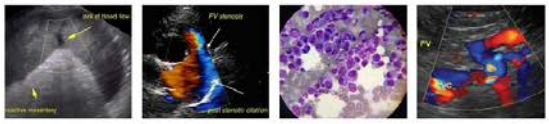

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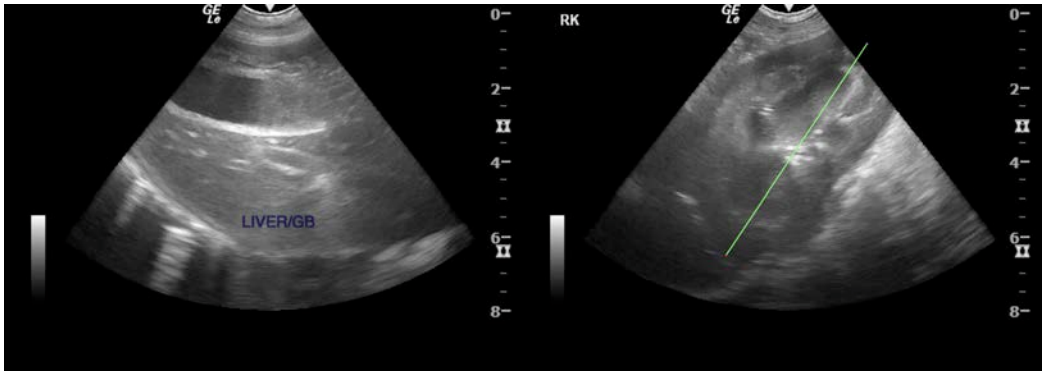

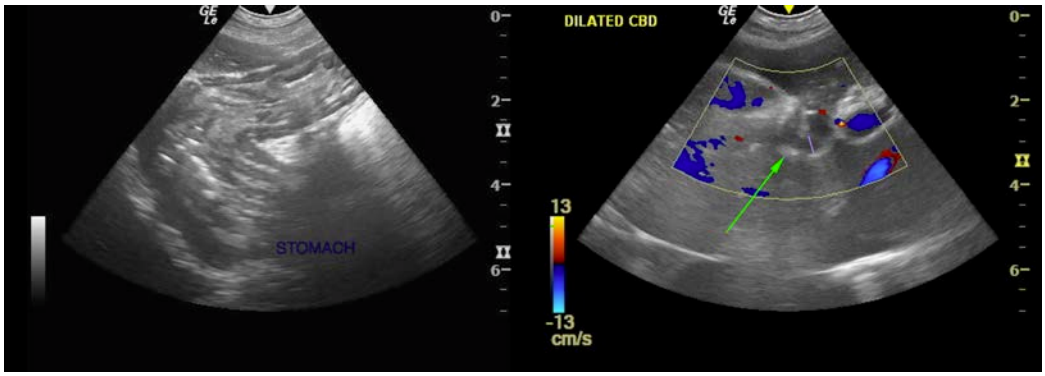

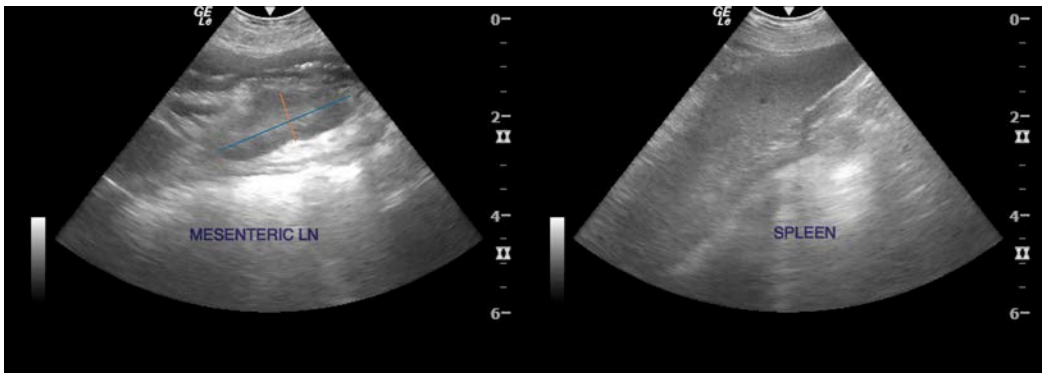

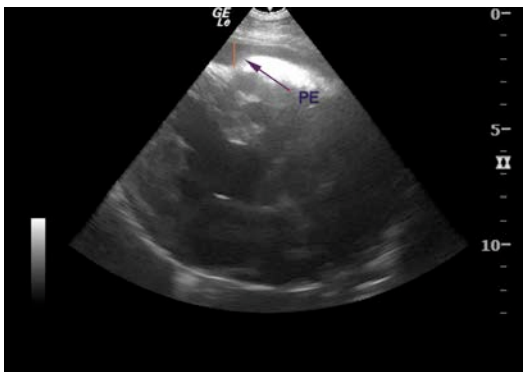

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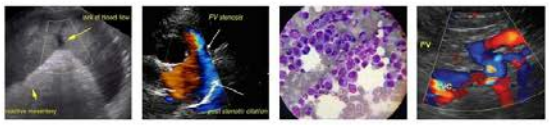

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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