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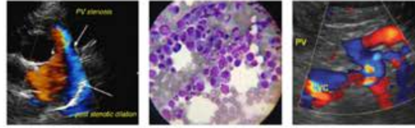
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Precious McKiernan

SPECIES
Canine

BREED
Pit Bull X

SEX
Spayed Female

AGE
9 Years

WEIGHT
75 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Union Lake VH

INVOICE
42091

DATE
10/14/22

PRESENTING CLINICAL SIGNS

Swollen lymph nodes, has had recurrent mammary mass bleeding for several years and owner has declined removal of this. Has had decreased appetite for the past week.

Abnormal PE/Chem/CBC/UA Results: swollen lymph nodes, distended abdomen elevated globulins in July 2022,no lab work has been done since then.

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 left kidney has a normal shape and size (6.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (6.71 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.75 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 right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. 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

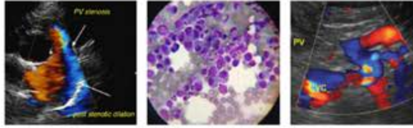
The spleen is large, slightly irregular, and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hypoechoic nodules visualized within the parenchyma. One such nodule measures 1.69 cm x 1.52 cm. One towards the tail measures 0.70 cm in diameter. Another measures 1.34 cm x 1.42 cm. Additionally, there is a hyperechoic nodule measuring 1.21 cm in diameter.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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. Duodenum wall measures 0.41 cm. Jejunum wall measures 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a rounded hypoechoic structure surrounded by hyperechoic mesentery in the left cranial abdomen, most consistent with an inflamed lymph node, measuring 0.68 cm in diameter.

Other

There is a mammary mass in the left caudal mammary gland. This is imaged revealing a 1.27 cm x 2.17 cm subcutaneous mass with a hyperechoic ring and hypoechoic center.

ULTRASONOGRAPHIC FINDINGS

- Large mottled spleen with numerous hypoechoic splenic nodules –Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Prominent abdominal lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mass effect in the left caudal mammary chain – Findings could be consistent with a carcinoma, adenoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the peripheral lymphadenopathy, I would recommend a fine needle aspirate of a peripheral lymph node. If that does not reveal a diagnosis, then consider a fine needle aspirate of the spleen provided coagulation parameters are adequate. Correlate these findings with lab results. If liver enzymes are elevated, then consider a liver function test and a fine needle aspirate of the liver.

Additionally, there is an ovoid hypoechoic structure in the left cranial abdomen, which is most likely a lymph node. Consider a fine needle aspirate of this lesion if necessary.

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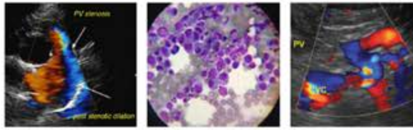

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There is a large mammary mass present. This could cause a focal lymphadenopathy but is less likely to cause a diffuse lymphadenopathy. Recommend a fine needle aspirate of this lesion, and if it is ulcerated, recommend surgical removal.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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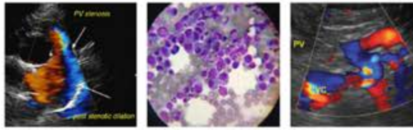

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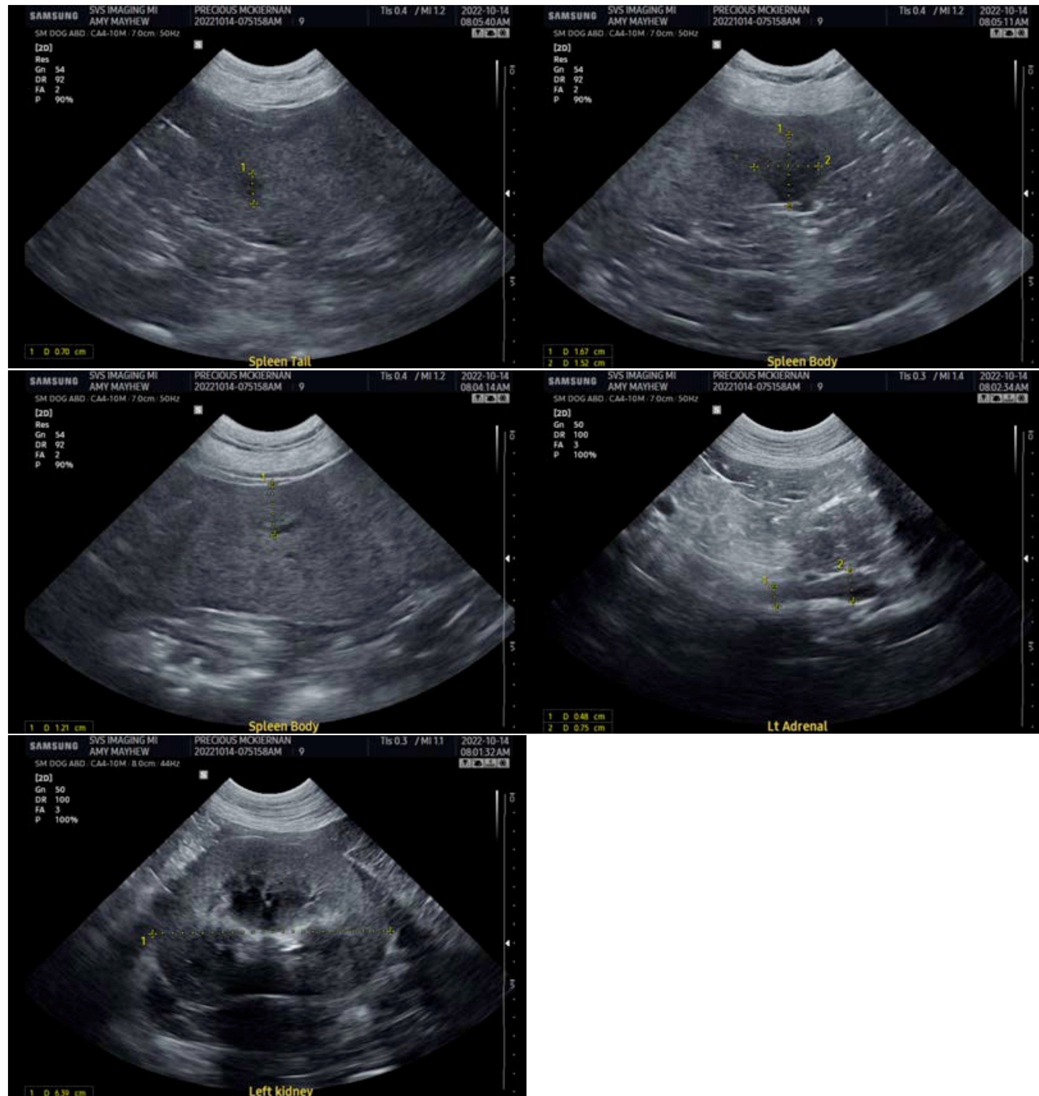

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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