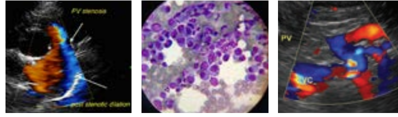


DATE
10/19/22

PATIENT
Jackson Lurz

SPECIES
Canine

BREED
Boxer

SEX
Neutered Male

AGE
5/26/16

WEIGHT
33 kg

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

IMAGING PERFORMED BY
Andi Parkinson RDMS

HOSPITAL NAME
Nexus Vet Specialists

REFERRING VET
Dr. Steele

INVOICE
42186

PRESENTING CLINICAL SIGNS

One month history of waxing and waning signs. Initially ST swelling around L carpus and pain that has now resolved (started 9/22). 10/3 diagnosed with L inguinal lymphadenopathy (now resolved) and severe uveitis (now glaucoma OD). Fever documented 10/3 but not before or since. Has good days where he is normal and other days where he is lethargic, not eating. Has lost about 12 pounds in past month. In last few days deep SQ nodules forming over trunk. Labs previously unremarkable except mild hyperglobulinemia and hypoalbuminemia, tick PCR testing negative, toxo/neospora negative, possible partial response to doxycycline. Currently hospitalized at PetER to treat glaucoma.

Current Medications: Prazosin 2 tabs BID (owner unsure of mg strength)
Apoquel 16mg once daily, Doxycycline 200mg BID, Cerenia 30-60mg once daily PRN, NPD ophthalmic TID, Probiotic (owner got last week, Dr. Marty), Heartworm prevention, Today added enrofloxacin
Lab Results: Updated labs pending, 10/6 alb 2.6, glob 4.3, unremarkable CBC, negative tick PCR, negative Lyme titer, negative toxo/neospora. Bartonella serology pending.
Radiographs: Rads of LFL when swelling present unremarkable except ST swelling
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 left kidney is normal/borderline large at 9.05 cm with significant pyelectasia at 0.97 cm and a dilated proximal ureter visualized measuring 1.0 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal. The pyelectasia and dilated ureter are likely due to obstruction by the enlarged lymph nodes in the caudal abdomen.

The right kidney is normal/borderline large at 9.02 cm with significant pyelectasia at 0.87 cm and a dilated proximal ureter at 1.1 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal. The pyelectasia and dilated ureter are likely due to obstruction by the enlarged lymph nodes in the caudal abdomen.

Adrenal Glands

Visualization of the left adrenal gland is obscured by the severe lymphadenopathy present.

Visualization of the right adrenal gland is obscured by the severe lymphadenopathy present.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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
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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 area of 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
There is scant free abdominal fluid. There is a severe diffuse lymphadenopathy with tremendously enlarged, hypoechoic lymph nodes throughout the abdomen. The mesenteric lymph nodes are measured at 4.0 cm x 5.34 cm, 5.7 cm x 2.86 cm, and 5.9 cm x 3.44 cm. Additionally, the iliac lymph nodes are visualized and measure 4.0 cm x 2.22 cm. The omentum is significantly hyperechoic around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Severe diffuse 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, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

- Significant pyelectasia and hydroureter in both kidneys – This is likely due to obstructive disease due to the enlarged lymph node in the caudal abdomen.

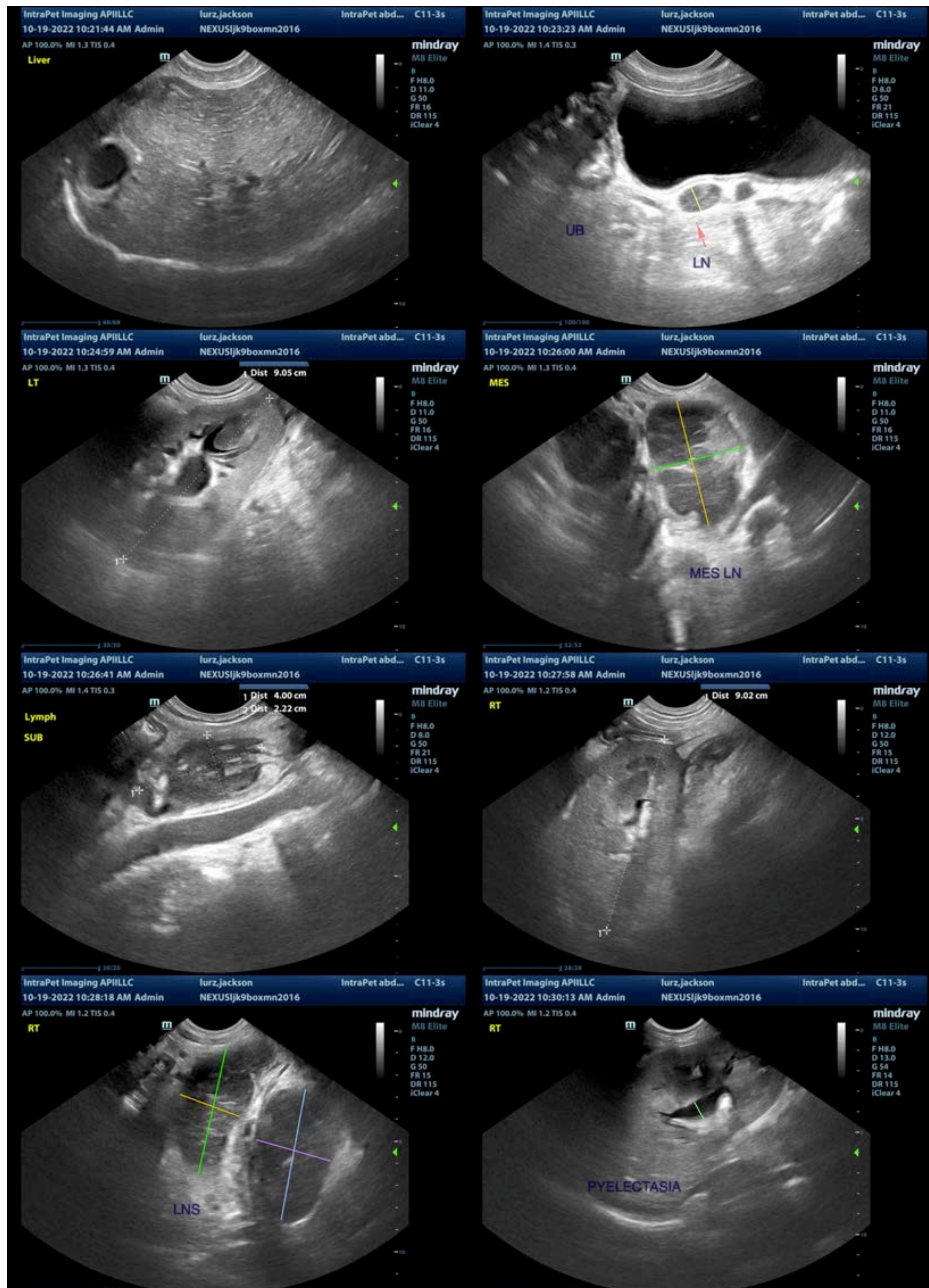
- Scant free abdominal fluid and significant omental inflammation

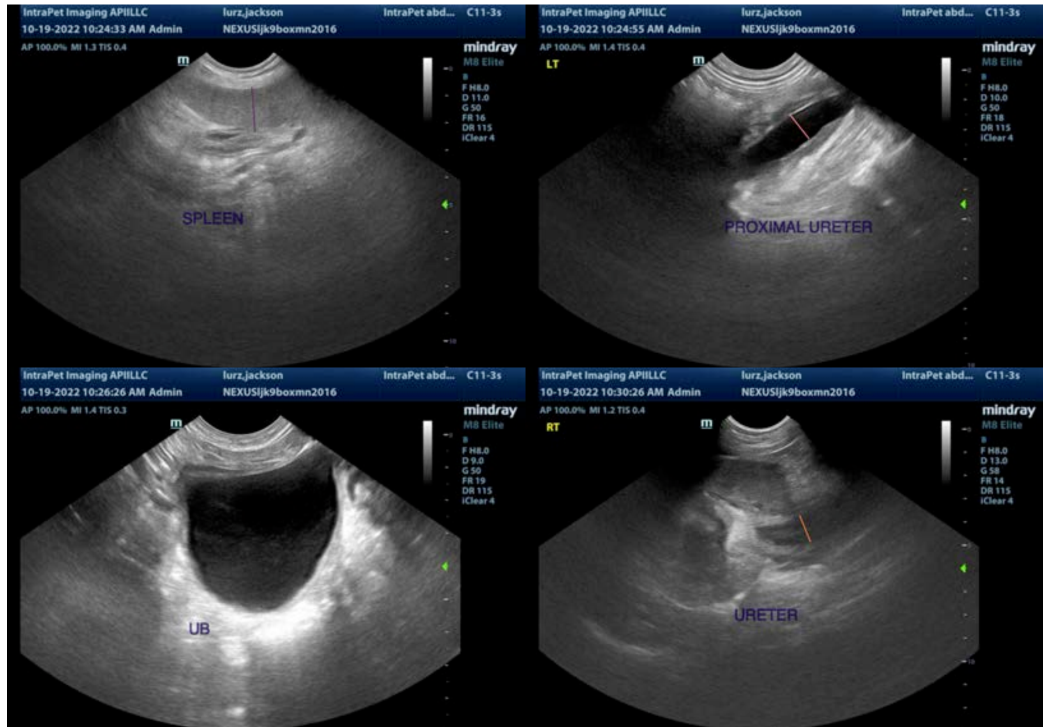
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings include a severe mesenteric lymphadenopathy, bilateral pyelectasia, and

hydroureter.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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