

**DATE PRESENTING CLINICAL SIGNS**

11/17/21

History: Presented for exam and vaccination. O noted that pet has an enlarged lymph node for about a month. O also noticed eyes seemed yellow about 1 week ago. Pet has not eaten well since last visit on 8/11/21 when treated for allergic dermatitis with Cefpodoxime 200 mg sid, Cytopoint, and Ketoconazole 200 mg bid x 3 weeks. Has lost 8 lbs since then. On exam pet is icteric with 1 enlarged submandibular lymph node.

PATIENT

Nova Lee

SPECIES

Canine

Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Pit Bull Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Female

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, or masses. There are several small, pinpoint shadowing mineralized stones/sandy debris (less than 1.0 mm in size) visualized in the dependent portion of the urinary bladder.

AGE

5/4/17

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 perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

54.8 Pounds

The right kidney has a normal shape and size (6.59 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is normal in size measuring 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.

HOSPITAL NAME

Fullerton AH

Spleen

The spleen is large 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 parenchymal abnormalities are visualized.

REFERRING VET

Dr. Unger

Liver

The liver is large and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. While no discreet mass effects are visualized, the liver is very nodular in appearance with diffuse indistinct nodules and rounded margins.

INVOICE

29867

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 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 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the spleen.

Other

The uterus and ovaries were not visualized. This could be consistent with a spayed individual or small/normal reproductive tract.

A brief view of the heart was submitted. No significant pericardial effusion was seen.

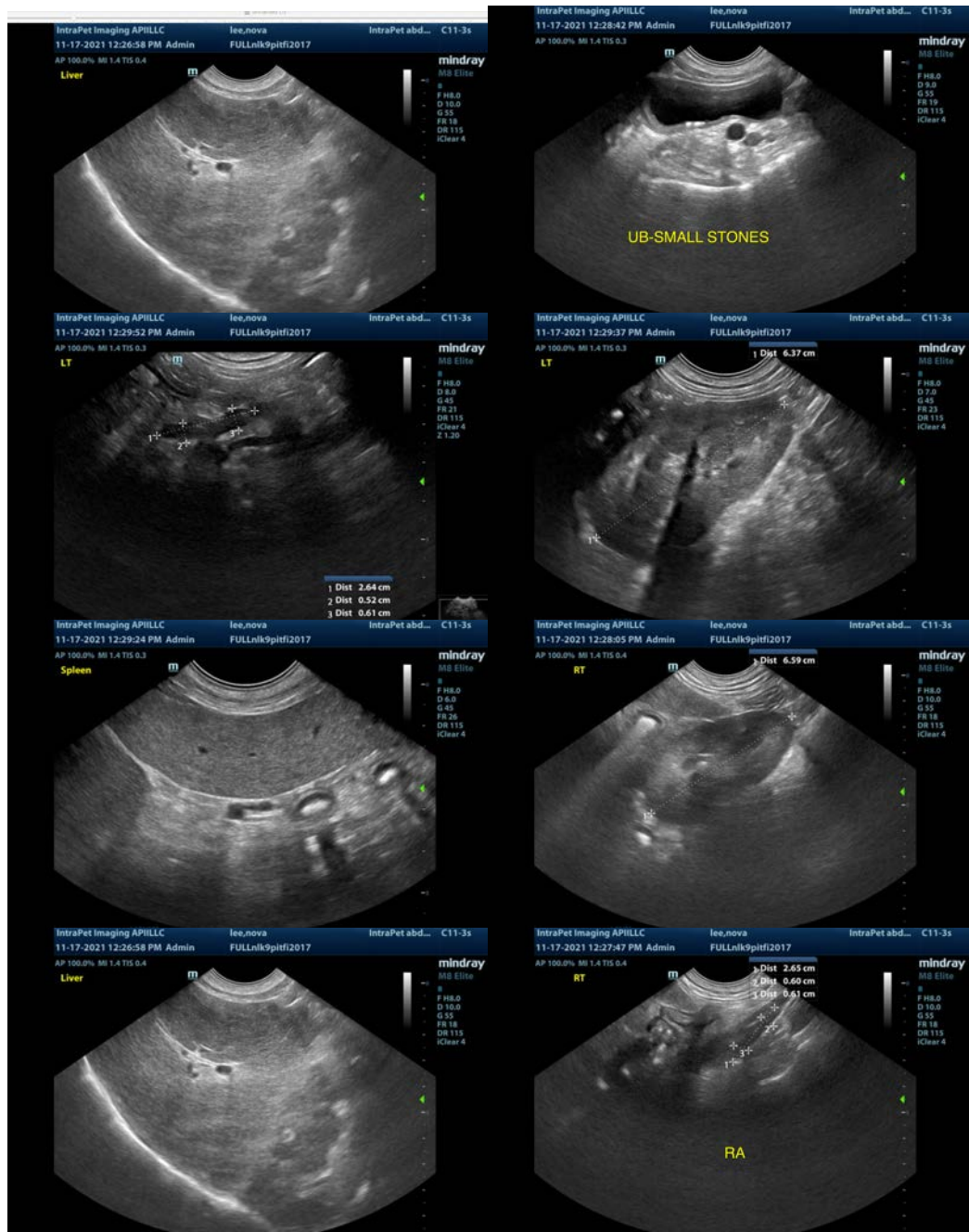
ULTRASONOGRAPHIC FINDINGS

- Large, mottled spleen with reticulated pattern – 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 concerning for round cell neoplasia.
- Large, heterogeneous, irregular 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.
- Small, pinpoint mineralizations in the dependent portion of the urinary bladder – most consistent with stones/sandy debris. These should be small enough to pass. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and irregular, and the spleen has a reticulated pattern, which increases concern for possible round cell neoplasia. That combined with the history of the enlarged lymph node raises concern for this

possibility. Ketoconazole use can cause a chronic hepatopathy, but the combination of splenic and lymph node enlargement makes me more suspicious of an underlying neoplastic process. Recommend a fine needle aspirate of the liver and spleen as long as coagulation parameters allow this. Recommend 3-view thoracic radiographs. If a fine needle aspirate is not diagnostic, then recommend a biopsy of the liver.





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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