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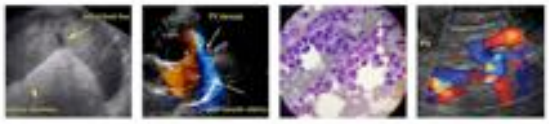

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pawsonography@gmail.com 530-786-8348

PATIENT

Teddie Hill

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

14 years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. Kalivoda

INVOICE

94871

DATE

12/22/21

PRESENTING CLINICAL SIGNS

AWS Request Form: Chief Concern / Provisional Diagnosis: ~ chronic renal insufficiency - recent dx recent pancreatitis case history of anal gland carcinoma that was surgically removed and treated w/ chemo in 2018~ Relevant Medical History and Physical Exam findings: ~ painful abdomen, diarrhea, vomiting last week~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ clp abnormal sdma 24 bun 28 (27) usg 1.031, quiet sediment alp 1022 alt 125 (125) tt4 3.0 Current medications (include full name, dosage and frequency): ~ started on amoxiclav 125 mg 1 po bid oral buprenorphine for a few days at 0.01 m/kg dosing gabapentin 50 mg/ml 0.65 ml po bid i/d low fat~

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 prostate is normal in size (0.69 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is abnormal in shape and large in size. It consists primarily of a very large, anechoic cyst that measures 4.8 x 5.9 cm, which appears to be coming from the cranial pole. There is a small section of caudal pole visible and appears to have abnormal architecture and decreased corticomedullary distinction.

The right kidney has a normal shape and size (4.69 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Very small cortical cysts are visualized. 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 large in size measuring 0.98 cm at the cranial pole, 0.77 cm at the caudal pole and 1.78 cm in length. 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 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.

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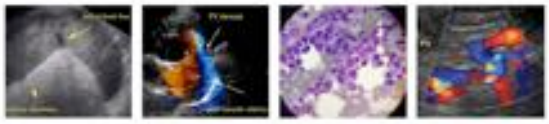

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is extremely mottled with numerous, ill-defined, hyperechoic and hypoechoic nodules. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 (0.41 cm) and the jejunum measured as normal (0.27 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 hypoechoic as 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severely enlarged right sublumbar lymph node visualized that measured 2.1 x 3.4 cm. The omentum is generally of normal echogenicity.

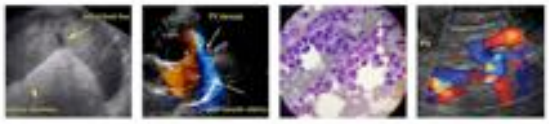
Heart

A brief view of the heart was submitted for review and no significant pericardial effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Severe sublumbar lymph node enlargement. The findings are highly concerning for metastasis of the previously diagnosed anal gland carcinoma.
- Large, heterogenous, irregular liver with ill-defined nodules. 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.

- Large, left-sided renal cysts and decreased corticomedullary distinction in both kidneys. The left renal cysts appear to encompass approximately 80% of the left kidney.
- Large left adrenal gland. Unable to clearly visualize the right adrenal gland. Findings could be consistent with mild unilateral or bilateral adrenomegaly.

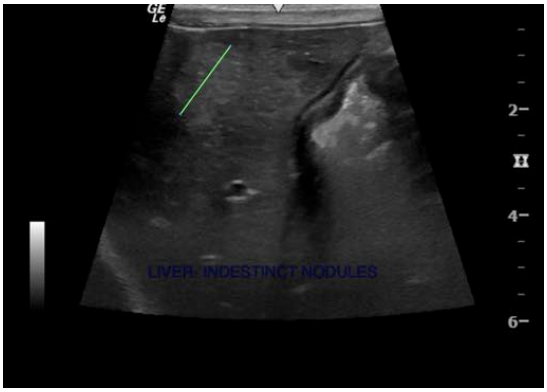
SECONDARY FINDINGS:

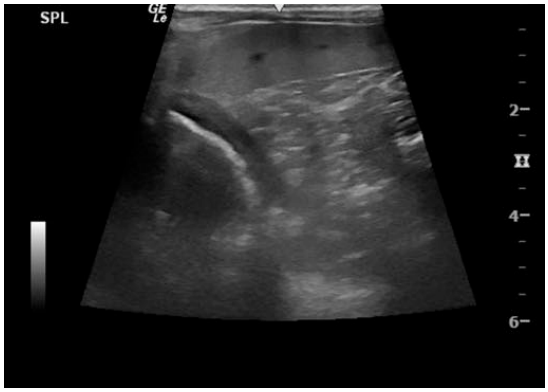
- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant lesion visualized on today's scan is the very enlarged sublumbar lymph node. This is highly suspicious for metastasis of the previously diagnosed anal gland carcinoma to this location. Confirmation would require FNA of this lymph node. I am not sure if this is the reason for the symptoms the patient is displaying. Additionally, there are some ill-defined nodules in the liver and a large cyst in the left kidney, but these are likely chronic issues and could be benign or consistent with metastatic neoplasia (in the liver).

- Consider GI panel with qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic changes observed.
- Consider FNA of the liver and sublumbar lymph node.
- Recommend recheck with oncologist regarding further treatment options at this time.
- Recommend three view thoracic radiographs.
- Recommend symptomatic therapy for GI signs including nausea medications, probiotics, etc.





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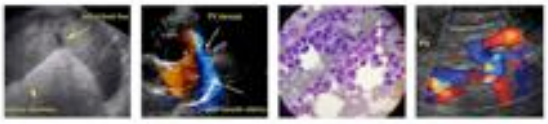

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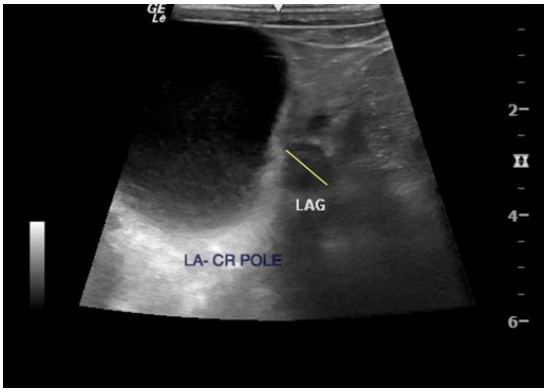

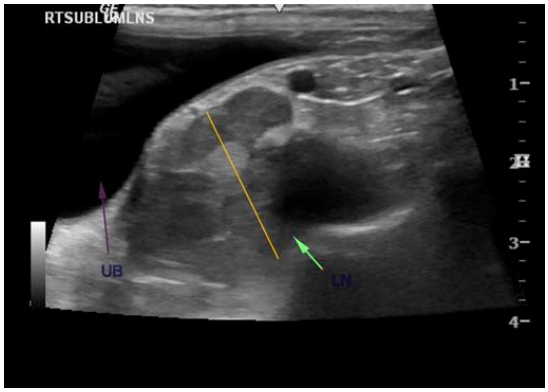

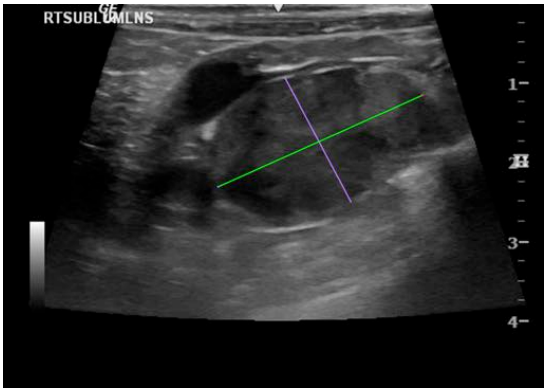

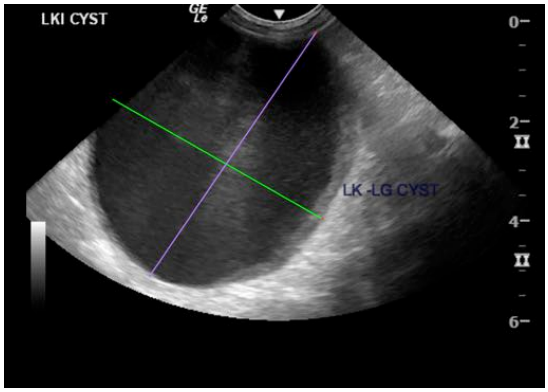

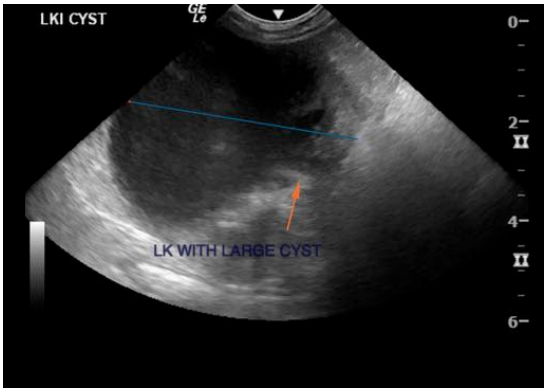

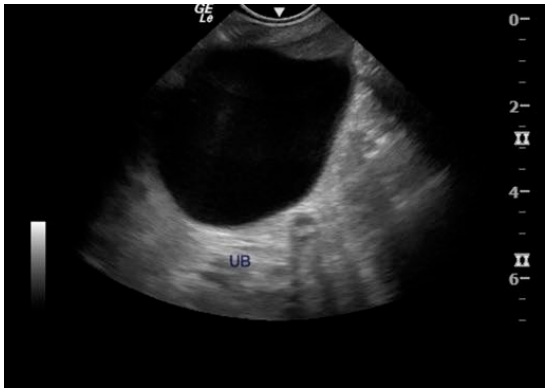

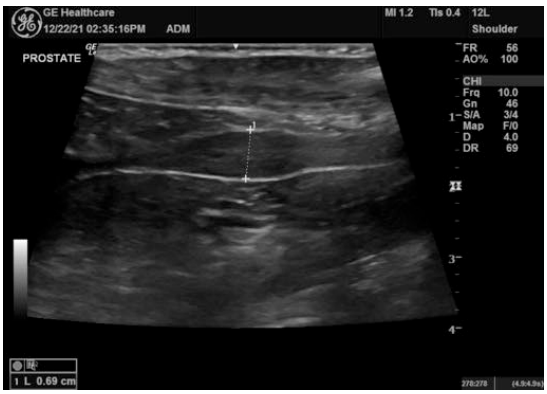

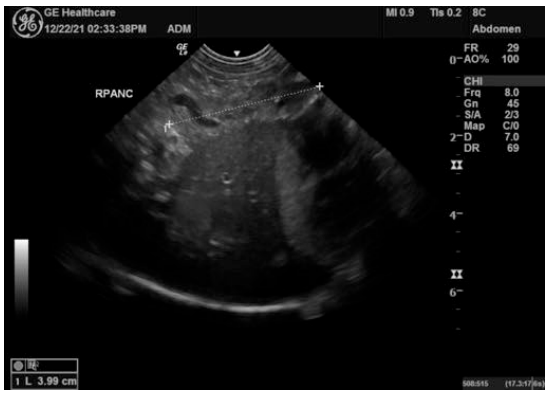

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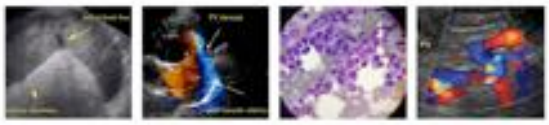

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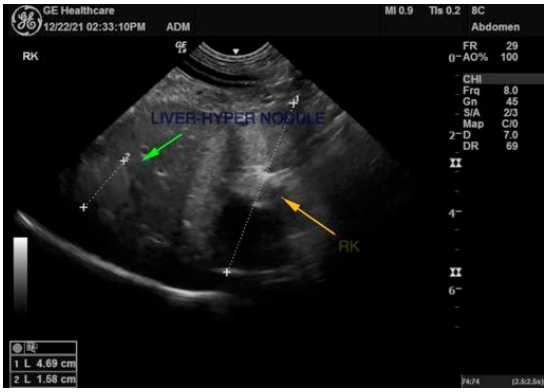

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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