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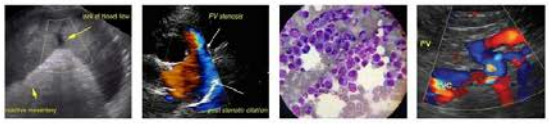

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Maximus Biggs

SPECIES

Canine

BREED

Rottweiller

SEX

Neutered Male

AGE

4y

WEIGHT

90lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills Animal Hospital

REFERRING VET

Dr. Michelle Caldwell

INVOICE

10012

DATE

2/3/2023

PRESENTING CLINICAL SIGNS

History: Sedated dex/torb- 2-3 weeks history of decreased appetite and acutely worsening in the last 2-3 days. Clinical signs (anorexia/hyporexia). Increased water intake. Intermittent soft stools for 1-2 weeks. Vomited steak yesterday, did not want to eat egg that was offered. O noted a non-productive cough this morning once. Last ate 12-24 hours prior to exam. · Physical Exam:Summary of PE findings (H/L auscultate wnl. EEN clear. MM slightly pale and tacky. Abdominal palpation soft and nonpainful.), T (102.4F/39.1C), P (150), R (40), MM (pale pink and tacky), Patient attitude/demeanor (dull/depressed/lethargic) Abnormal PE/Chem/CBC/UA Results: cbc - wbc 5070 (6000-17,000), lymph 500 (1000-4800), plt 63,000 (165,000-500,000), chem - alp 267 (20-150), alt 157 (10-118), amylase 2334 (200-1200), bun 86 (7-25), phos 9.0 (2.9-6.6), crea 4.6), glu 120 (60-110), usg 1.024 When obtaining urine collection, large amt of free fluid noted in abdomen - fluid collected - serosanguinous fluid collected RAD REPORT: A reduction in peritoneal detail is consistent with peritoneal effusion which is in agreement with the aspirated free fluid. An underlying cause for this is not definitively apparent as there is no discrete intra-abdominal mass, mass effect or intrathoracic lesion such as a cardiovascular abnormality. There is equivocal splenic enlargement which could represent a normal variation versus a benign process such as congestion or lymphoid hyperplasia noting that splenic neoplasia, with round cell neoplasia as with lymphoma in particular, is not excluded. Aside from nonobstructive and likely currently clinically insignificant mineral opaque material within the gastric lumen, the remaining abdominal structures are normal, and the intrathoracic structures are unremarkable.

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 (1.6 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 hyperechoic and large with decreased corticomedullary distinction measuring 10.4 cm. 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 is irregular with decreased corticomedullary distinction measuring 7.18 cm. There is evidence of pyelectasia measuring at 0.46 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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 0.52 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.

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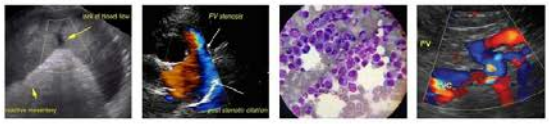

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Spleen

The spleen is hyperechoic and large. The blood flow through the hilus and splenic parenchyma appears normal. There are two intraparenchymal hypoechoic nodules/mass lesions visualized, one measures 2.53 x 4.32 cm the other measures 2.69 x 2.23 cm.

Liver

The liver is subjectively (normal, large, small, normal/large, normal/small) 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 significantly distended. The wall of the gall bladder is prominent and hypoechoic and mildly thickened at 0.50 cm with no mucosal irregularities. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach has large fluid distention. 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 (0.50 cm) and the jejunum measured as normal (0.35 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

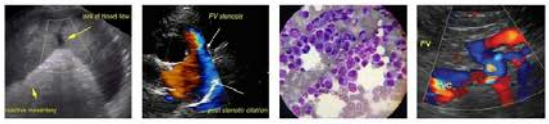
Evaluation of the peritoneal cavity did reveal large volume of free abdominal fluid. There are occasional prominent lymph nodes visualized, examples of mesenteric lymph nodes measure at 1.1 and 1.01 cm in diameter. A sub lumbar lymph node is visualized at 1.63 cm in diameter. The omentum is of normal uniform echogenicity.

Other

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

PRIMARY FINDINGS

- Large hyperechoic left kidney with decreased corticomedullary distinction, with an irregular right smaller kidney with decreased corticomedullary distinction and pylectasia.



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- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The significance of the large left kidney is uncertain, this could represent a normal anatomic variant, hypertrophy, or even neoplastic infiltration. Large hyperechoic liver with hypoechoic nodules/mass lesions. Findings could be consistent with congestion, infiltration, etc. The hypoechoic nodule could represent a benign lesion (hyperplasia, regenerative nodule etc.) or could represent neoplastic lesion. Recommend a fine needle aspirate.

- Heterogenous/hypoechoic 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. This appearance is most consistent with inflammatory, infectious or neoplastic infiltration. Recommend a fine needle aspirate.

- Severe fluid dilation of the stomach. Consider such differentials as delayed gastric emptying or a partial out flow tract obstruction. (none observed)

- Moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be 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 bartonealla, fungal infections, etc. A fine needle aspirate with cytology is recommended for further evaluation.

SECONDARY FINDINGS

- Thickened gallbladder wall. I suspect this is secondary to edema due to the free abdominal fluid.

- Prominent mottled pancreas. The pancreatic changes are most consistent with moderate pancreatitis or a recent episode of pancreatic inflammation.

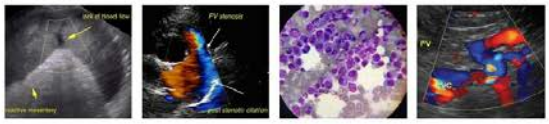
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious focal lesion responsible for the symptoms described is not observed. Although there are many significant lesions visualized on today's exam. Recommend a fluid analysis and cytology on the abdominal fluid collected.

The spleen is large with two hypoechoic nodules within the parenchyma. These do not deform the parenchyma significantly yet appear prominent and abnormal. Recommend a fine needle aspirate, looking for possible round cell neoplasia.

The liver is heterogenous and hypoechoic with very prominent portal markings. This is nonspecific but can often be associated with inflammatory, infectious or neoplastic infiltration. Recommend a fine needle aspirate of the liver provided coagulation perimeters are normal.

Both kidneys appear abnormal, the left kidney appears large hyperechoic, slightly swollen. The right appears somewhat irregular with decreased corticomedullary distinction and significant pyelectasia.



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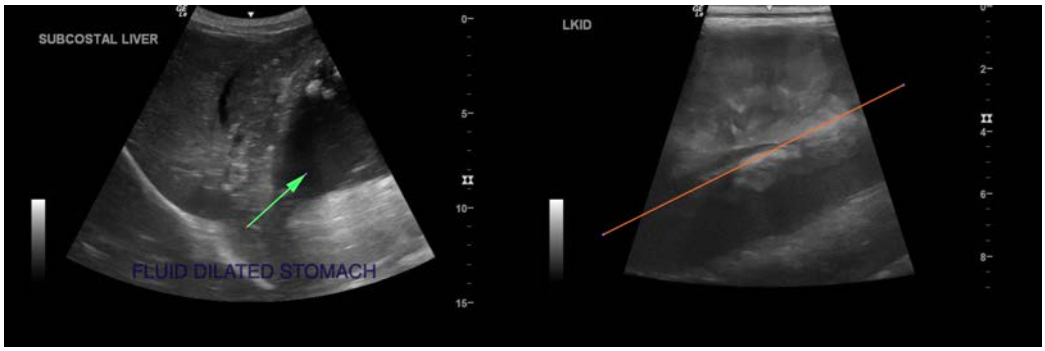
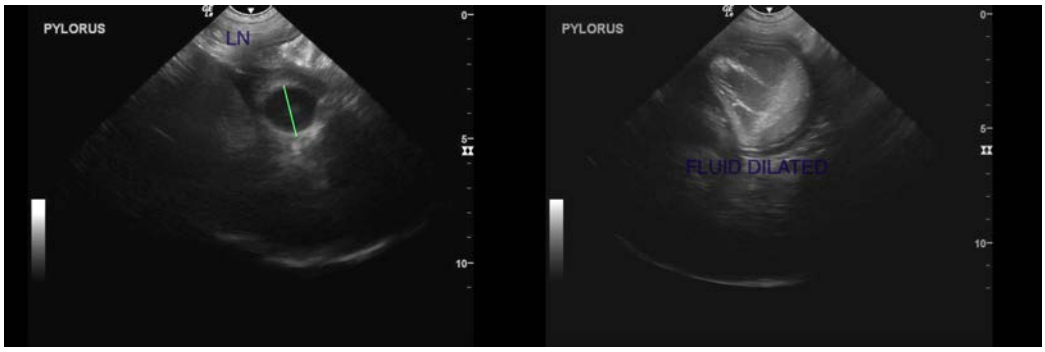
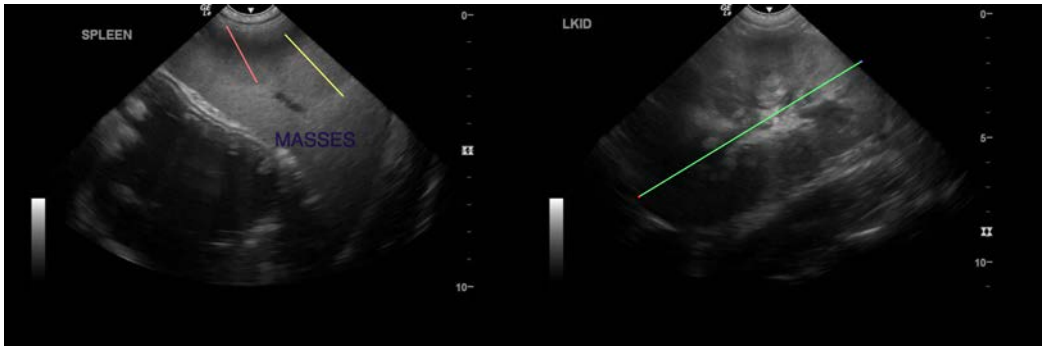
Recommend a urine analysis, culture, and blood pressure evaluation. Additionally, you can consider screening for Lpetospirosis. If you are unable to determine a diagnosis based on sampling of the spleen and liver, consider a fine needle aspirate of the left kidney. Additionally, there are prominent hypoechoic lymph nodes interspersed in the abdomen if you can find a lymph node superficial enough to aspirate, then cytology may be helpful.

Recommend three view thoracic radiographs and cardiac ultrasound looking for any evidence of right sided heart disease.







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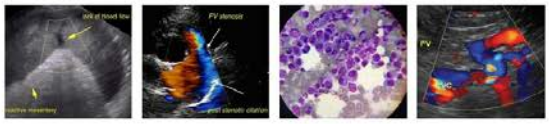

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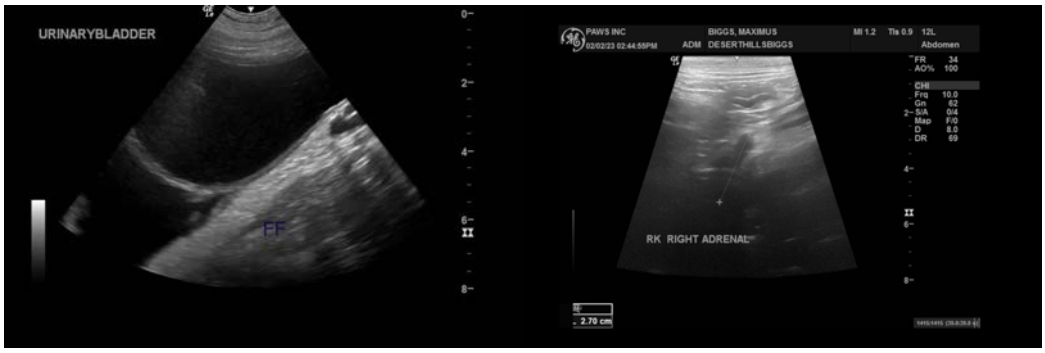

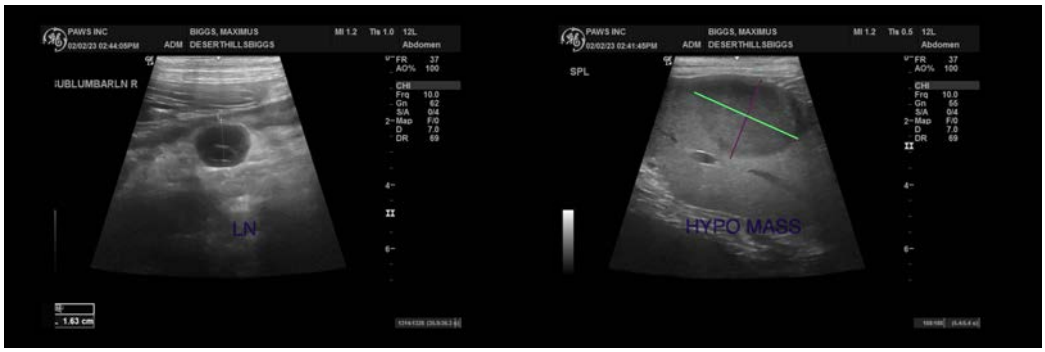

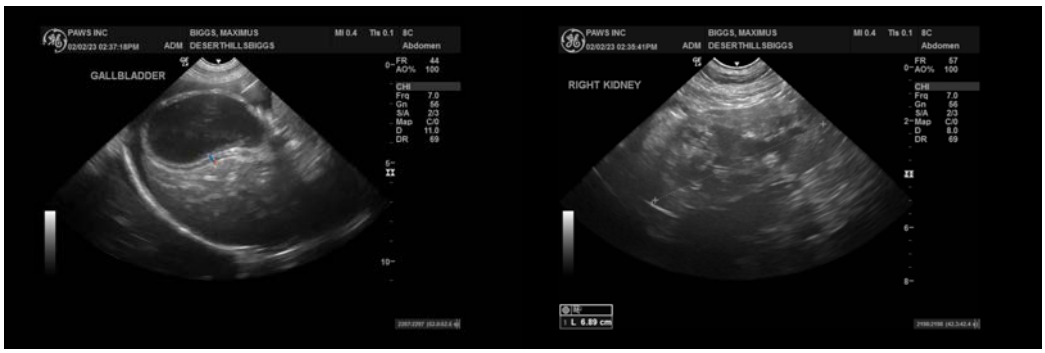

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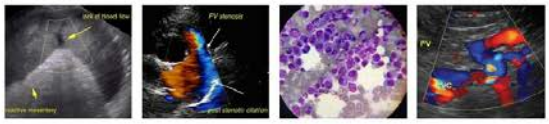

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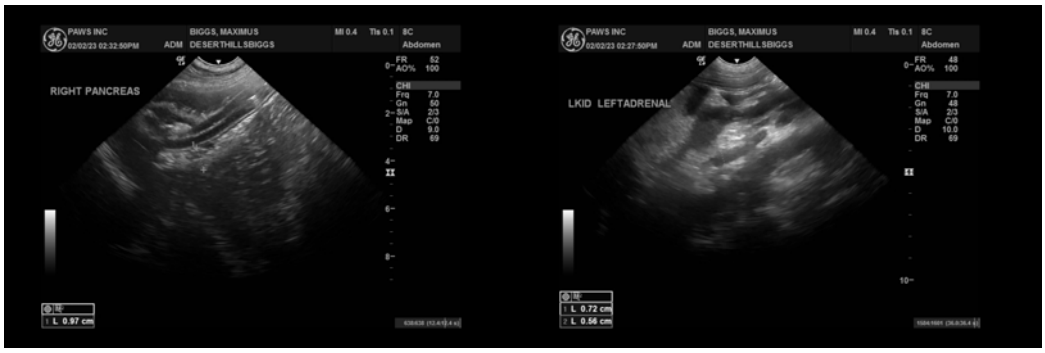

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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