

**DATE PRESENTING CLINICAL SIGNS**

2/7/23 No evidence of metastatic lesions, hepatic cyst slightly larger than previous but could be due to different plane of measurement

PATIENT no current concerns, favors benign, continue to monitor at serial exams

Cooper Vanshura Current Medications: None listed.

Date of Previous IntraPet Ultrasound: 6/14/22. See attached.

SPECIES Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Doodle 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.

SEX

Neutered Male

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.

AGE

6/25/12

The left kidney has a normal shape and size (7.22 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.

WEIGHT

106 Pounds

The right kidney has a normal shape and size (7.17 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.85 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.

HOSPITAL NAME

Festival Vet Clinic

The right adrenal gland is normal in size measuring 0.68 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.

REFERRING VET

Dr. Beron

Spleen

The spleen is subjectively normal in size, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. There is a small isoechoic to slightly mixed echogenic nodule visualized measuring 1.49 cm x 0.97 cm, which mildly deviates the splenic capsule.

INVOICE

44796

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. the previously described hepatic cyst was not visualized on today's exam.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. Jejunum wall measures 0.36 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 large hypoechoic irregular lymph node visualized in the sublumbal region, measuring approximately 4.43 cm x 3.63 cm. The omentum is of normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

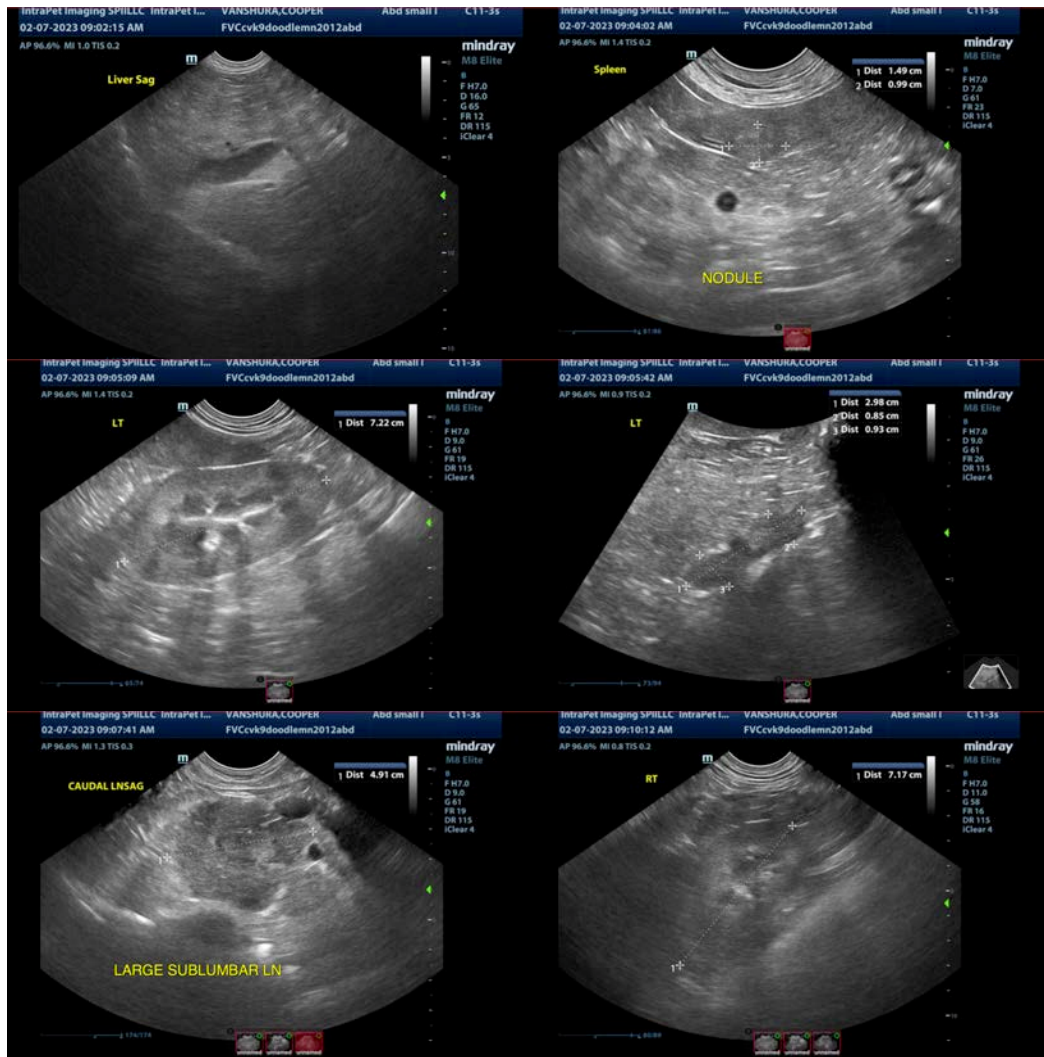
ULTRASONOGRAPHIC FINDINGS

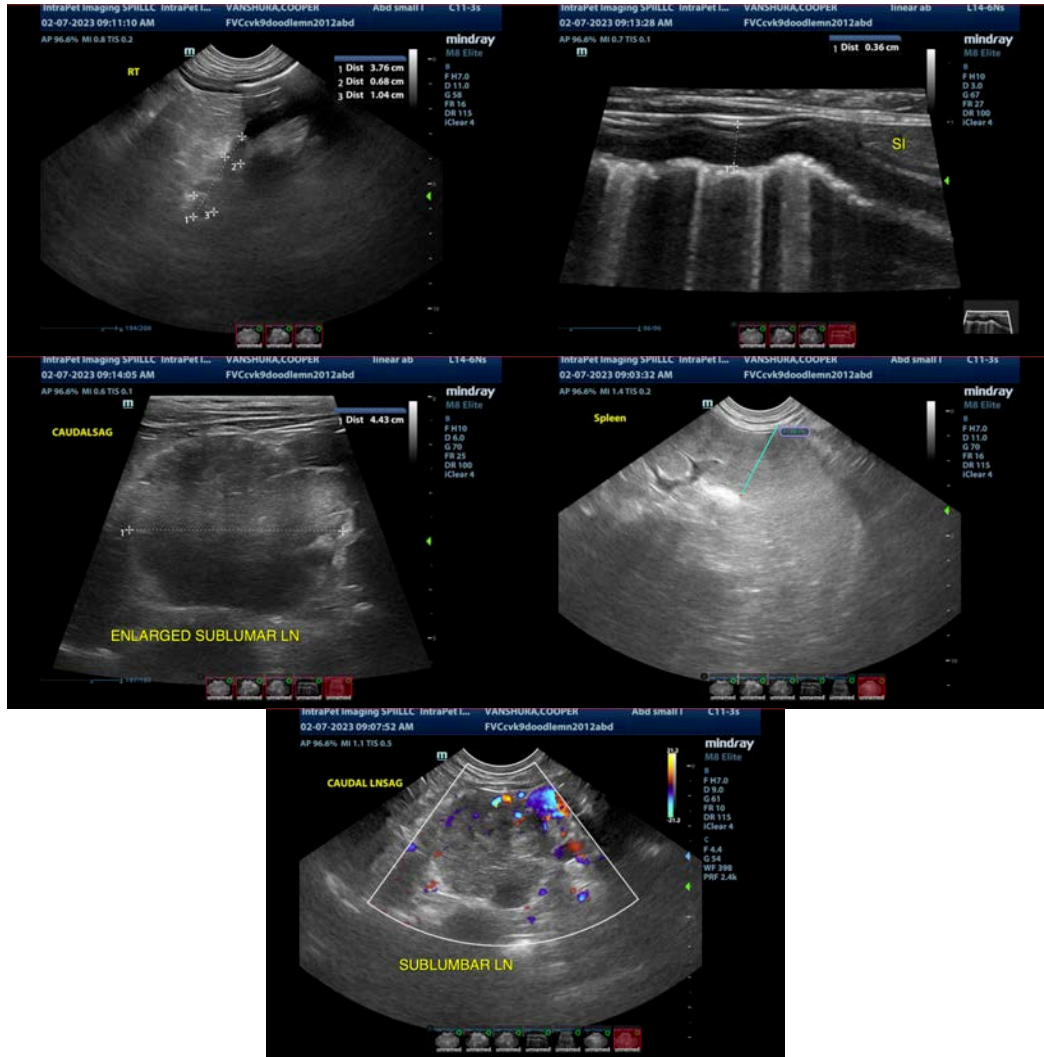
- Mixed echogenic, slightly isoechoic nodule visualized within the splenic parenchyma – There is a non-cavitated, mixed echogenic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology 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.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Large, irregular, hypoechoic sublumbal lymph node – Given the historical findings, metastasis to the sublumbal lymph node is a major concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sublumbar lymph node is large, hypoechoic, and irregular on today's exam. On previous measurements it measured 0.35 cm in width, and today's measurement is 3.26 cm, so it is roughly 10x the size on today's exam. This is concerning for possible evidence of metastasis. A fine needle aspirate could be considered in this individual, but it is in close proximity to the large vessels, so a smaller gauge needle, heavily sedated patient, and clear/good window would be absolutely necessary to try and reduce the risk of complications. Consider consultation with a veterinary oncologist regarding diagnostic and treatment options. In the history provided, the note of a met check prior to surgery is requested. At this time, I would hold off on any surgical procedures and recommend further evaluation with an oncologist.

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





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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