SonoPath
Clinical Sonography & Telecytology
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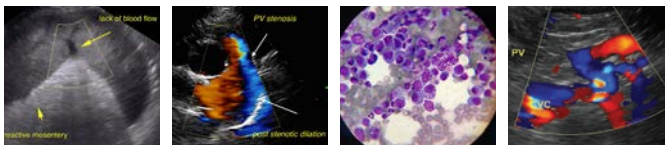

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Gus Bryan

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

8 Years

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Brett Wood

INVOICE

45894

DATE

3/14/23d

PRESENTING CLINICAL SIGNS

Patient presented for anorexia, lethargy of 4 days duration. PE revealed mild dehydration, originally tachycardic when presented but calmed down to normal HR after a few minutes. Temp normal

Abnormal PE/Chem/CBC/UA Results: Persistent hypercalcemia of malignancy panel is pending 2/22/23 reults were SDMA 18 creatinine 1.9 calcium 14.3 3/1/23 results were SDMA 11 WNL ;creatinine 1.5 high normal ;calcium13.9

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, or masses. In the dependent portion of the urinary bladder there is a moderate amount of shadowing hyperechoic mineralized debris.

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 has a normal shape and size (6.45 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (6.96 cm). Overall echogenicity is normal with mildly reduced 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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 0.93 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.

Spleen

The spleen is large and slightly irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hypoechoic nodules visualized in the parenchyma. Examples measure 0.77, 0.72, and 1.49 cm.

Liver

The liver is subjectively normal in size, and hypoechoic 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 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.

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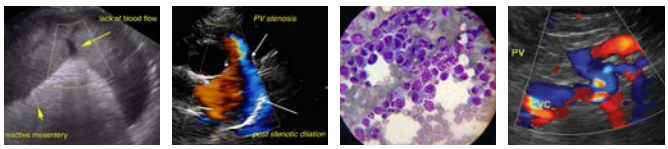

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Gastrointestinal

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 0.41 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 are occasional prominent mesenteric lymph nodes. One such lymph node is visualized measuring 1.0 cm in diameter. The sublumbar lymph node appears somewhat prominent, but isoechoic, measuring 0.92 cm.

PRIMARY FINDINGS

- Hyperechoic dependent debris in the urinary bladder – Findings are most consistent with sandy debris/small stones.
- Large, irregular, mottled spleen with ill-defined hypoechoic nodules – 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 hypoechoic nodules visualized could represent a benign or neoplastic process. Recommend a fine needle aspirate.
- Hypoechoic, 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.
- Occasional prominent mesenteric and sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- 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.

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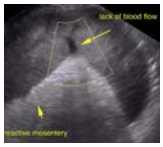
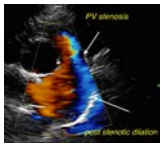
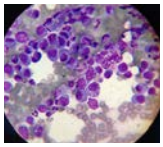
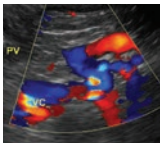

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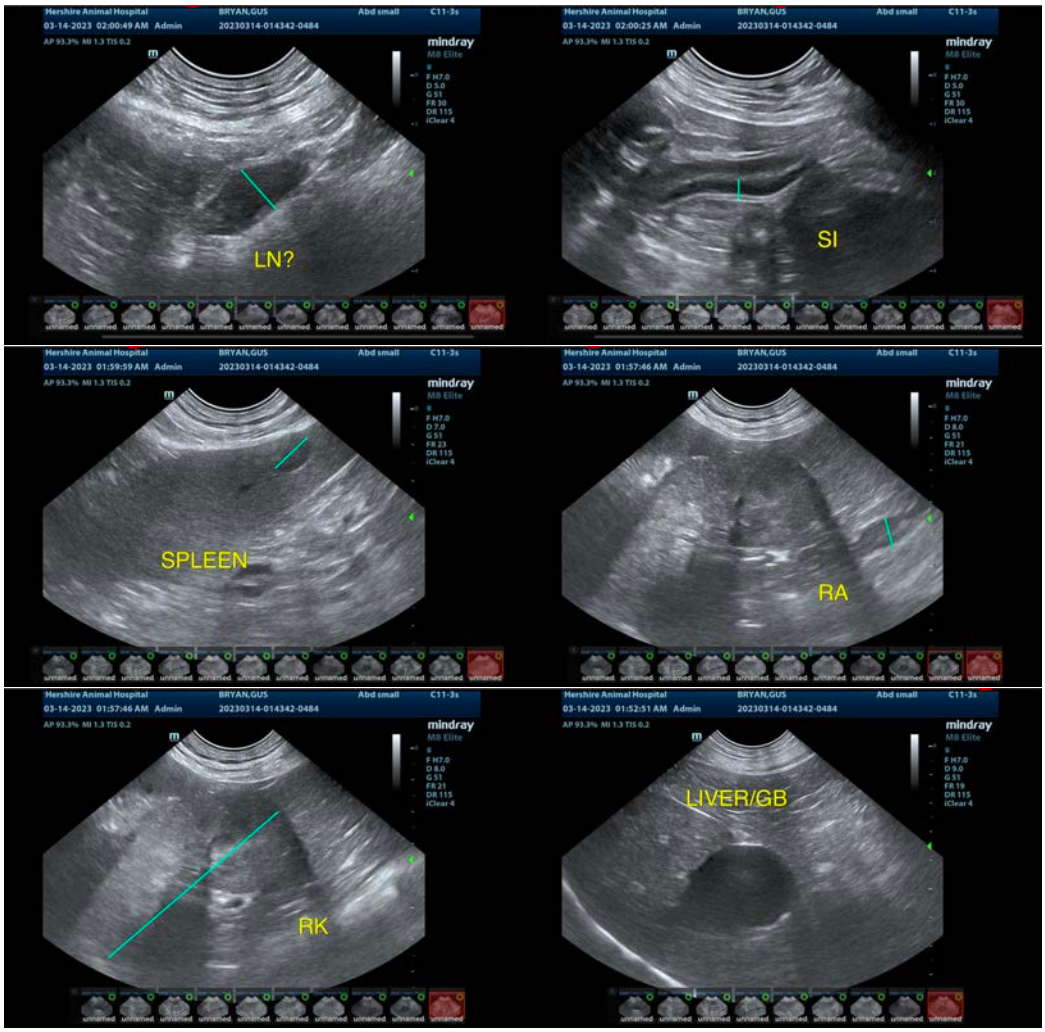
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most prominent finding on today's scan is a large, mottled spleen with numerous somewhat ill-defined hypoechoic nodules. The significance of these changes is unclear, but given the hypercalcemia reported, a fine needle aspirate of the spleen is warranted. Additionally, there is some mineralized debris in the dependent portion of the urinary bladder. Recommend a urinalysis and culture and correlate these findings with abdominal radiographs to try and determine if this material is small stones, just debris, etc.

There are occasional prominent lymph nodes visualized. This is a large dog, so the significance of this is unclear. Recommend a rectal exam to evaluate the anal glands due to the prominent sublumbar lymph node and the hypercalcemia reported.

Additionally, consider the possibility of primary hyperparathyroidism for this individual. Parathyroid hormone levels should be included in your hypercalcemia panel. If not, recommend evaluation of these levels.

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



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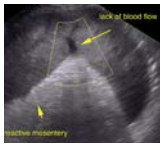
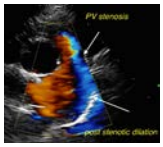
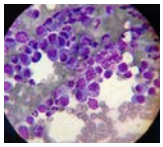
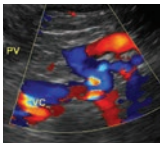

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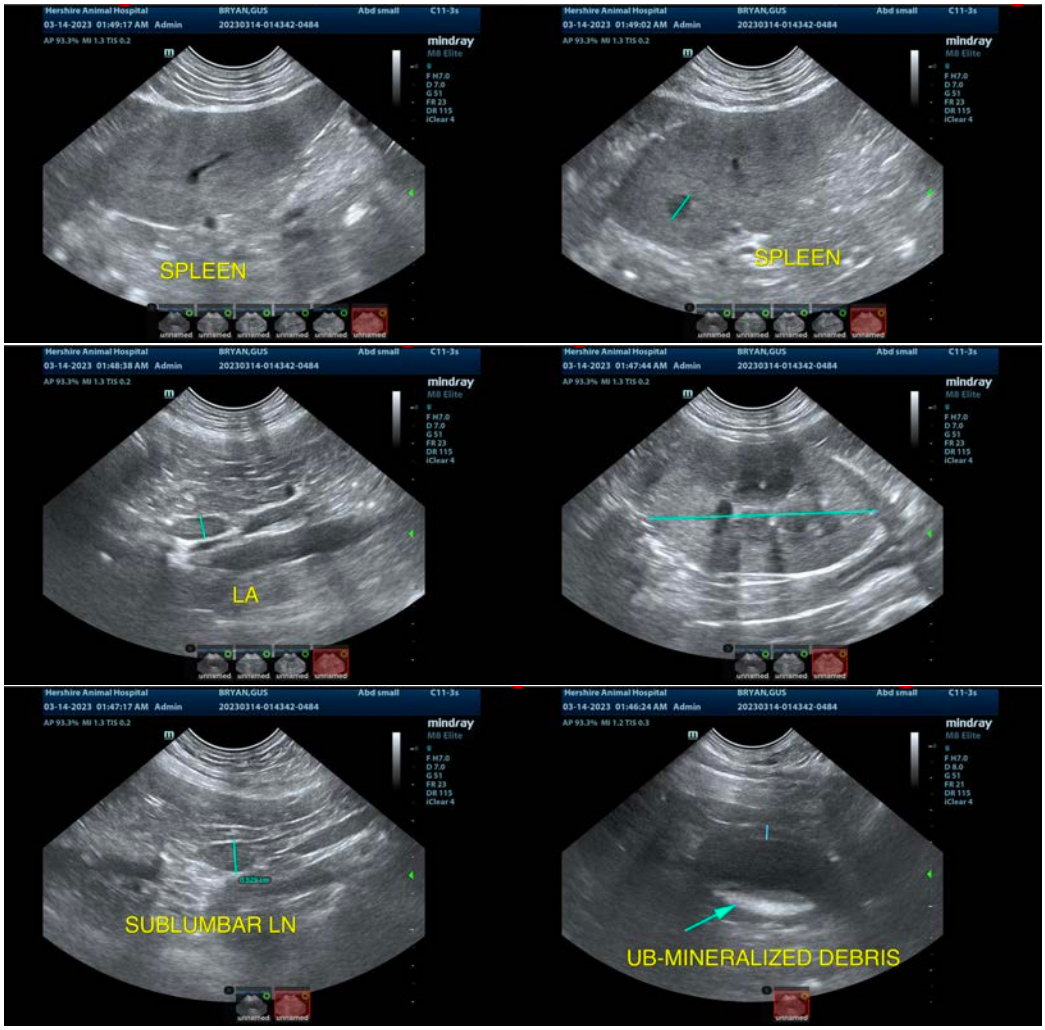

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com