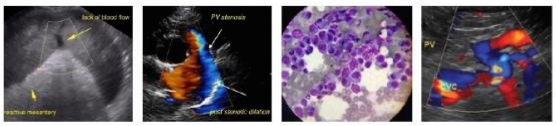

PATIENT

Milo Acton

SPECIES

Canine

BREED

Dane X

SEX

Neutered Male

AGE

11 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

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PRESENTING CLINICAL SIGNS

p presented for hyporexia, skin infection, oral infection PE: p ambulating but weak, has lost significant wt very rapidly, mm pink, crt<2, severe gingivitis and mucoid drool with green colour in mouth, mucopurulent discharge bilateral nares, HR 90, RR 20, very severe ulcerated skin lesions through much of inguinal region and inner thighs discussed with fO that p condition has changed rapidly and is very severe, infection present but also very concerned about neoplasia, plan is to hospitalize for supportive care and antibiotics, recommend ultrasound today and bloodwork and o ok with this
Abnormal PE/Chem/CBC/UA Results: rad report: FINDINGS: Within the cranioventral aspect of the mediastinum, in proximity to the cranial margin of the cardiac silhouette, there is a small, well-defined, smoothly marginated round soft tissue opaque mass, which measures 4.5 cm. Diffusely, the bronchi are moderately demineralized and increased in conspicuity. Multifocally within the periphery of the pulmonary parenchyma, there are multiple, well-defined and punctate mineral opacities. The pulmonary parenchyma otherwise contains no apparent nodules and/or masses. The trachea and cardiovascular structures are unremarkable. Within the included portions of the abdominal cavity, there is good conspicuity of the serosal margins. The liver is diffusely moderately enlarged with rounded margins. Multifocally, the gastrointestinal tract contains a small amount of gas with a normal distribution and no overdistension. The spleen, kidneys and urinary bladder are normal. The L5-L6 intervertebral space contains a large focal region of mineral opacity. Multifocally within the mid lumbar region, along the particular margins of the articular processes, there is moderate to severe osteophyte formation, most severe at L3-L4. Multifocally within the thoracic region, there is variable mild to moderate spondylosis deformans. At the caudal margin of the right lateral cavity, there is a poorly defined small region of mineral opacity. The left glenohumeral joint is not visualized. The remaining musculoskeletal structures are unremarkable. CONCLUSIONS: - A cause for the clinical signs is not apparent. The small cranioventral mediastinal mass may represent a thymic neoplasm (e.g. thymoma, lymphoma), ectopic thymic tissue (e.g. carcinoma), branchial cyst or cranial mediastinal lymphadenopathy. - The pulmonary osteomas are likely of no clinical significance. No evidence of pulmonary metastatic neoplasia is identified. - The moderate generalized hepatomegaly is nonspecific and may be associated with a benign process, such as a vacuolar hepatopathy, or infiltrative neoplasia. - The moderate bronchial mineralization likely represents an age associated change, or may be due to prior/chronic bronchitis. - L5-L6 degenerative intervertebral disc disease with in situ mineralization. - Moderate to severe mid lumbar articular process osteoarthrosis. - The mild right glenohumeral juxtaarticular mineralization may represent a partially mineralized secondary center of ossification or osteochondroma. RECOMMENDATIONS: Ultrasound evaluation of the cranial mediastinum is recommended. Alternatively, computed tomography could be considered for further characterization of the cranial mediastinal mass and a more sensitive evaluation of the pulmonary parenchyma. If safely accessible, fine needle aspirates of the cranial mediastinal mass may be considered for further characterization. Additionally, an abdominal ultrasound would allow further evaluation of the hepatomegaly and help guide fine needle aspirates, as clinically indicated.

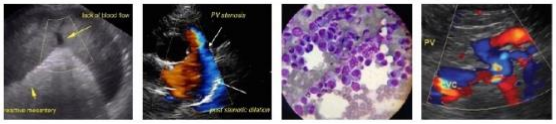
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 has a normal shape and size (8.59 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of



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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 (7.81 cm). Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 1.11 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 0.69 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 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.

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. No focal nodules or cystic lesions are observed.

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.

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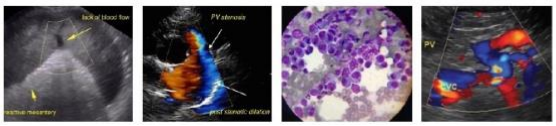

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Free Abdomen

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 normal uniform echogenicity.

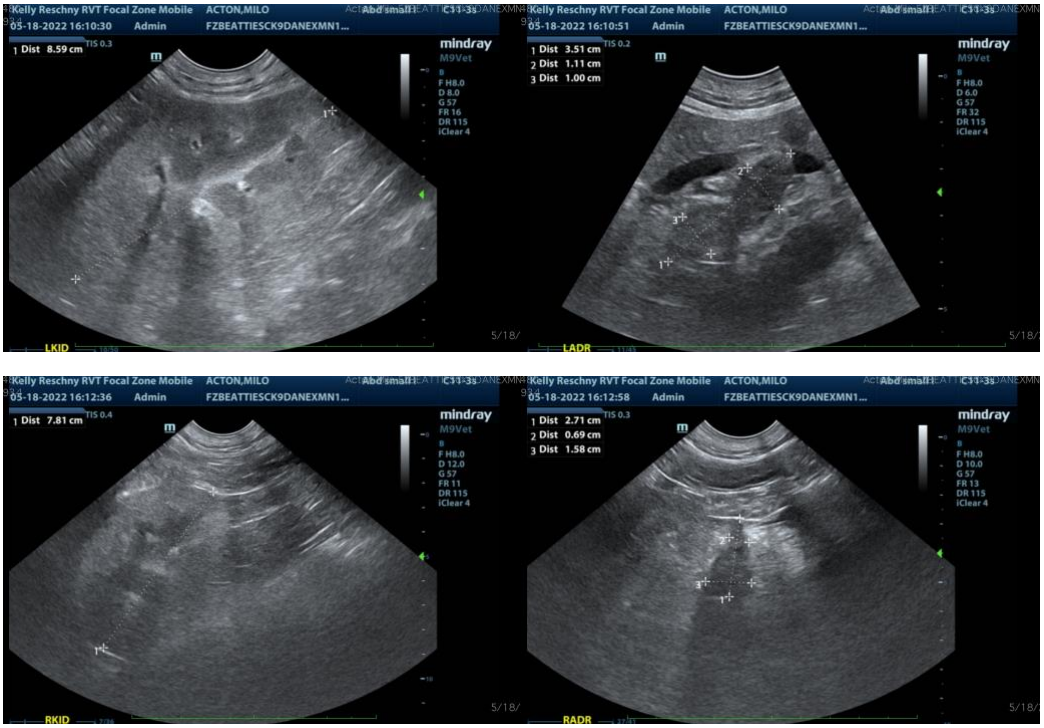
ULTRASONOGRAPHIC FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal lesions were visualized on today's exam to explain the symptoms described in the history. Consider consultation with a veterinary dermatologist regarding possible underlying systemic disease. Consider biopsies and cultures of the skin lesions reported.

A mediastinal mass is described in a radiograph interpretation. These can be associated with myasthenia gravis. If there are symptoms of regurgitation, severe muscle weakness, etc., you could consider an acetylcholine receptor antibody test. Additionally, consider a fine needle aspirate of the mediastinal mass +/- CT scan.



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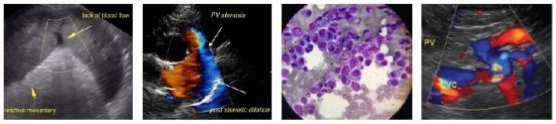

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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