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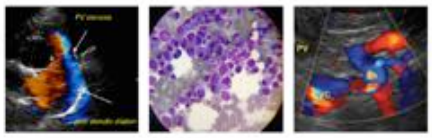

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bodie Bergeron
46935A

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

5 years

WEIGHT

20.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

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REFERRING VET

Madison Veterinary Specialists

INVOICE

30803

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Patient presented today for an 8 week post op bilateral TTA recheck. Weight loss was noted on today's visit, down 4.3 kg from 6 weeks ago. Owners are also reporting melena noted.

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 (0.79 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 has a normal shape and size (6.27 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal size (6.47 cm), yet is somewhat irregular in shape as there is an irregularity in the caudal pole. This is consistent with a previous infarct. Overall echogenicity is normal with adequate 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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.

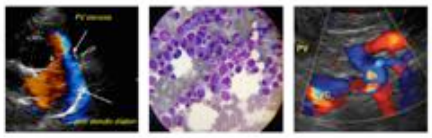
The right adrenal gland is normal in size measuring 0.52 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 gallbladder is not thickened and has a



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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. The jejunum measured as normal (0.37 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 with mild diffuse thickening of the distal colon measuring 0.27 cm. 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 particularly in the right limb 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. The mesenteric and sacral lymph nodes appear relatively normal and measured 0.42 cm and 0.43 cm respectively. The medial iliac nodes are prominent, moderately enlarged and moderately hypoechoic. The right lymph node measures at 1.56 x 3.05 cm and the left measures 1.22 x 3.53 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent/moderately enlarged medial iliac lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS:

- Prominent, mottled pancreas (right limb). The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease,

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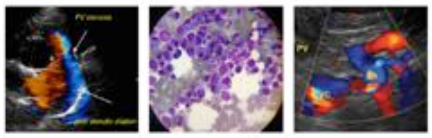

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fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- 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.
- Mildly irregular right kidney. Findings are most consistent with a previous renal infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mild, non-specific changes visualized associated with the liver, gallbladder, right kidney and pancreas. The significance of this is to be determined based on how the patient is doing clinically and correlate with lab work results. If there are no liver enzyme elevations, no signs of pancreatitis, etc. these could be incidental findings. If liver enzyme elevations are present, I would consider a liver function test and FNA of the liver (provided coagulation parameters are normal).

The medial iliac lymph nodes are prominent and large. They are borderline hypoechoic. This could be a significant inflammatory reaction or borderline early neoplastic lesion. Hopefully given the previous surgery, and diarrhea, I would consider giving a little bit of time for inflammation to improve and see if the lymph nodes normalize. A good digital rectal exam to evaluate the prostate and the anal glands is recommended in addition to palpating the colonic wall.

If this patient was on NSAIDs post op discontinue this and start anti-ulcer therapy. If not consider general therapy for acute gastroenteritis, anti-ulcerative therapy and de-worming with close monitoring.

If symptoms persist despite treatment for gastroenteritis and anti-ulcerative therapy then consider reevaluation (scope, reimaging, etc…). FNA of sublumbar lymph node would be possible using caution to avoid the large vessels in the area. Alternatively, the lymph nodes could be reevaluated in 4-6 weeks provided the patient is improving and try to determine if this is an inflammatory lesion.

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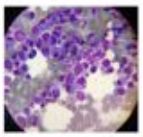


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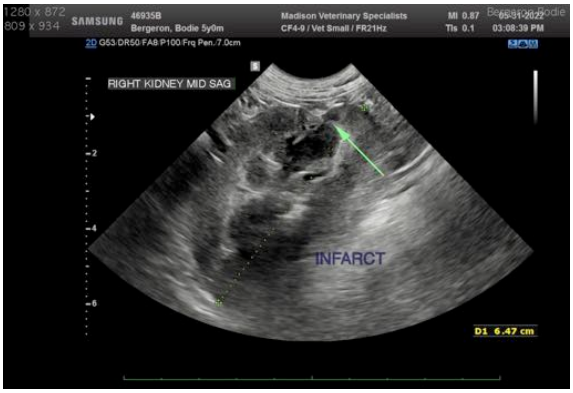

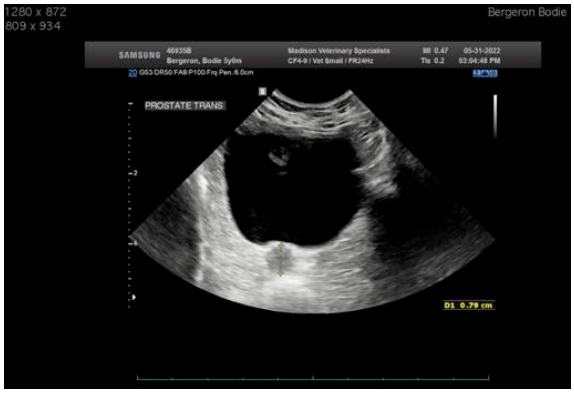

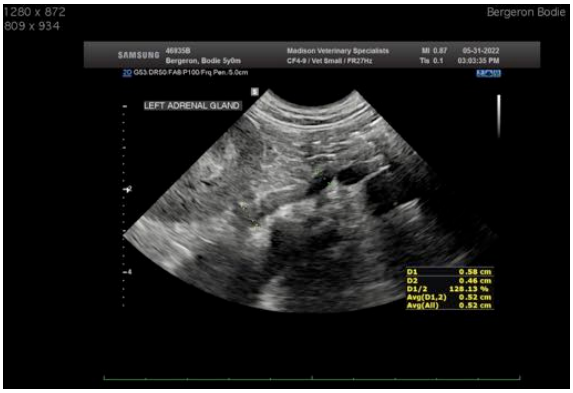

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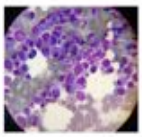


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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