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Clinical Sonography & Telecytology
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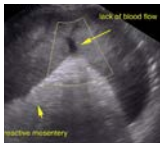
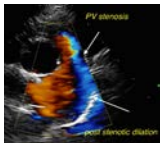
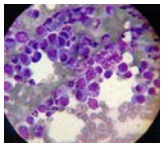
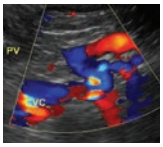

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Kaczykowski

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

4 Years

WEIGHT

61 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola Vet Hospital

REFERRING VET

Dr. Livia Demeo

INVOICE

43220

DATE

6/15/23

PRESENTING CLINICAL SIGNS

Presented for diarrhea, vomiting, and weight loss. O believes he was walking into walls for one week and may be blind. On PE all LN mandibular, popliteal, pre-scap etc were enlarged. Pale MM. breathing heavy with no mets to the chest on x-ray, weight loss of 10lbs in a few weeks. lethargic. Sedated with a small amount of torb IV for ultrasound

Abnormal PE/Chem/CBC/UA Results: pending

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 borderline large at 1.67 cm. 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 (5.64 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.

The right kidney has a normal shape and size (6.76 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.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is large and irregular with a severe reticulated pattern diffusely throughout the parenchyma. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large. The parenchyma is hyperechoic and homogenous in echotexture. 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 appears thickened and somewhat hypoechoic, consistent with a halo sign measuring 0.59 cm. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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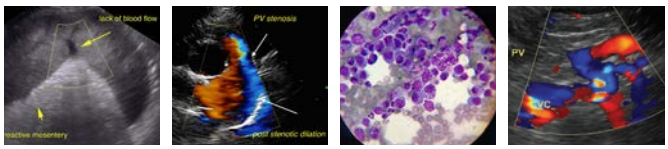

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Gastrointestinal

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. 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 area of 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 severe diffuse lymphadenopathy present with sublumbar lymph nodes that are irregular, hypoechoic, and rounded, measuring 1.2, 1.2, and 0.86 cm in diameter. Additionally, there are mesenteric lymph nodes at the mesenteric root that measure 2.2 cm x 2.38 cm in diameter, a gastric lymph node measuring 1.86 cm in diameter, and large lymph nodes are found throughout the entire abdomen and are somewhat mass-like, large and hypoechoic. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Borderline large prostate – This is subjective. If this patient was neutered prior to puberty, this could be large for this individual. If neutered after puberty, this is likely within normal limits.
- Severely reticulated pattern associated with the spleen – High concern for round cell neoplasia (LMA).
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Thickened gallbladder wall – The ring like “halo sign” visualized associated with the gall bladder is typically due to edema and can be seen with anaphylaxis, right sided heart failure, cholecystitis, pancreatitis, hypoalbuminemia, fluid overload, IMHA, post transfusion and infiltrative disease.
- Severe diffuse mesenteric and sublumbar lymphadenopathy – The severe mesenteric lymphadenopathy is most 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 bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

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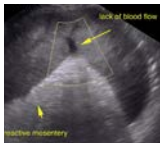
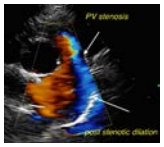
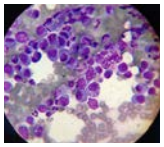
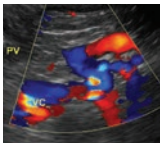

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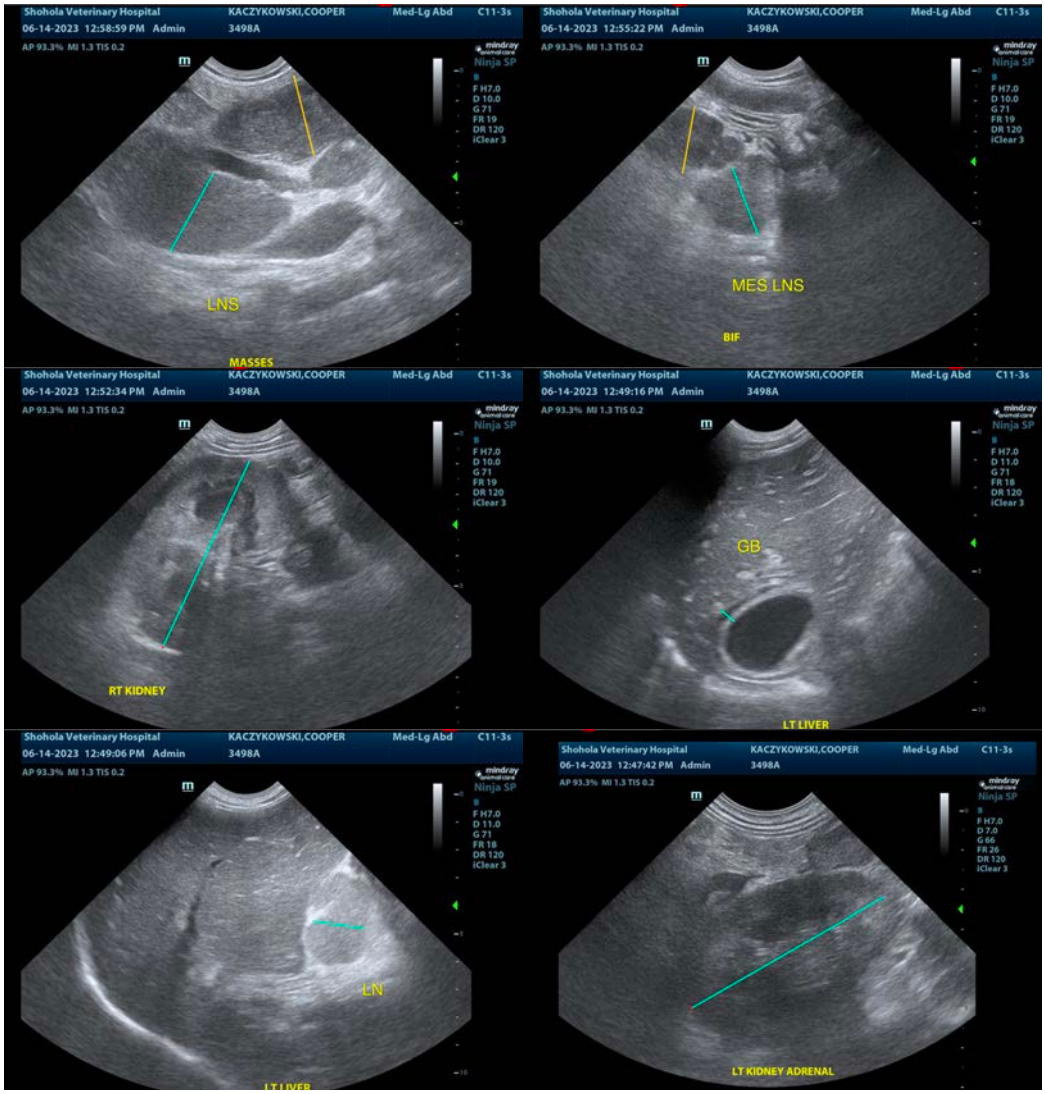
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe diffuse mesenteric lymphadenopathy and the reticulated pattern associated with the spleen is highly concerning for underlying round cell neoplasia. Recommend a fine needle aspirate of the spleen and mesenteric lymph node. It is possible that there could be involvement of the liver, and if the patient was neutered prior to puberty, the prostate appears somewhat enlarged. A fine needle aspirate in this situation could be considered of the prostate, looking for other locations of infiltration.

If a cytologic diagnosis can be obtained, consider consultation with a veterinary oncologist regarding treatment options and prognosis.



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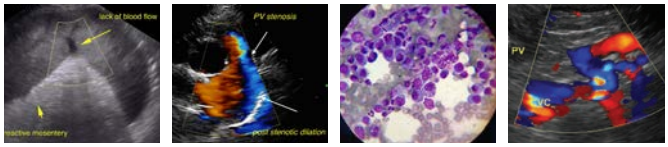

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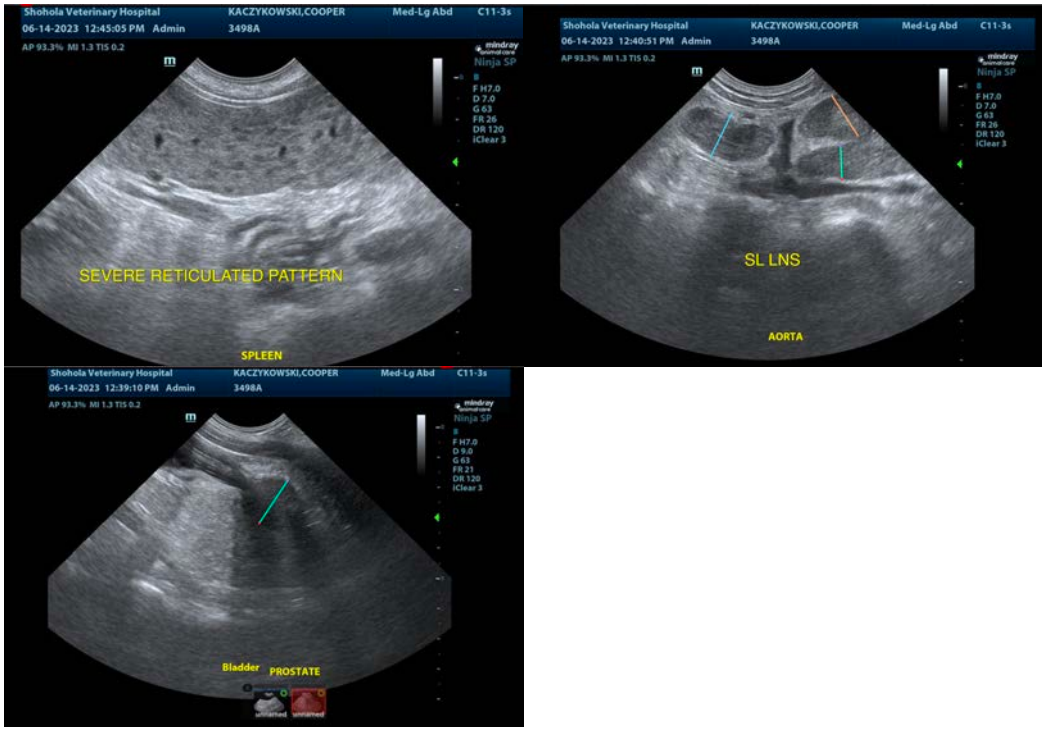

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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