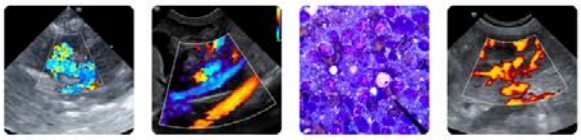


DATE

6/3/26

PATIENT

Emi Pinargotte

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9/25/19

WEIGHT

17 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Heydt

INVOICE

75631

PRESENTING CLINICAL SIGNS

Patient History: P has hx of diarrhea starting on 5/16. O notes p did receive some sardines that had been expired. On examination, p miss R eye. Rest of exam WNL. Bloodwork WNL. P was treated supportively with cerenia, metronidazole and proviable. P has hx of stage 5a lymphoma that is currently in remission. P went to a follow-up appt with oncology at blue pearl where her GI symptoms were persisting and p had lost weight. The oncologist recommended abd u/s.

Current Medications: Proviable - 1 cap PO SID x 15d (completed), Metronidazole (50mg) - 1 1/2 tab PO BID x 10d (completed)
Labwork Results: Labwork attached, reported as: CBC- WBC 18.5 K/uL; rest WNL. Chem - 2.3 mg/dL; rest WNL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 left kidney has a normal shape and size (5.15 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 (4.97 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 left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.44 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 0.62 cm at the cranial pole and 0.54 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 (2.7 cm in width at the level of the hilus), hypoechoic, mottled, and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is scant free fluid surrounding the spleen, and there are bulging areas with hypoechoic echogenic fluid suspicious for bulging/cystic/cavitated regions, although regional surrounding echogenic free fluid cannot be ruled out. One of the cystic/cavitated bulging areas measures 0.72 cm x 2.86 cm.

Liver
The liver is large in size and rounded. 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 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 0.46 cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 hypoechoic as 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
There is a scant amount of free abdominal fluid. There is a diffuse moderate lymphadenopathy with hypoechoic, rounded lymph nodes visualized in the sublumbar (0.67 cm x 0.86 cm), mesenteric and cranial abdomen (1.39 cm x 2.05 cm, 1.05 cm in diameter). Additionally, there is the impression of some thoracic lymph nodes visualized on the cardiac view. The omentum is diffusely hyperechoic.

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

- Large, hypoechoic, mottled, irregular spleen with concern for cystic/cavitated bulging areas – Findings are concerning for neoplastic infiltration given the history provided. Other less likely differentials could include congestion, lymphoid hyperplasia, etc.

- Pancreatic changes most consistent with chronic pancreatic remodeling.

- 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.

- 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.

- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be 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.

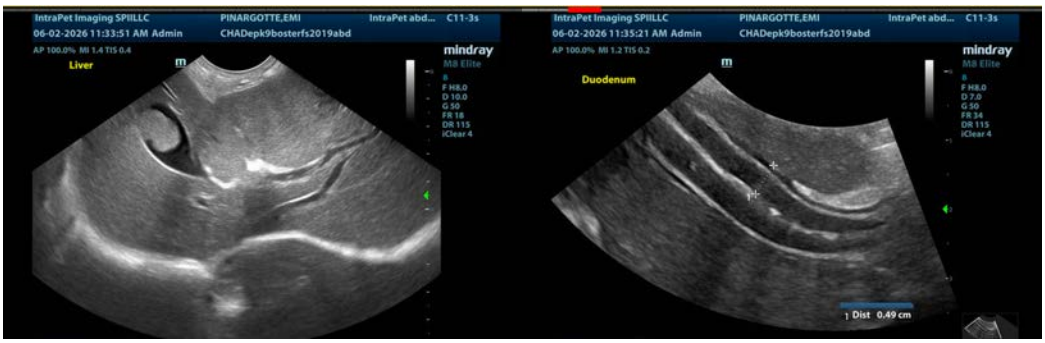
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

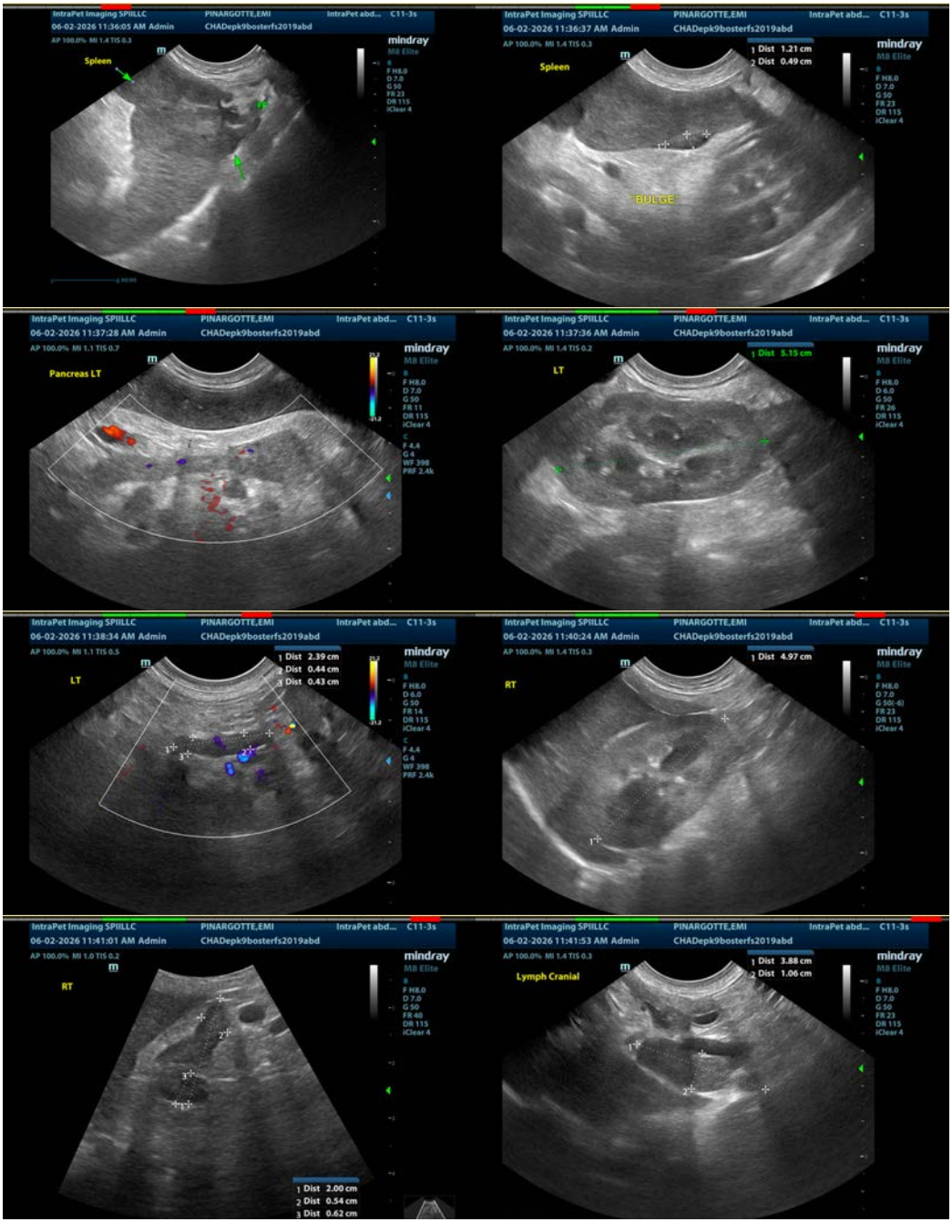
The spleen is very large, mottled, hypoechoic and irregular with some regional free fluid and some hypoechoic, slightly echogenic areas that are concerning for possible bulging cystic/cavitated lesions. Based on the appearance and the history provided, neoplastic infiltration would be a significant concern. Recommend a fine needle aspirate for further evaluation.

Additionally, the liver is large and hyperechoic, and there is a significant lymphadenopathy with large, rounded lymph nodes visualized in the sublumbar, mesenteric, cranial abdominal, and possibly thoracic regions. If a safe window for sampling is available, consider a fine needle aspirate of a mesenteric lymph nodes.

Subjectively, the small intestine appears mildly thickened. This has the characteristics most consistent with inflammatory change, although given the history, early infiltrative neoplasia cannot be ruled out.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment plan. Additionally consider 3-view thoracic radiographs.

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BULGE
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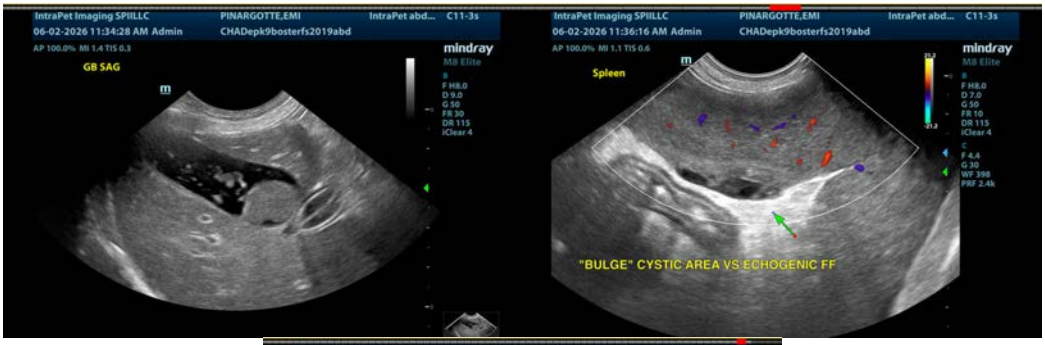
Lymph Cranial



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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