

**DATE PRESENTING CLINICAL SIGNS**

7/19/23 Lethargic and straining to defecate. Appears off-balance with a distended abdomen. Drinking and urinating more frequently. Grade 2 murmur, identified ascites, moderately low platelets, ALT of 475.

PATIENT

Zico Over Current Medications: Doxycycline 150mg (2 PO SID), Prednisone 20mg (1.5 PO SID), Carprofen PRN, HW + F&T Prevention

Lab Results: ALT 475. 'Moderately' decreased platelets. See attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Belgian Malinois

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.

SEX

Neutered Male

AGE

12/10/14

The prostate is large, heterogeneous and hyperechoic, measuring 1.88 cm in height in the sagittal view. This is most consistent with an involuted prostate post neuter.

WEIGHT

70.2 Pounds

The left kidney has a normal shape and size (7.44 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (7.5 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands**HOSPITAL NAME**

Airpark AH

The left adrenal gland is normal in size measuring 0.80 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.

REFERRING VET

Dr. Kable

The right adrenal gland is normal in size measuring 0.75 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.

INVOICE

44138

Spleen

The spleen is large. The spleen echotexture is heterogenous and mottled, 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 homogenous echotexture. 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 appears somewhat thickened, measuring at 0.39 cm with some fluid surrounding. contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.35 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 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

There is a large amount of echogenic free fluid in the abdomen. There are enlarged mesenteric lymph nodes, particularly a large, hypoechoic mass effect at the mesenteric root measuring 2.71 cm x 6.56 cm. 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.

There is no evidence of pleural effusion or thoracic mass lesions visualized.

PRIMARY FINDINGS

- Large, mottled spleen – 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.
- Thickened gallbladder wall – This is likely secondary to edema, less likely infiltrative disease/inflammation.
- Diffusely thickened small intestine with some focal areas with reduced detail of wall layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

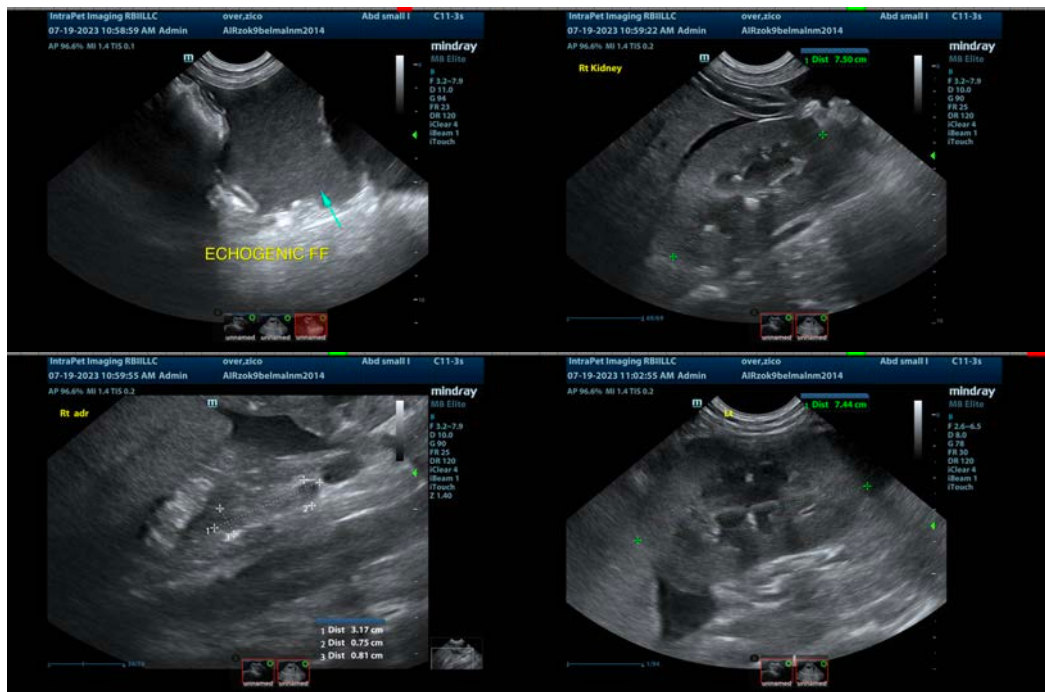
- Large volume echogenic free fluid – Findings are most consistent with peritonitis or a neoplastic effusion.
- Severely enlarged, hypoechoic lymph node at the mesenteric root – Findings are concerning for a metastatic lymph nodes (round cell neoplasia, carcinoma, other).

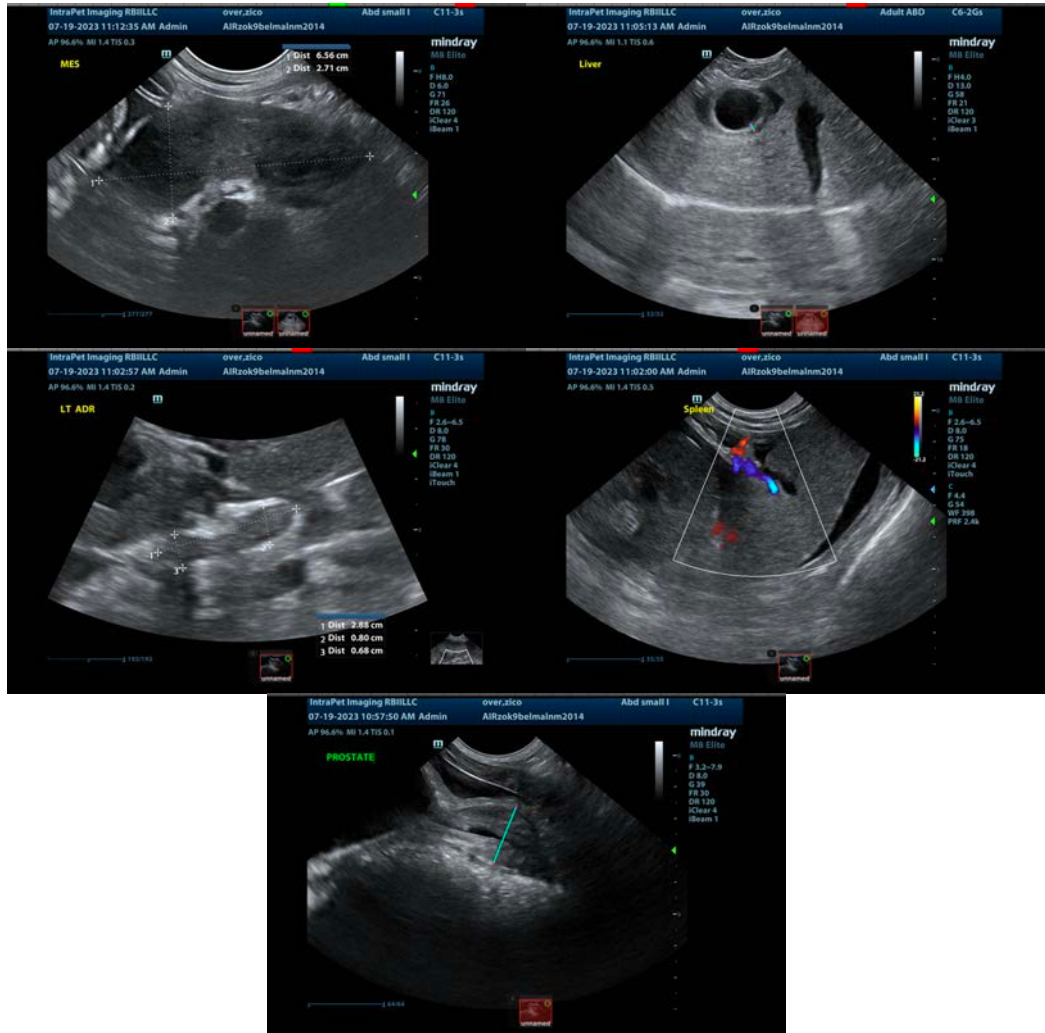
SECONDARY FINDINGS

- Large, hyperechoic, heterogeneous prostate – This is likely normal in this pet who was neutered late in life.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of highly echogenic free fluid in the abdomen. These findings are concerning for either peritonitis (sterile or bacterial) or a neoplastic effusion. Recommend sampling for fluid analysis and cytology. Additionally, there is a severely enlarged lymph node at the mesenteric root. A fine needle aspirate of this lymph node is recommended as well as 3-view thoracic radiographs. If a diagnosis cannot be obtained based on sampling of these sites, surgical biopsies may be necessary. Metastatic neoplasia is highly suspected.





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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