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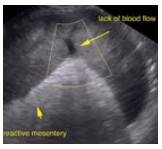
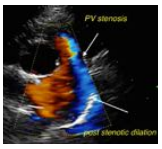
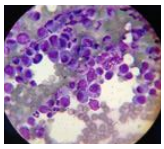
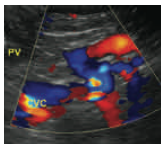





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mason DeVrieze

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

8 years

WEIGHT

100 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

91192

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: lymphoma remission one year, some inappetence, no change in pln, no overt abdominal organomegaly, some intermittent diarrhea, no improve on Baytril/amoxicillin (owner didn't feel tolerated metronidazole well)
Abnormal PE/Chem/CBC/UA Results: PE nsf, SDMA 18, Albumin 2.6, Cholesterol 546, ALT 960, AST 211, ALKP 5664, Bili 0.5

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 (1.7 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 (8.2 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 shape and size (6.8 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.

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.

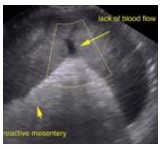
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

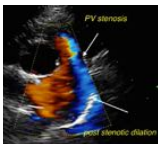
Spleen

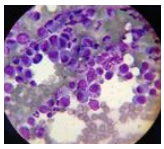
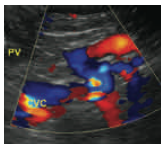
The spleen is subjectively large in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized. One measured 1.8 cm and one measures 1.4 cm.

Liver

The liver is subjectively large 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





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gallbladder lumen is moderately distended. The wall of the gallbladder 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 region 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 moderate lymphadenomegaly (very large, hypoechoic mesenteric lymph nodes in the area of the spleen measuring 1.9 cm, 1.8 cm and 2.0 cm. There are glimpses of other enlarged mesenteric lymph nodes as well) present. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity in the area of the spleen and enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, mottled/reticulated spleen with hypoechoic nodules. This pattern is suspicious for round cell neoplasia. I recommend FNA of the spleen.
- Moderate mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Heterogenous 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.

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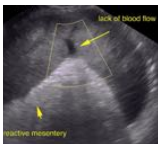
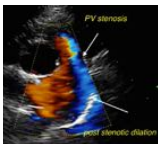
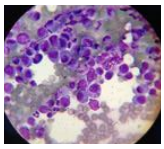
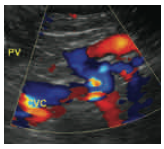

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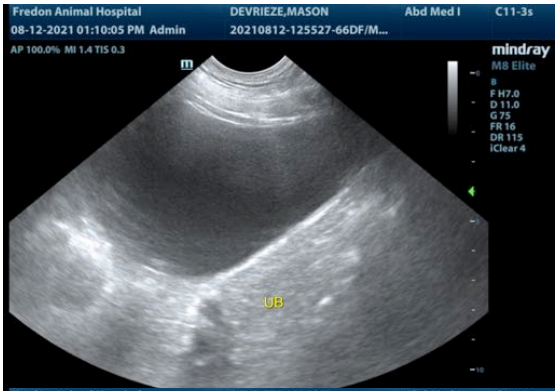
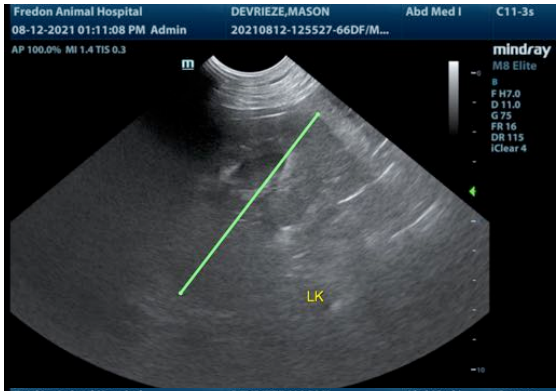
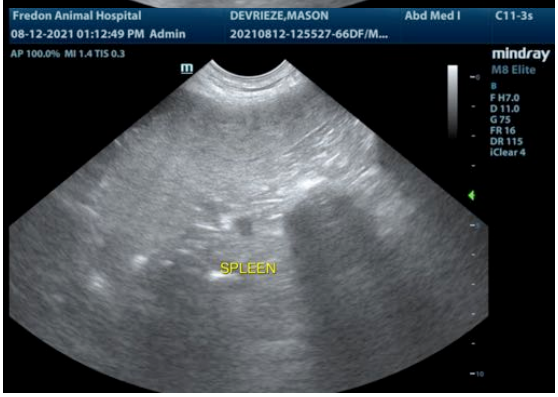
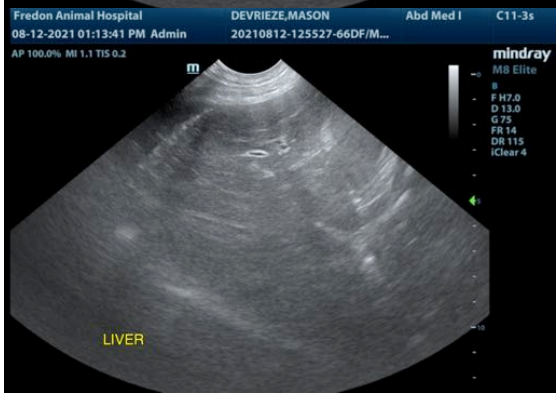
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

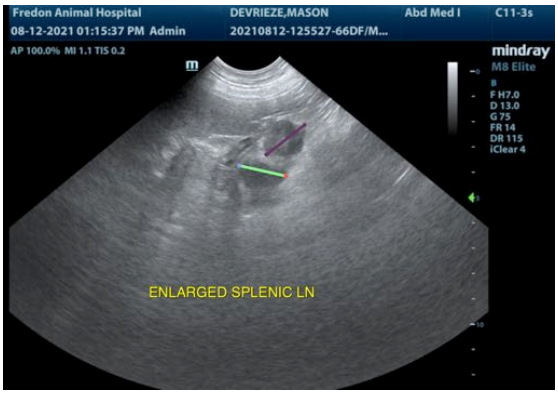
The mottling in the spleen is suspicious for round cell neoplasia. Additionally, the large, hypoechoic lymph nodes in the area are of great concern. I recommend FNA of the spleen +/- mesenteric lymph nodes. It is not noted in the history, but I suspect this patient has been on Prednisone therapy resulting in a large, heterogenous liver. If not consider a FNA of the liver.











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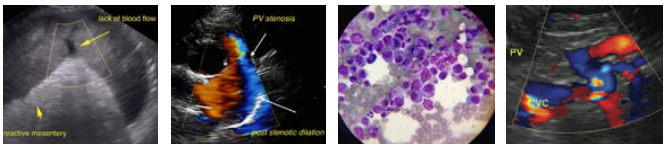

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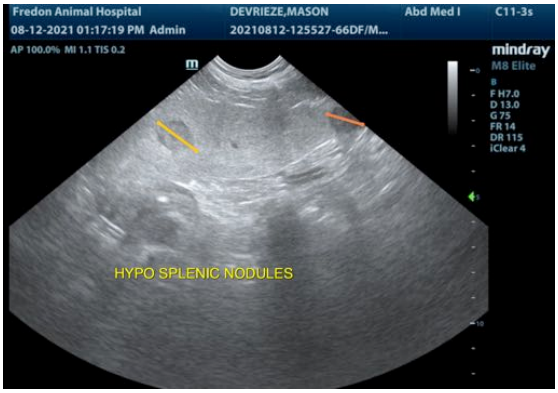

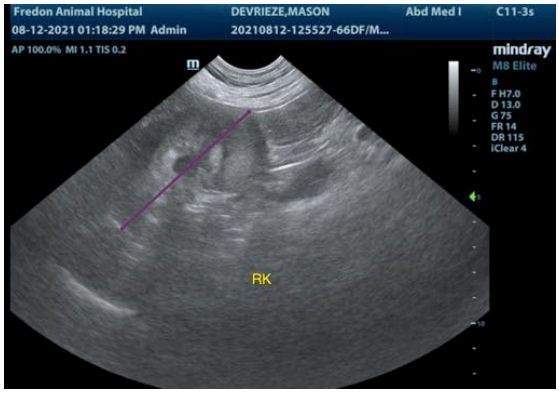

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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