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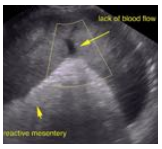

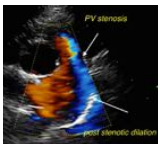

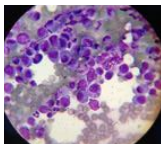
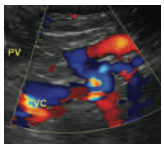

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cinco Ramos

SPECIES

Canine

BREED

Munsterlander

SEX

Male

AGE

1 year

WEIGHT

28.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

91718

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: Anorexic and lethargic for 4 days. Vomiting with diarrhea 4 days ago initially (vomitus initially food and grass then bilious). This continued for about 3 days. No GI signs other than lethargy for the past 24 hours. There has been some ocular and nasal discharge. Is a hunting dog. Has been fed RAW salmon 10 days ago.
Abnormal PE/Chem/CBC/UA Results: Pyrexic 41C Lethargy Moderate peripheral lymphadenopathy. Initial bloodwork: Stress lymphopenia Mild elevation in ALP Tick panel negative (Lyme, anaplasma, Ehrlichia, Htwm)

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 large in size (1.8 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.91 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.79 cm). Overall echogenicity is slightly hyperechoic with poor 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 left adrenal gland is normal in size measuring 1.48 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 0.89 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 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. No focal parenchymal abnormalities are visualized.

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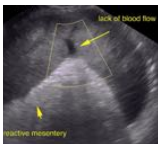
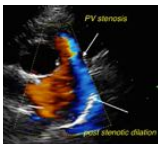
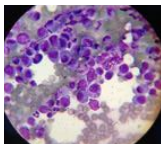
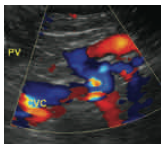

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Liver

The liver is subjectively large in size and decreased in echogenicity with smooth peripheral margins. The parenchyma is homogenous in texture. The portal markings are prominent. 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 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 duodenum measured as normal (0.53 cm) and 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 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 pancreas is prominent and mottled 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.

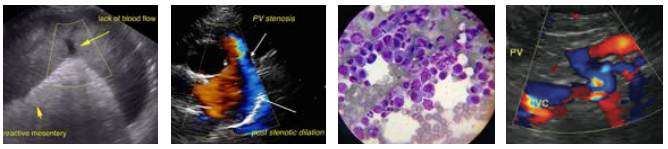
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is moderate lymphadenomegaly present. Clusters of large, mesenteric lymph nodes are present and measured 0.76 cm, 0.6 cm, 1.7 cm and 1.86 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

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.
- Large, hypoechoic liver with prominent portal markings. The changes are most consistent with generalized inflammation, infiltrative disease (neoplasia) or may be normal for this patient.
- Moderate mesenteric lymphadenopathy. Differentials include neoplastic process, autoimmune/inflammatory disease, infectious disease. FNA with cytology is recommended for



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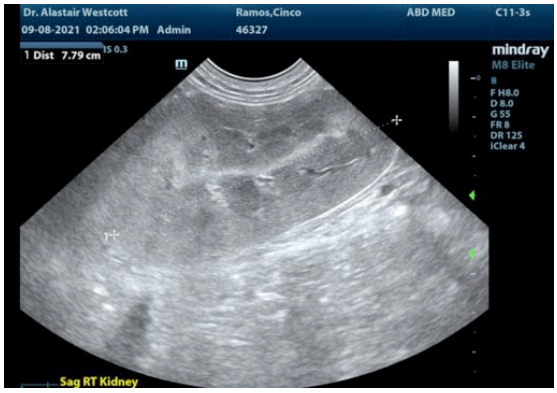
further evaluation. Additionally large lymph nodes can be seen in young dogs although these seem particularly prominent.

SECONDARY FINDINGS:

- Mildly decreased corticomedullary distinction. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. This is a surprising finding in such a young dog. The significance is unclear.
- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is clear that something is causing significant inflammation in the abdomen despite this patient's young age I recommend starting with a FNA of a peripheral lymph node to look for evidence of lymphoma or infectious organisms. If this is just reactive consider splenic and hepatic aspirates. This could be salmon poisoning. I believe there is a PCR test that may help increase or decrease your suspicion for this disease process. Additionally you can consider a FNA of an abdominal lymph node looking for evidence of neoplasia, infectious organisms, etc. GI supportive care and Doxycycline +/- additional antibiotics seems appropriate while waiting for cytology results. I recommend three view thoracic radiographs.



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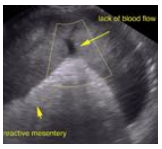
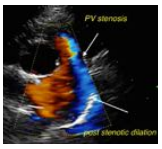
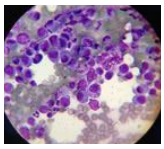
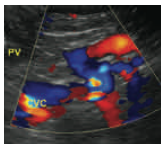

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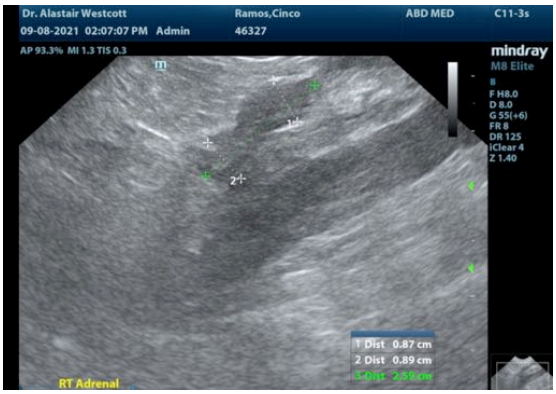

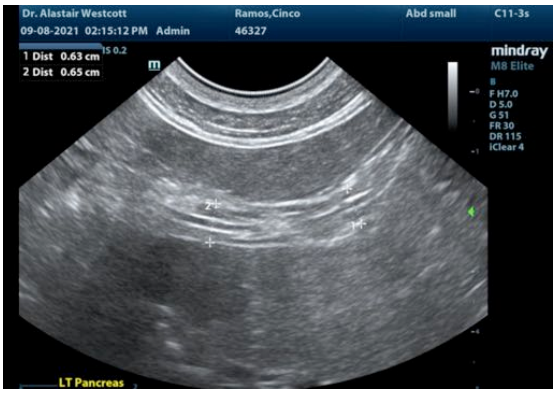

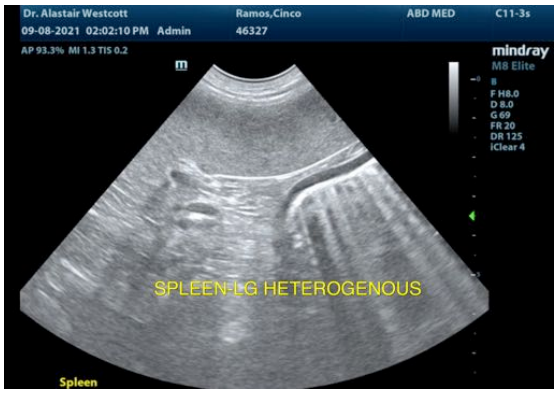

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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