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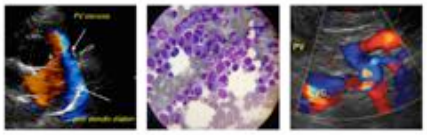

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PATIENT

Weezer Smiley

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

8 years

WEIGHT

66.5 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

INVOICE

30018

DATE

PRESENTING CLINICAL SIGNS

O states for about 2-3 weeks P appetite has been off. P now not eating. She is vomiting and having diarrhea. O states P has become more lethargic since this started. Seems uncomfortable and shallow breathing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not fully distended, thereby affecting the ability to accurately measure wall thickness. Contents are anechoic. The wall is very mildly irregular at the apex. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of sediment, cystoliths, polyps, or a mass.

Kidneys

The **left** kidney measures at least 5.80 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Pinpoint mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. A normal accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 6.14 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.56 cm at the cranial pole, 0.60 cm at the caudal pole and 2.28 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.49 cm at the cranial pole, 0.52 cm at the caudal pole and 1.98 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

Two well-defined hypoechoic nodules are observed mid-body.

1) 1.88 cm in diameter x 2.24 cm in length
2) 2.01 cm in diameter x 2.53 cm in length

A hypo to anechoic mass, is observed towards the tail of the spleen. It measures 1.02 cm in diameter x 1.31 cm in length. It does not alter the integrity of the capsule.

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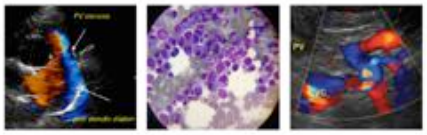

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A multi-cavitary mass, that disrupts the integrity of the capsule, is observed on the ventral aspect of the spleen, toward the tail. It measures 2.57 cm in diameter x 3.48 cm in length. The mesentery surrounding the cavitary lesions is severely hyperechoic.

The remaining regions of the spleen are homogeneous and within normal limits in architecture, echotexture, and echogenicity. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly. Liver borders are smooth and sharp. The liver is mildly to moderately heterogeneous, i.e., multiple hypoechoic nodules of variable size are observed dispersed haphazardly throughout the parenchyma. The hypoechoic nodules are suggestive of nodular hyperplasia. A single hyperechoic nodule measuring 1.04 cm in diameter x 1.09 cm in length is noted in the left liver (intercostal view). Differential diagnoses for the latter include nodular regeneration, fat and fibrosis. It is not suggestive of neoplasia. Perivascular cuffing is present, which may be due to fat, as well as some mild mineralization. There is no evidence of hepatic congestion.

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. There are no obvious signs of an obstruction.

Gastrointestinal

The gastric wall is mildly thickened, measuring 0.74 cm. Wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The duodenum measures 0.65 cm. Occasional stippling of the mucosa is observed. The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is thicker than normal, measuring 0.27 cm, however, mural detail is preserved. Stippling of the mucosa is visualized in certain segments of colon. A large amount of gas is present.

Pancreas

No overt abnormalities are observed. The mesentery surrounding the left limb is very mildly hyperechoic, however, this appears to be associated with the spleen, rather than the pancreas. No obvious signs of active pancreatitis or neoplasia are appreciated.

Other

Lymph nodes

Multiple heterogeneous, hypoechoic, enlarged lymph nodes are observed in the right mid-abdomen. The largest measures approximately 2.72 cm in diameter x 3.56 cm in length. The surrounding mesentery is markedly hyperechoic.

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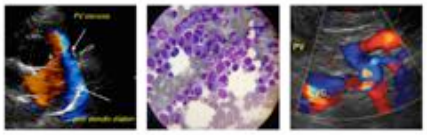

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Abdominal effusion

A trivial amount of anechoic fluid is visualized in the right cranial quadrant of the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Multiple hypo to anechoic splenic nodules and masses, some of which alter the integrity of the splenic capsule. Differential diagnoses include hemangiosarcoma, however, hematomas, and extramedullary hematopoiesis, cannot be excluded. Histiocytic sarcoma is another possible cause of both the splenic abnormalities and lymphadenomegaly.
- The lymphadenomegaly and complete obliteration of the normal architecture are most consistent with infiltrative, lymphoproliferative disease, such as a round cell tumour, such as lymphoma, mast cell tumour, as well as histiocytic sarcoma. Lymphoma is the most likely diagnosis given the severe lymphocytosis on Weezer's blood work. An aggressive inflammatory process remains a much less likely diagnosis. Fine needle aspiration with cytology of the affected nodes is strongly recommended, +/- culture and sensitivity, depending on the prevalence of infectious diseases in your area of practice and whether Weezer has travelled.
- The hepatic changes are most consistent with nodular regeneration, which is a benign, age-related change often observed in senior patients. Obvious signs of neoplasia are not appreciated.
- The thickening of the stomach and colon, as well as the subtle changes of the duodenum, are suggestive of inflammation, which may be secondary to Weezer's vomiting and diarrhea. However, infiltrative disease, such as lymphoma, or other round cell tumour, must be considered. Very severe inflammatory bowel disease may be contributing to the inflammation that has been exacerbated by the recent vomiting and diarrhea.
- Very mild bilateral renal changes, which are suggestive of age related degeneration.
- A urinary tract infection cannot be excluded based on the very mild irregular mucosa of the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs; three views, are recommended to exclude metastatic disease.

Fine needle aspirates with cytology of the affected lymph nodes are strongly recommended, +/- culture and sensitivity, depending on the prevalence of infectious diseases in your area of practice and whether Weezer has travelled.

Depending on the results of the cytology, splenectomy may be performed.

Gabapentin, +/- an opioid, is/are strongly recommended to decrease Weezer's discomfort. Ondansetron should help treat nausea. A clay based paste, psyllium, and/or a synbiotic (product that combines both a prebiotic and probiotics) may be administered to help treat her diarrhea.

If chemotherapy will not be pursued, dexamethasone may be administered as a subcutaneous injection at 0.15 mg/kg SQ once and then followed by prednisone per os. However, if chemotherapy is a

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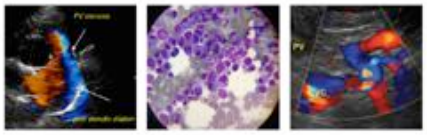

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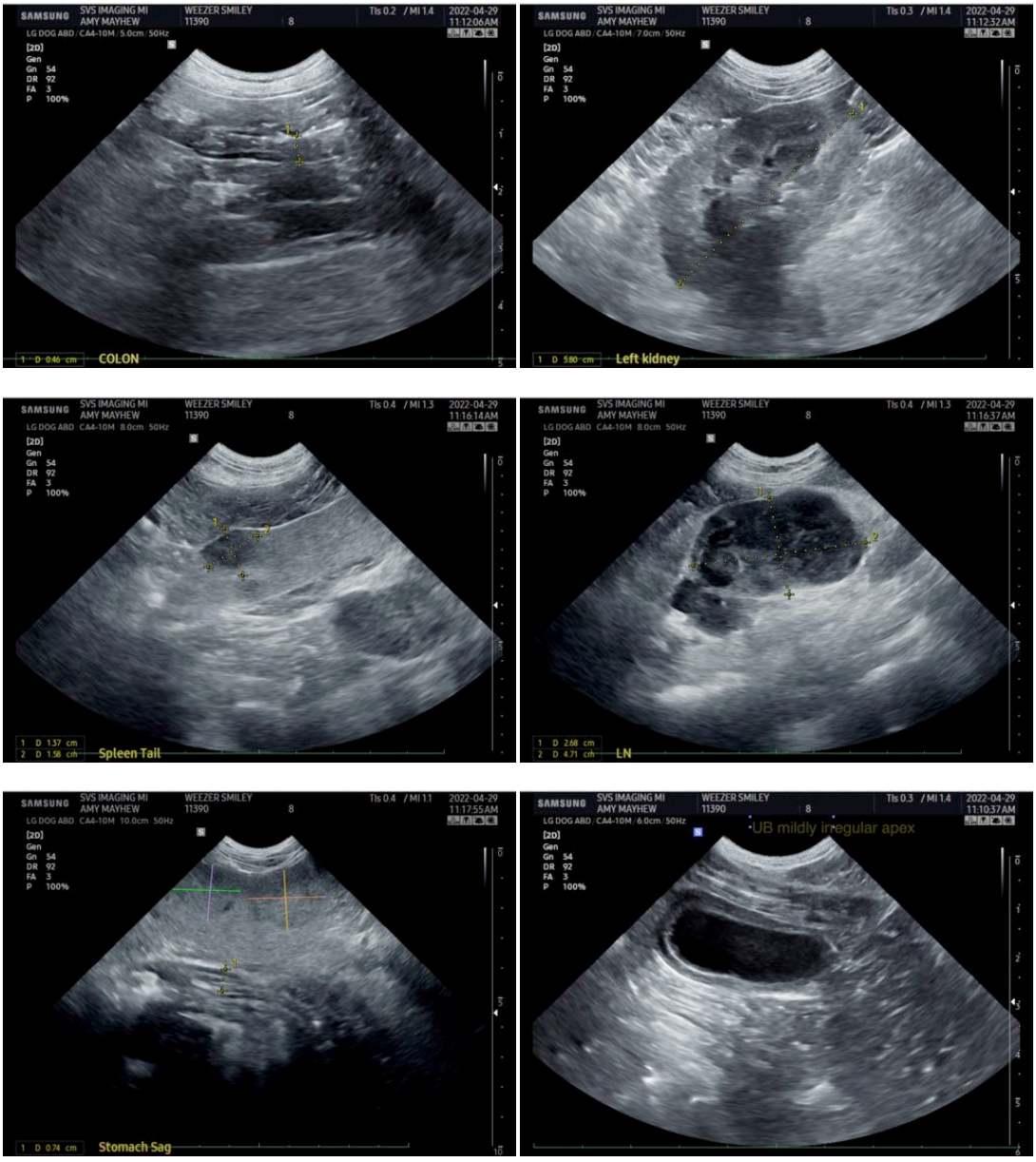
consideration, it *should not be administered*.



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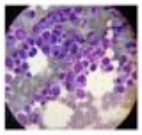


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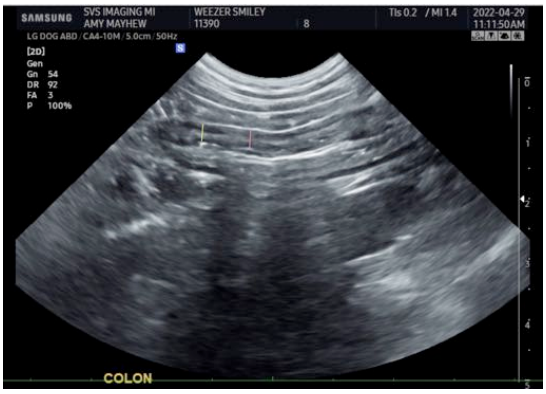

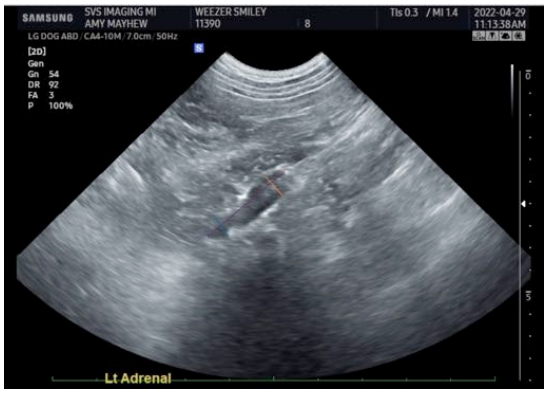

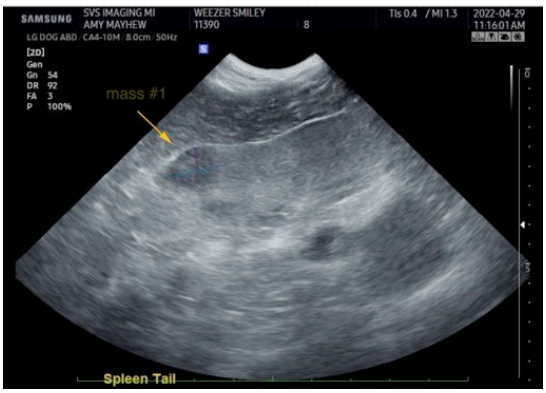

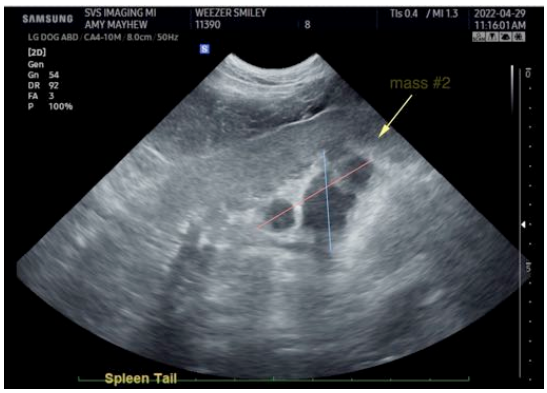

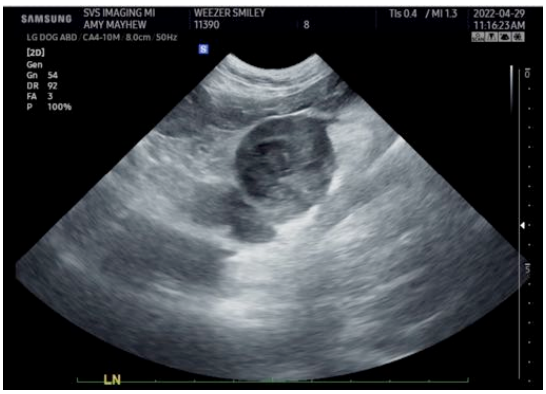

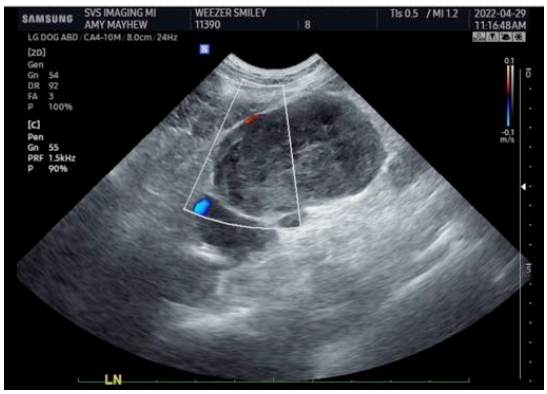

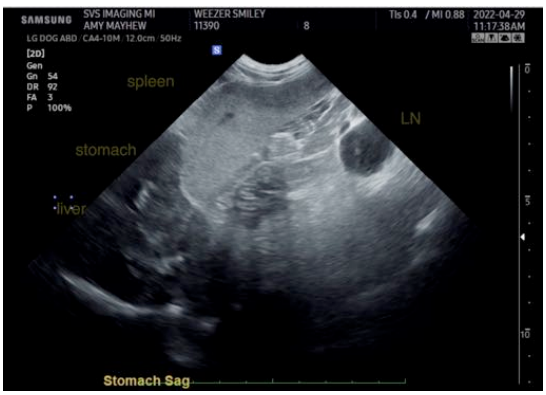

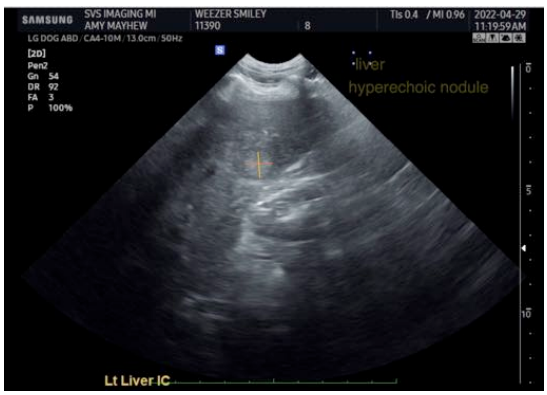

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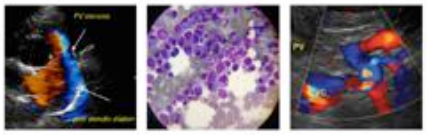

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BREED

Labrador

SEX

Spayed Female

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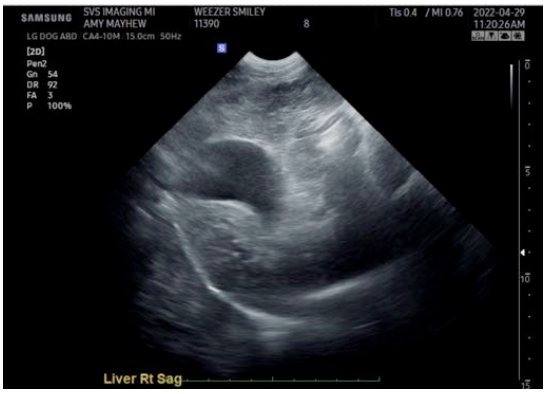

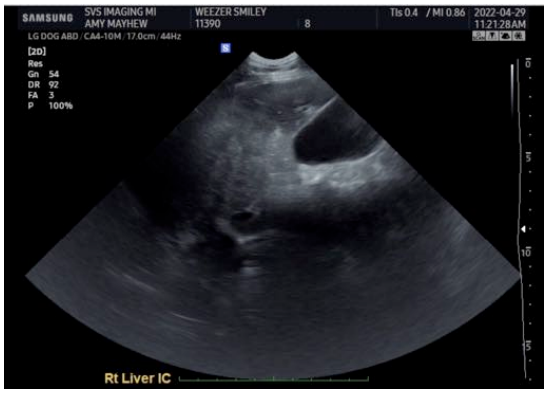

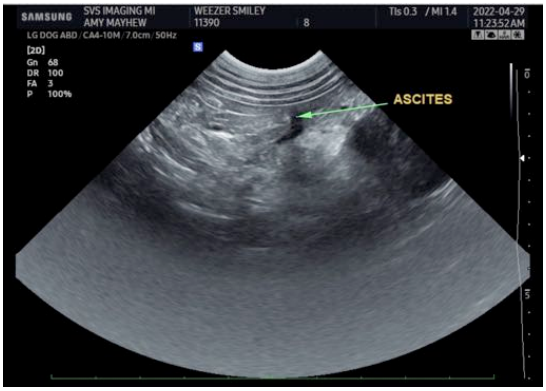

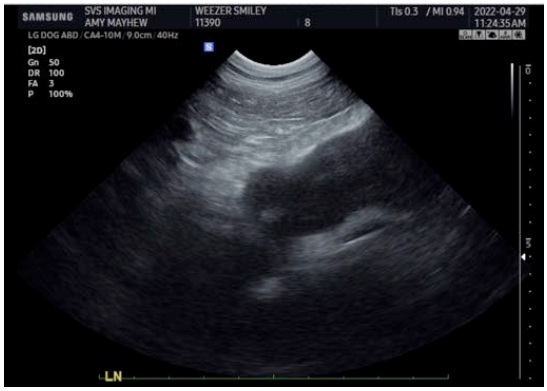

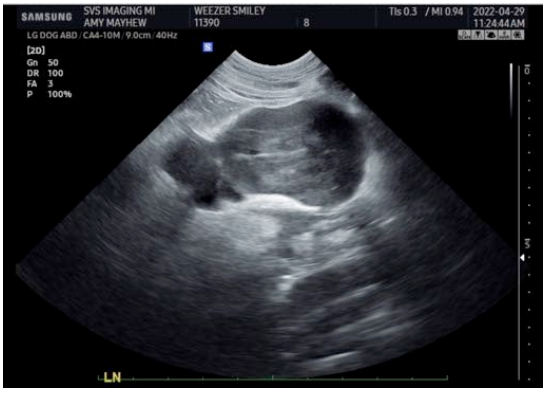

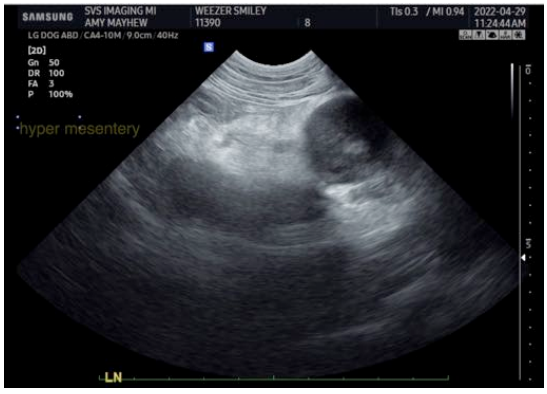

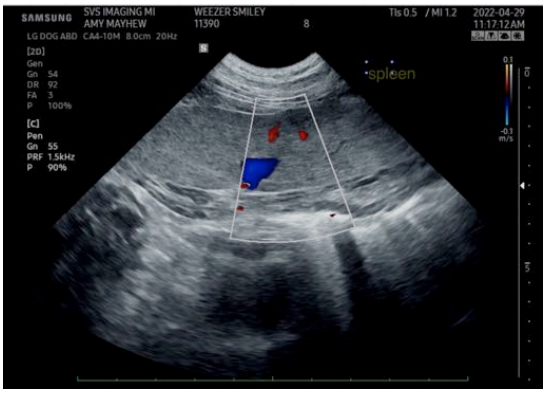

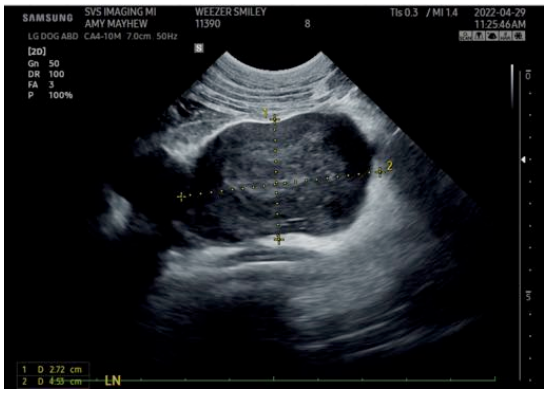

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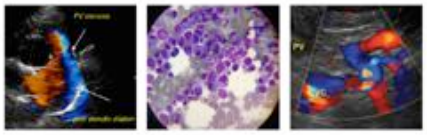

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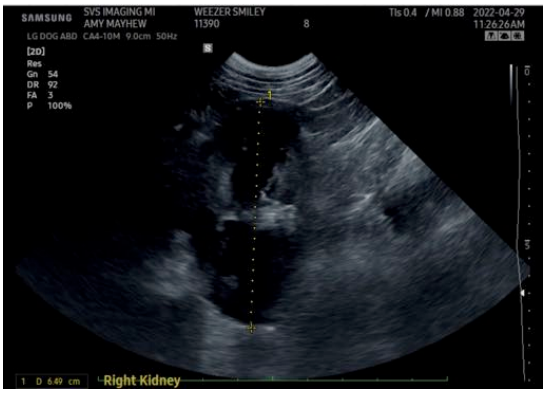

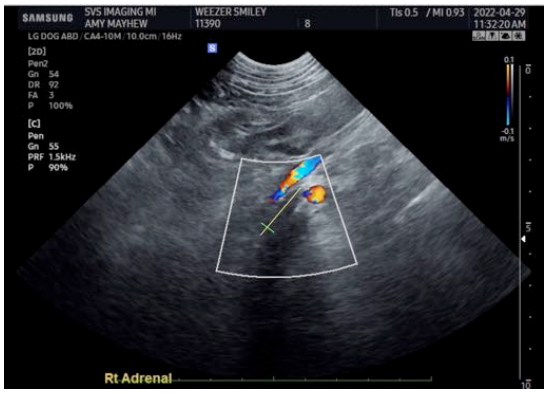

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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