



PATIENT PRESENTING CLINICAL SIGNS

Gus Spivak Lethargy, anorexia, v+, Hx of cushings.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. Minimal anechoic urine was present with multiple areas of dependent to potentially adhered luminal mineral. The urethra was normal in structure and tone to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.1 cm diameter.

SEX Neutered Male Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of non-obstructive medullary mineral were present. The left kidney measured 4.4 cm. The right kidney measured 4.1 cm. A focal cortical cyst was noted in the right kidney.

AGE 15 Years

Adrenal Glands

WEIGHT 15 Pounds Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 1.85 cm at the cranial pole and 1.77 cm at the caudal pole. The right adrenal gland measured 0.78 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

HOSPITAL NAME Rockaway AH The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

34251

The stomach presented intact yet subjective prominent wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. Ventral gastric body wall measured 0.58 cm.

DATE

1/14/22

The small intestine exhibited generalized intact wall layering exhibiting subjective mild mural thickening and segmental to generalized mildly prominent muscularis layer. A focal area of moderate mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering present in the mid to caudal abdominal small intestine. This segment of thickened intestine measured up to 5-6 cm in



PATIENT

Gus Spivak

length with wall width up to 1.2 cm. Associated regional to generalized peri intestinal reactivity and small volume free fluid noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Shih Tzu

Free Abdomen

Several moderately enlarged mesenteric root lymph nodes were present. Example measured 3.8 cm x 8.0 cm and 2.9 cm x 1.0 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

SEX

Neutered Male

PRIMARY FINDINGS

- Intestinal mural mass, potential for generalized enteropathy
- Bilateral adrenomegaly, more prominent in the left adrenal gland – PDH likely given the patient’s history, potential for primary or metastatic left adrenal neoplasia possible.
- Mesenteric root lymphadenopathy
- Generalized peri intestinal to perilympatic reactive mesentery and small volume free fluid.

SECONDARY FINDINGS

- Bilateral chronic renal changes with non-obstructive medullary mineral and right kidney cortical cyst
- Urinary bladder mineral – This patient is suspected to be passing mineral from the kidneys into the urinary bladder.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for multicentric neoplastic process involving the mesenteric root lymph nodes and segmental to potentially generalized small intestine. Multicentric lymphoma would be considered a primary differential diagnosis versus other round cell neoplasia. Assuming normal clotting status, ultrasound guided FNA of a mesenteric root lymph node and the intestinal mural mass could be considered for cytology and potential for oncology consult. 3-view chest radiographs recommended.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

34251

DATE

1/14/22





PATIENT

Gus Spivak

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

15 Years

WEIGHT

15 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

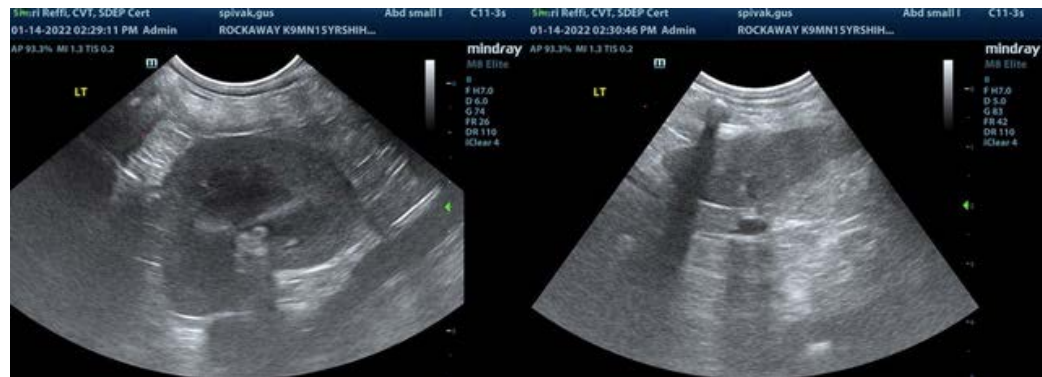
Dr. Maniar

INVOICE

34251

DATE

1/14/22





PATIENT

Gus Spivak

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

15 Years

WEIGHT

15 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

34251

DATE

1/14/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com