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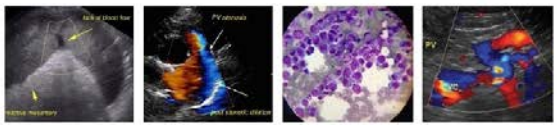

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Bentley Goulart

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Gerritsen

INVOICE

26203

DATE

10/12/21

PRESENTING CLINICAL SIGNS

PUPD for 2-3 weeks, BW showed high Ca+, confirmed with high ionized Ca+
Abnormal PE/Chem/CBC/UA Results: please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present. Mild dependent mineral along with non-dependent particulate sediment is present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was sonographically unremarkable.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm. The right kidney measured 8.2 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.56 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation without overt pathology, subjectively measuring 2.4 cm length x 0.99 cm at the caudal pole.

Spleen

The spleen was normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The appearance of the spleen is highly suggestive of infiltrative neoplasia such as lymphoma but may also represent benign changes such as nodular or lymphoid hyperplasia.

Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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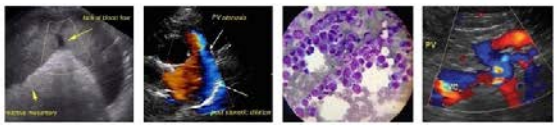

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Pancreas

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.

Free Abdomen

Intermittent enlarged mesenteric and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Borderline abnormal width: length ratio was noted at approximately 0.5. Example of medial iliac lymph node measured 3.0 cm x 1.5 cm. Example of mesenteric lymph node measured 3.0 cm x 1.4 cm. Evidence of perilymphatic inflammation was evident.

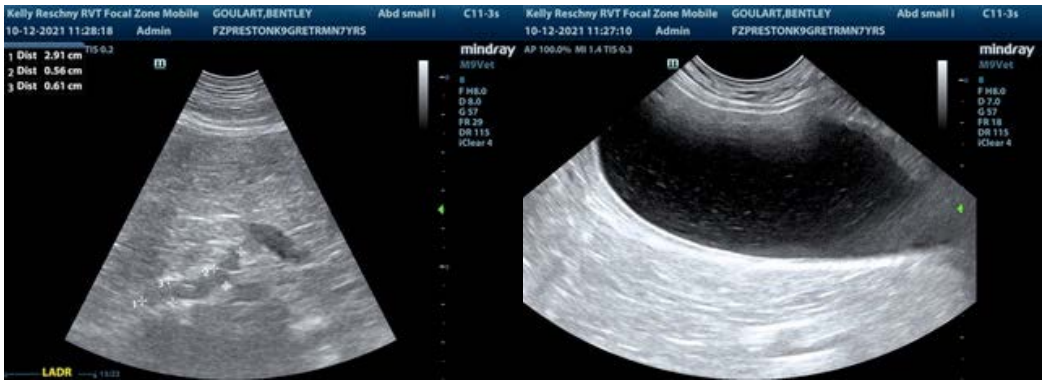
No effusion.

ULTRASONOGRAPHIC FINDINGS

- Micronodular splenic parenchyma – areas of nodular to lymphoid hyperplasia, hematopoiesis, or neoplasia.
- Intermittent hypoechoic to mildly swollen mesenteric and medial iliac lymph nodes – lymphoid hyperplasia, reactive lymphadenitis or emerging neoplastic lymphadenopathy
- Mild urinary bladder mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for splenic and lymphatic emerging neoplasia warranted given the hypercalcemia. Assuming normal clotting status and using 25-gauge needle, splenic FNA +/- lymph node FNA (if accessible) would be recommended for screening cytology. Correlation with PTH/PTHrP levels. Further assessment may include rectal palpation to rule out anal sac tumors as well as 3-view chest radiographs if not done.



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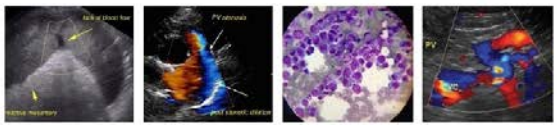

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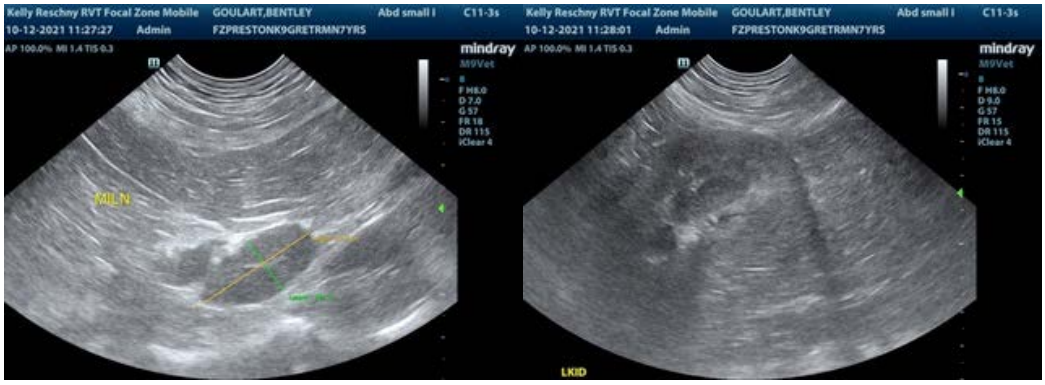

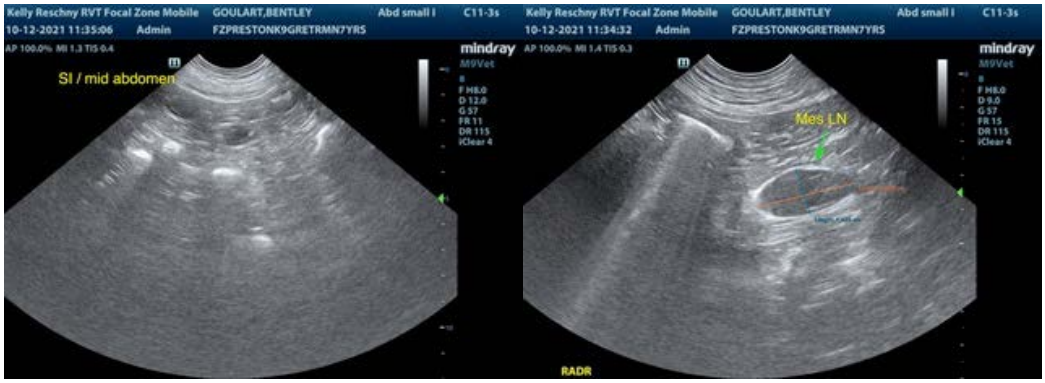

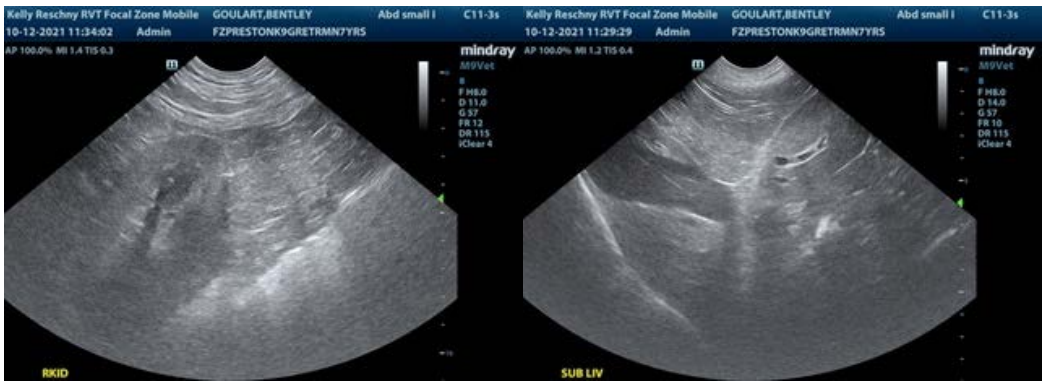

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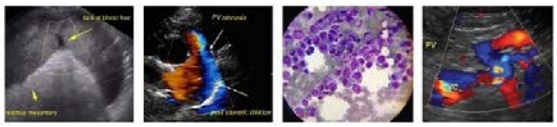

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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