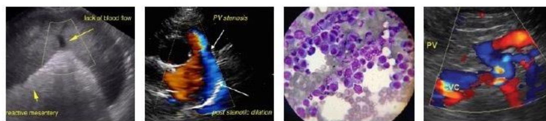


PATIENT

Marley Clarke

SPECIES

Canine

BREED

Bichon/Cavalier

SEX

MN

AGE

8 years

WEIGHT

15.9 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties Burlington PH

REFERRING VET

Dr. Al Sultan

INVOICE

15741

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Patient has been vomiting off and on for a few days. Usually a good appetite but lately very picky and drinking a lot more water. BMs loose and somewhat yellow. Panting more. Euhydrated, MM pink and moist, normal skin turgor. Seemed comfortable on abdominal palpation. Moderate dental disease. Started Fortiflora, Metronidazole and Clavaseptin.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads. Urea 16.4, Creatinine 222, T bili 16, Cl 108, WBCs 34.42 Rads suggestive of moderate hepatomegaly and mild splenomegaly with peritoneal effusion. Geriatric thorax unremarkable but micrometasteses cannot be ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Very minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The bladder was otherwise normal. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology was observed in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

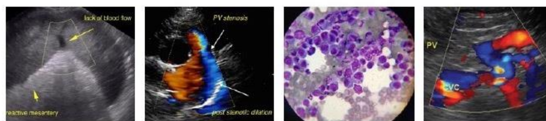
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia with hyperechoic renal pelvis echogenicity was present. Subtle dilation of the proximal left ureter exiting the left kidney was present without obvious ureter obstructive criteria. A discrete mildly nonhomogeneous nodule was noted in the lateral left kidney measuring 1.7 cm in diameter. The nodule did not distort the left renal capsule. The left kidney measured 7.4 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.0 cm length x 0.49 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement most notable in the caudal spleen with mild nonhomogeneous caudal parenchymal expansion resulting in subtle distortion of the splenic capsule without evidence of parenchymal escape. Generalized reduced splenic parenchyma echogenicity was noted with normal splenic vasculartity.



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Liver/ Gallbladder

The liver presented moderate to markedly enlarged in size with similar parenchyma echogenicity compared to the spleen with overall reduced hepatic parenchyma echogenicity with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No distinct masses or nodules were noted. The gallbladder was non-distended in size with 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. Mild retained anechoic pyloric fluid was noted.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for a mildly prominent duodenojejunal mucosa layer. No evidence of mechanical obstruction.

Normal visible colon wall layers were present with generalized semi-formed to soft fecal matter.

Pancreas

The left pancreatic limb was mildly prominent in size with mild capsule asymmetry and heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

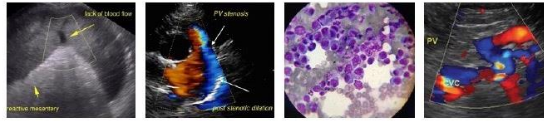
Intermittent, mildly prominent to hypoechoic mesenteric lymph nodes were present. Generalized mild hyperechoic mesentery was present. No evidence of significant peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Left kidney possible pyelonephritis with discrete corticomedullary nodule
- Hepatosplenomegaly exhibiting reduced hepatosplenic parenchyma echogenicity
- Nonspecific gastroenteritis pattern with mild gastric hypomotility
- Possible concurrent low-grade or chronic pancreatitis pattern
- generalized mild hyperechoic mesentery and intermittent mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for round-cell infiltrative hepatosplenic neoplasia is warranted. Potential for early left kidney, gastrointestinal, or lymphatic involvement could be possible. Assuming normal clotting status, screening hepatosplenic FNA



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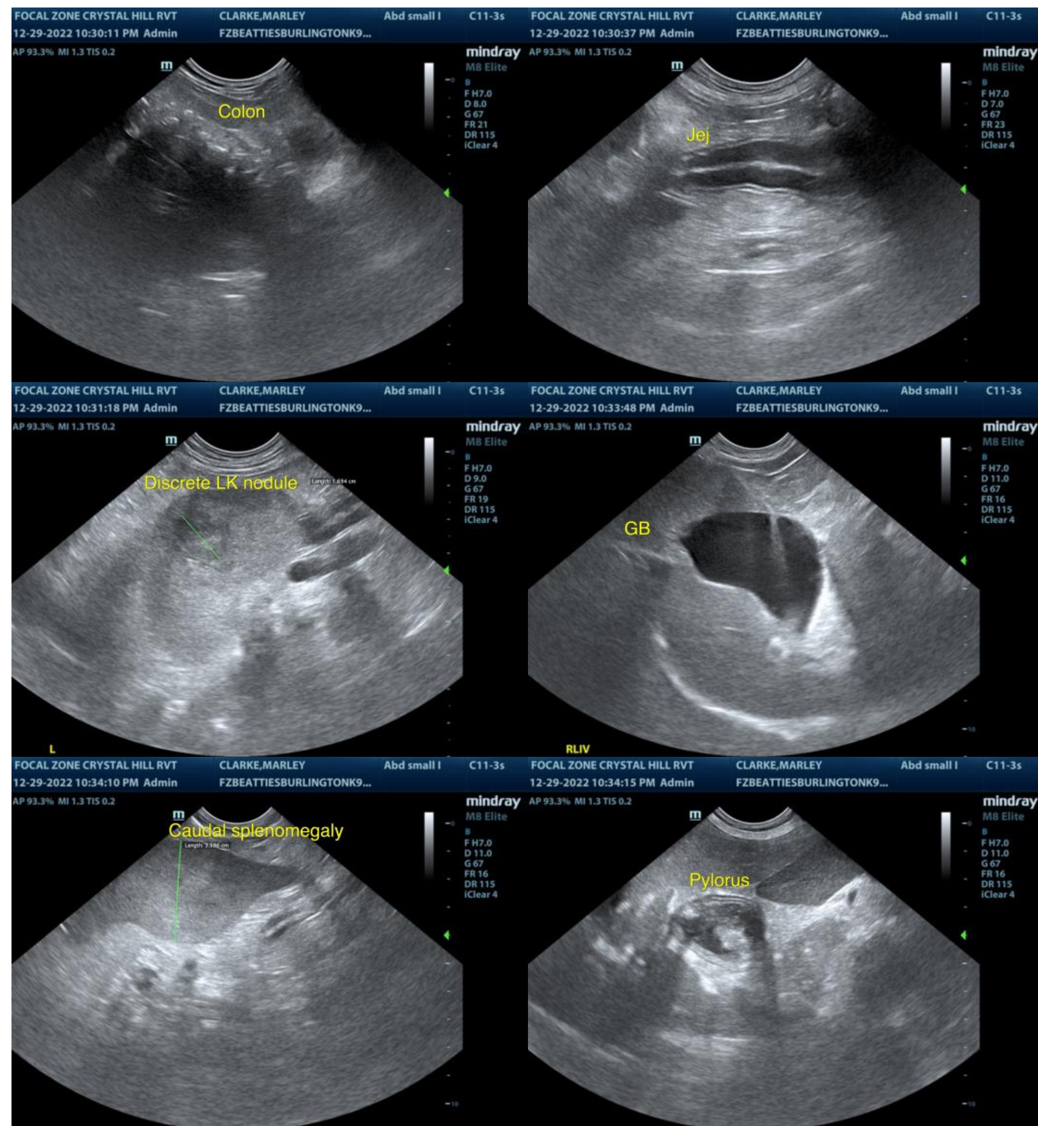
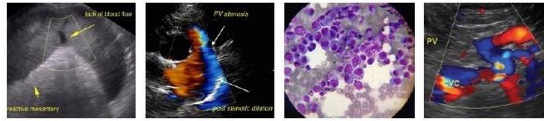
cytology using a 25-gauge needle is recommended for further assessment and potential for an oncology consult.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirically, as-needed gastrointestinal supportive care is recommended. A guarded prognosis pending hepatosplenic sampling.





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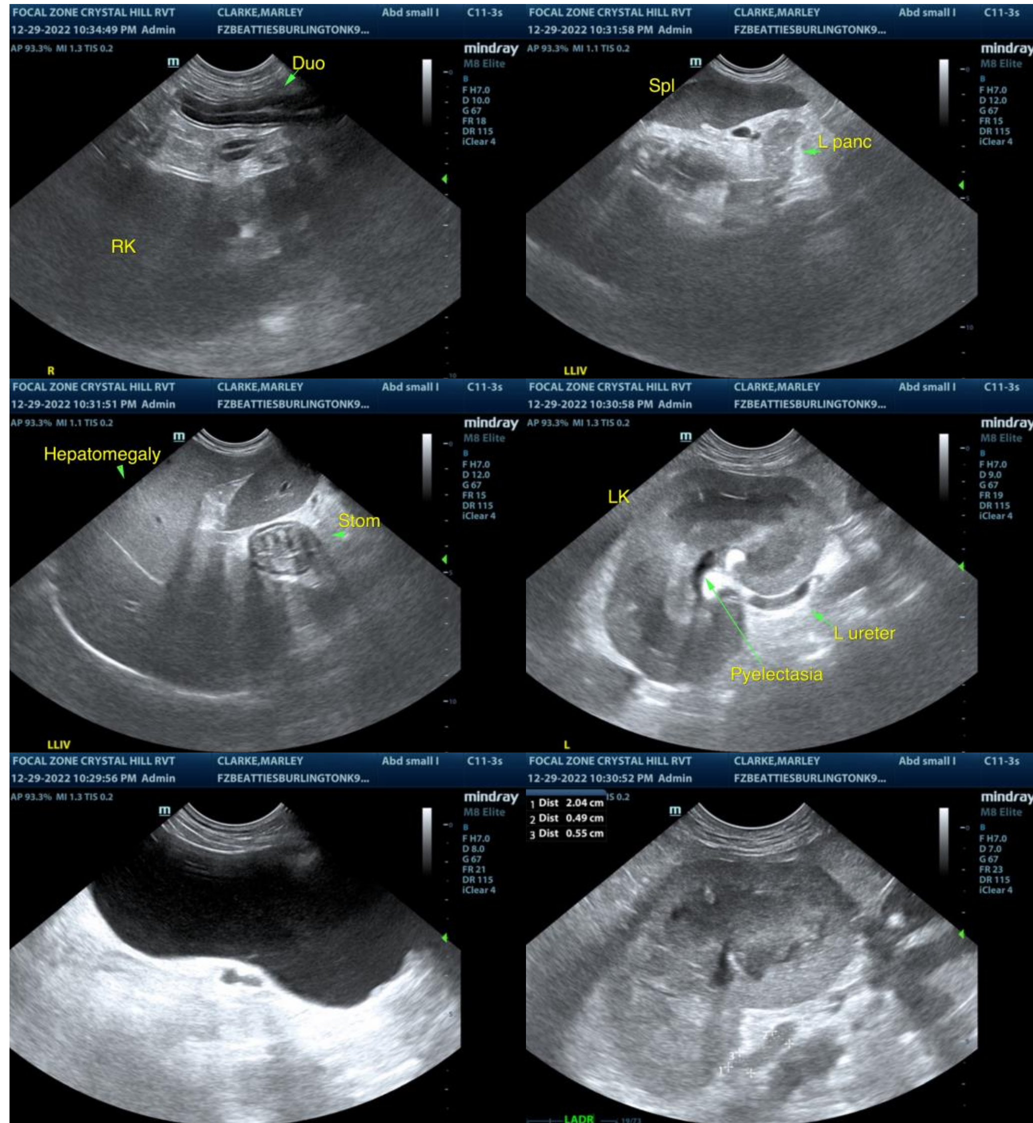
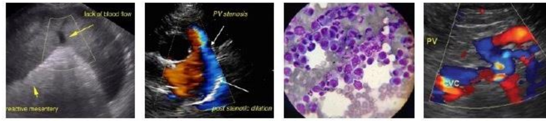


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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