**PATIENT**Molly Hammer  
17504D**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

FS

**AGE**

13 years

**WEIGHT**

7.63 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison  
Veterinary  
Specialists- Dr.  
Graham**INVOICE**

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**DATE**

2/23/22

2/23/2022

**PRESENTING CLINICAL SIGNS**

Patient presented for seizures due to hypoglycemia. Had been diagnosed with diabetes about 3 years ago and was responding well to Vetsulin. Was recently being treated for pancreatitis, and last night vomited and started convulsing. Came into clinic with a BG of 29mg/dL. Patient wasn't initially responding to 5% dextrose, so early in the AM, dextrose was increased to 7.5% dextrose.

Abnormal PE/Chem/CBC/UA Results: BW showed mild anemia, low platelets (diff showed clumping), chemistry was relatively unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral in the lateral diverticuli of both kidneys was present. A solitary cortical cyst was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.30 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.45 cm width at the cranial pole.

**Spleen**

The spleen exhibited generalized mild to potential moderate enlargement with subtle asymmetrical medial capsule contour and generalized mild coarse to heterogeneous parenchyma. A solitary, non-expansive, hypoechoic nodule was noted in the medial splenic parenchyma measuring 0.8 cm in diameter. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver exhibited moderate enlargement with areas of asymmetrical ventral and caudal hepatic contour. Generalized nonuniform to indistinctly nodular parenchyma exhibiting variable parenchyma echogenicity. An example of an Indistinct liver nodule measured 0.8 cm in diameter. The gallbladder was mildly distended containing anechoic content with moderate congealed yet nonorganized,

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nonmineralized luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

**Gastrointestinal****SPECIES**

Canine

The stomach presented intact yet subjective mild prominent wall layering. The gastric body wall width measured 0.50 cm.

The duodenum presented intact yet prominent wall layering owing primarily to prominent duodenal mucosa. The duodenum wall width measured 0.71 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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

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**Pancreas**

The pancreas base and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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**Free Abdomen****WEIGHT**

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Multifocal hepatic and cranial mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 3.1 cm x 1.2 cm and 1.1 cm x 1.1 cm. Small volume peritoneal free fluid was primarily noted in the left lateral abdomen adjacent to the spleen. Generalized primarily perihepatic, perisplenic, and perilymphatic reactive mesentery was present.

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(Canine and Feline)**ULTRASONOGRAPHIC FINDINGS****IMAGING PERFORMED BY**

Tom McNeill

- Splenomegaly with solitary hypoechoic Intraparenchymal nodule - focal to generalized hematopoiesis, lymphoid hyperplasia, splenitis, focal to generalized neoplasia possible
- Hepatomegaly exhibiting generalized non-uniform to indistinctly nodular parenchyma- acute on chronic hepatitis / cholangiohepatitis, vacuolar hepatitis, fibrosis, cirrhosis, neoplasia, or other hepatopathy possible, neoplasia is favored although not definitive
- Multifocal hypoechoic to swollen hepatic and cranial mesenteric lymphadenopathy - lymphatic presentation meets neoplastic criteria - potential for moderate to severe lymphadenitis possible
- Chronic active pancreatitis with concurrent moderate duodenitis
- Perisplenic, perihepatic and perilymphatic reactive mesentery with small volume peritoneal free fluid

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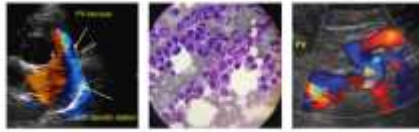
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification and potential definitive diagnosis, multicentric, hepatic, and lymphatic neoplasia with potential for splenic involvement is suspected. Hepatic neoplasia may at times result in hypoglycemia which may be a contributing factor in this case.

Assuming normal clotting status, ultrasound-guided FNA of the liver, accessible lymph node +/- spleen using a 25-gauge needle is warranted for screening cytology. Potential for early neoplastic involvement or changes in the upper gastrointestinal tract cannot be definitively excluded. If persistent hypoglycemia despite increased dextrose supplementation, Prednisone, Glucagon if available, as well as smaller, more frequent meals may be of benefit. A very guarded prognosis pending cytology is warranted.



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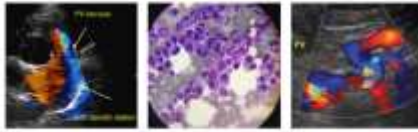
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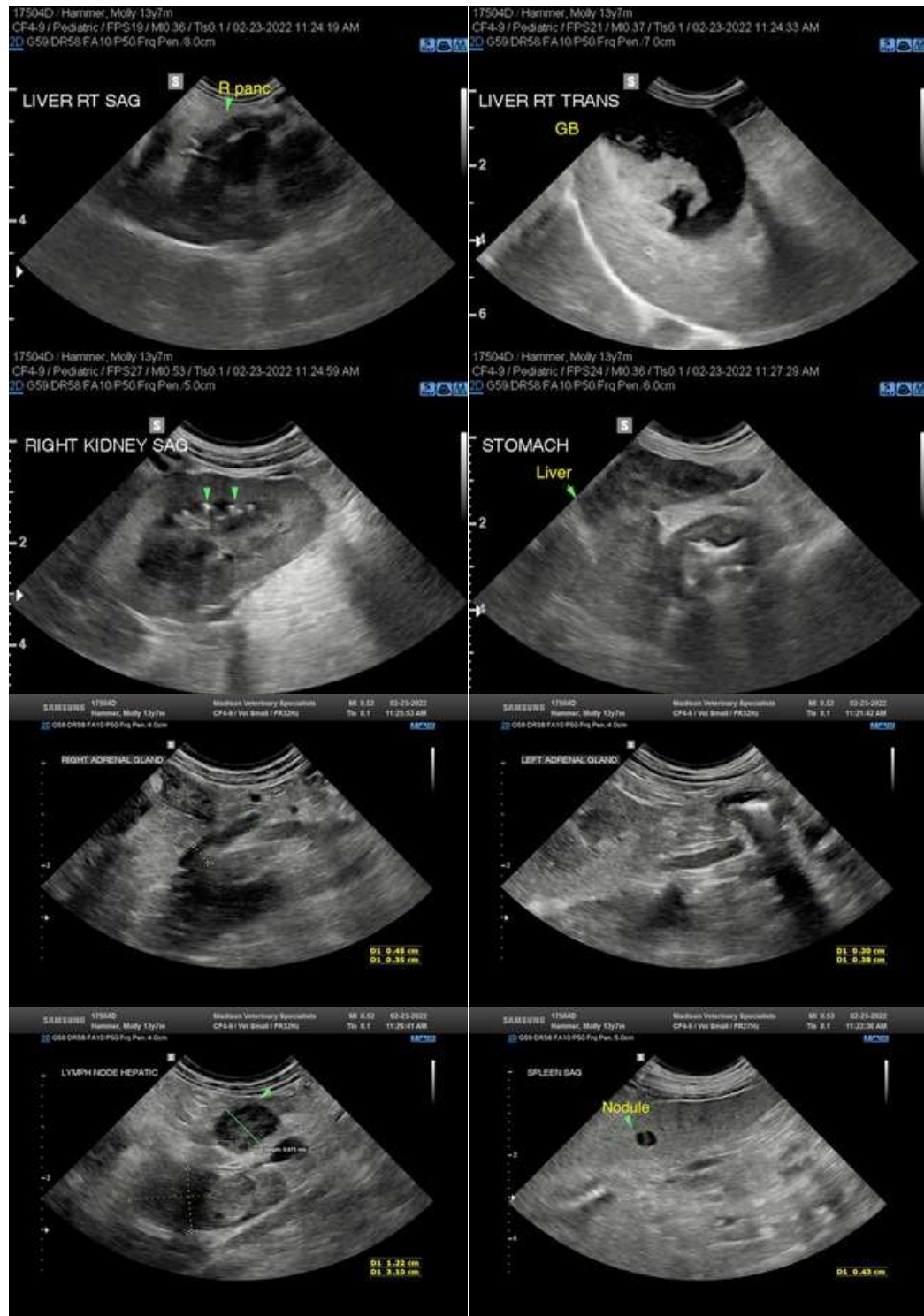
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology

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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**