SonoPath
Clinical Sonography & Telecytology
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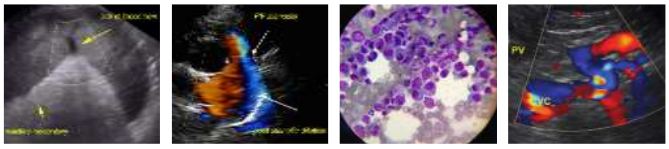


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blue Medrano

SPECIES

Canine

BREED

Husky

SEX

Male

AGE

2 years 6 months

WEIGHT

45 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Oldenhoff

INVOICE

13453

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Reason for Visit: ADR, LETHARGIC, NO EATING, DRINKING A LOT History: PET IS HERE FOR LETHARGIC, NOT EEATING. OWNERS TOOK PET TO CORAL SPRINGS ANIMAL HOSPITAL 2/26 FOR SAME REASONING HERE TODAY, OWNER STATES PET DID SEEM ALITTLE BRIGHTER LEAVING BUT ONLY LASTED ABOUT 2 DAYS, WAS SENT HOME WITH APPETITE STIMULANT AND DID WORK FOR 2 DAYS/ OWNER STATES PRIOR TO ALL OF THIS HAPPENING, WAS PET SITTING SISTERS DOG AND THEY DIDNT SEEM TO GET ALONG BEST SO OWNERS SEPERATED PETS. C/S/V/D: NO C/S/ PET VOMITED 1 TIME PRIOR TO CORAL SPRINGS, OWNER STATES WATERY DIARRHEA WITH NO BLOOD NOTED E/D/U/D: NOT EATING, DRINKING A LOT FROM EMERGENCY CLINIC------ Interpretation Neutrophilic and eosinophilic exudate, please see comment Comments No neoplastic cells or microorganisms are found in this specimen. Eosinophils in this specimen are present in high numbers. Eosinophilic ascites is an unusual finding and has been reported in association with eosinophilic gastroenteritis, idiopathic hypereosinophilic syndromes, other allergic/hypersensitivity reactions, parasitism with a migrating tissue phase, and neoplastic/paraneoplastic effusions (most notably mast cell tumor and T cell lymphoma). Further imaging and sampling of any ultrasonographically abnormal areas of the GI tract or other abdominal organs is recommended in this case. Parasitic screening by fecal flotation and Baermann sedimentation may also be considered

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 prostate exhibited expected size and echogenicity for a young, Intact male canine if clinically applicable. No overt prostatic pathology was noted.

The area of the aortic trifurcation was free of pathology.

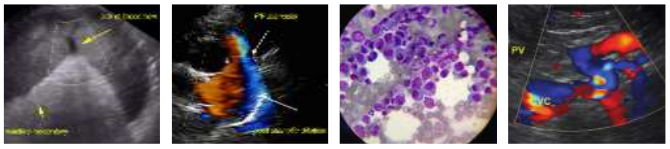
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 7.5 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 0.55 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The



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splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement and primarily uniform parenchyma exhibiting normal echogenicity. Intermittent discrete to indistinct Isoechoic to mildly nonhomogeneous nodules in the subjective ventral parenchyma were present. An example of a nodule measured 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and mild gallbladder debris, which Is nonspecific, potentially indicative of mild nonclinical cholestasis. 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 contained moderate, retained, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

Sonographic examination of the intestinal tract revealed segmental to variable intestinal mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering. An example of thickened to hypoechoic intestine measured 0.76 cm wall width. By comparison, normal-appearing small intestine measured 0.38 cm wall width. An indistinct mass lesion was present in the mid-abdomen suspected to be in the area of the ileocolic junction, measuring 4.0-5.0 cm in diameter. Potential Involvement of the upper colon may be possible.

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

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 were evident.

Free Abdomen

Multiple mid-abdominal to potential mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example lymph node measured 3.7 cm x 1.9 cm. Concurrent regional perilymphatic to peri intestinal reactive mesentery was present. Small pockets of scant peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened intestine exhibiting mural hypoechogenicity and loss of discernable wall layering, unspecified intestinal mural mass lesion suspected In the area of ileocolic junction
- Associated hypoechoic to swollen mesenteric lymphadenopathy - consistent with neoplastic / metastatic criteria, potential for significant lymphadenitis
- Reginal to generalized peritonitis
- Indistinct Intermittent hepatic parenchymal nodules

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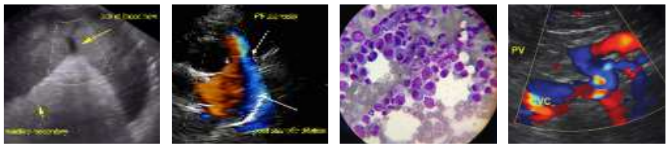

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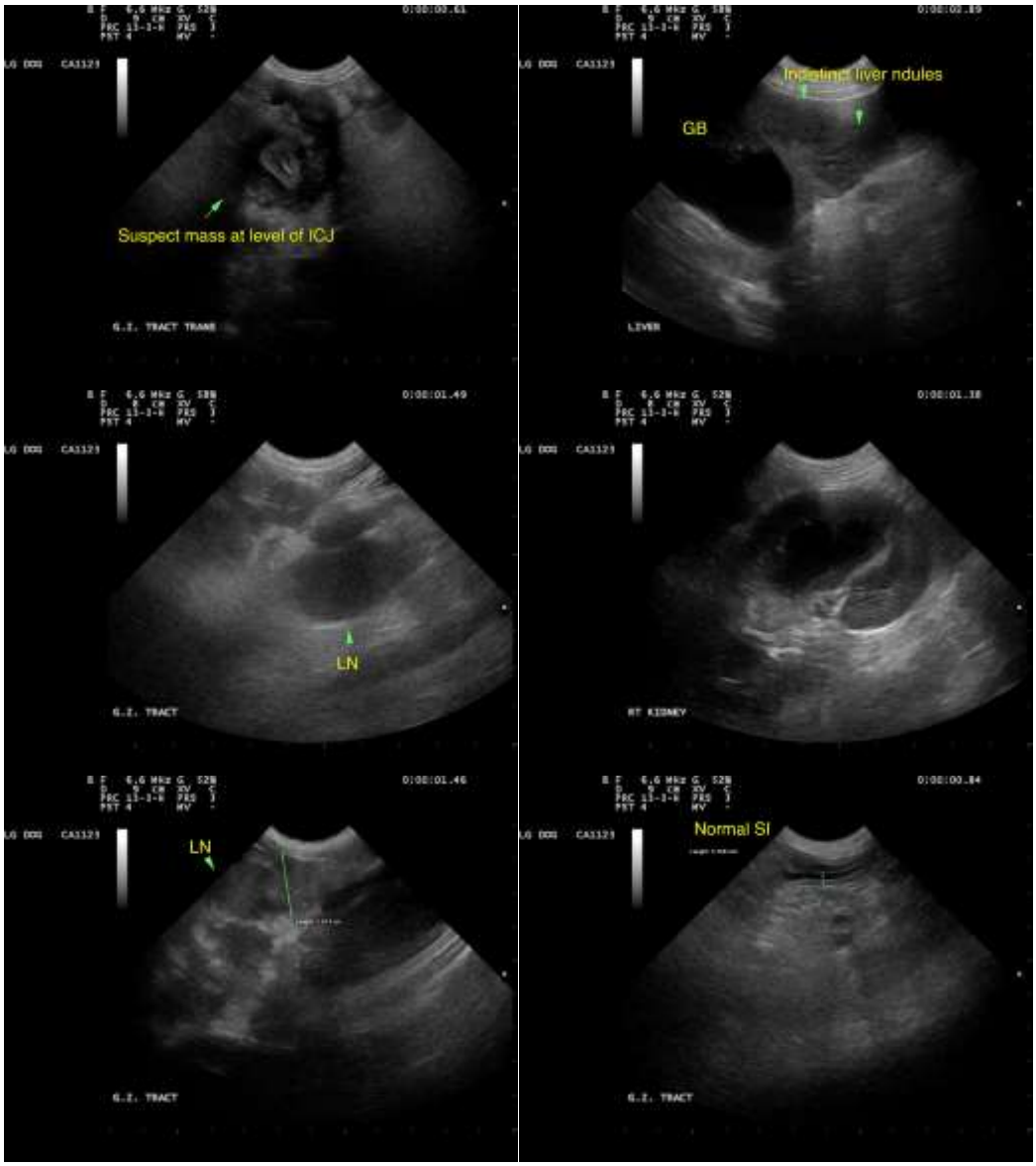
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the appearance of the segmental intestinal tract combined with concurrent hypoechoic to swollen mesenteric lymphadenopathy is consistent with probable multicentric neoplastic processes such as lymphomatosis, mastocytosis, or other. Potential for possible hepatic metastasis cannot be excluded.

Assuming normal clotting status and with Benadryl pretreatment, ultrasound-guided FNA of an enlarged lymph node, as well as (if accessible) intestinal mural mass for screening cytology and potential for oncology consultation. Subjectively, this case does not appear to be surgical.



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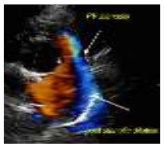
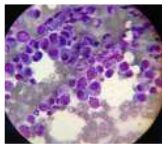
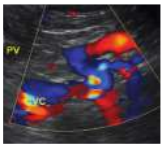

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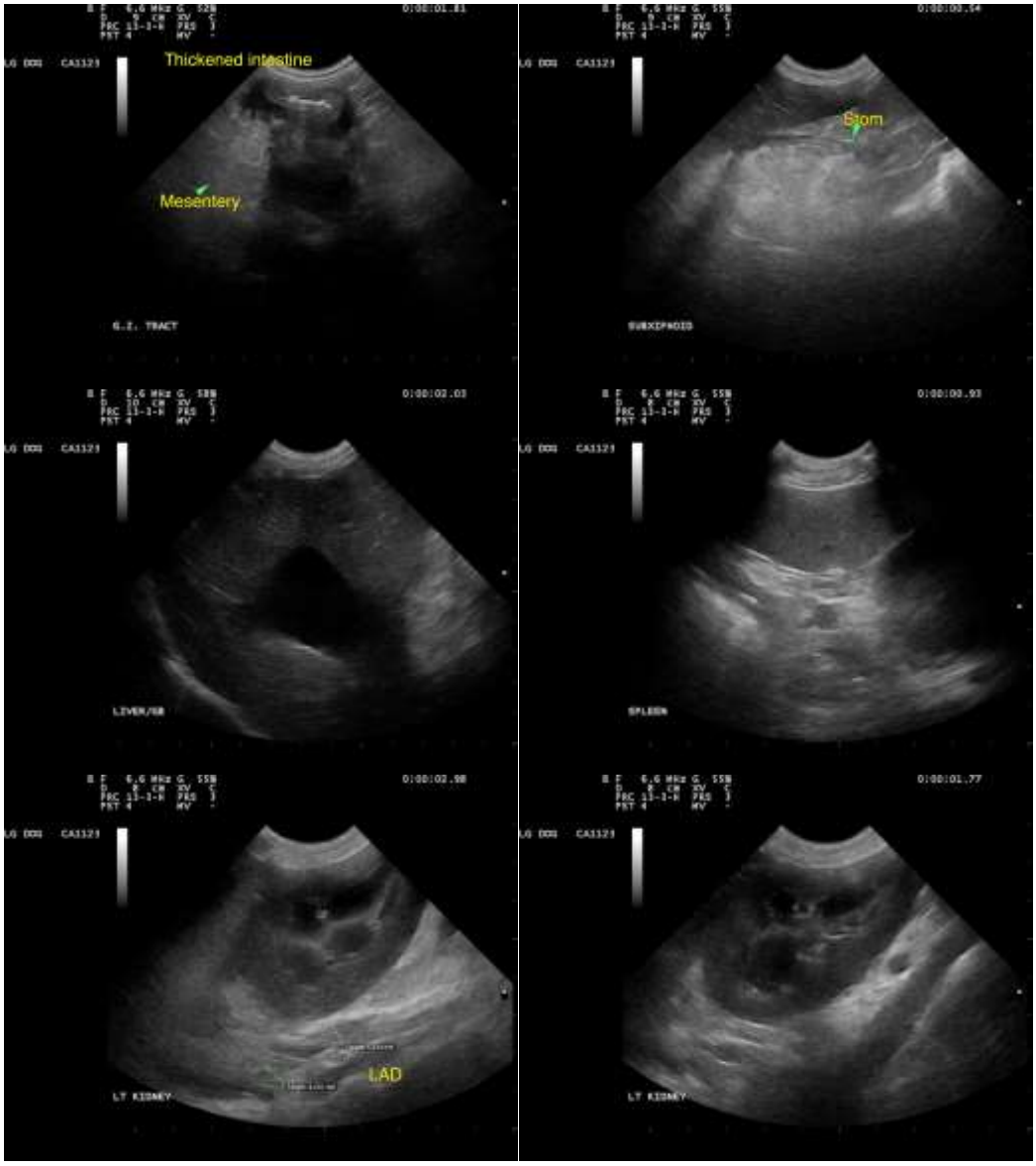

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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