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Clinical Sonography & Telecytology
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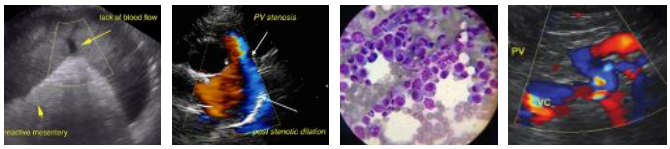

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1-800-838-4268 info@sonopath.com

PATIENT

Cooper Fackler

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

8 years

WEIGHT

36.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. Laura DeCordon

INVOICE

10279ag

DATE

04/03/2022

PRESENTING CLINICAL SIGNS

History: Healthy in general. History of diarrhea for the last 3 weeks. Progressively getting worse, stopped eating on Friday, was taken to RDVM who performed BW. On BW there was elevation of his liver enzymes, kidney values and decreased platelets. On physical exam patient was uncomfortable on abdomen, generalized lymphadenopathy, AUS revealed enlarged left kidney and mesenteric lymphadenopathy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended containing primarily anechoic urine with mild nondependent particulate sediment, which may indicate potential cellular or crystalline debris or mucus. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 evidence of pyelectasia observed in both kidneys. The left kidney measured 7.5 cm in length. The right kidney measured 8.5 cm in length.

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to regional periadrenal omental artifact and lymphadenopathy.

Spleen

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.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform 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. The gallbladder was non-distended in size with mildly prominent to echogenic walls primarily in the area of the gallbladder neck. Primarily anechoic luminal content noted in the gallbladder with mild congealed nonorganized luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

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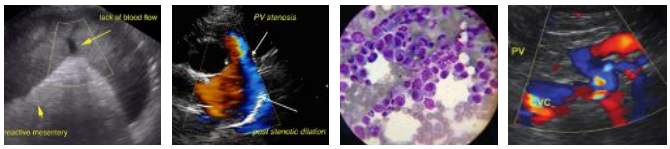

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The stomach presented intact wall layering with a mild prominent wall layering. The lumen of the stomach contained mild ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental minor jejunal ileus with primarily empty small intestinal presentation was observed. No overt evidence of mechanical obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

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

Generalized reactive / inflamed mesentery and scant peritoneal free fluid was observed. Hypoechoic / swollen mesenteric and medial iliac lymphadenopathy noted. An example of a mesenteric node measured 5 cm x 3.6 cm. An example of a medial iliac lymph node measured 8 cm x 3.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild UB sediment - likely cellular debris / protein
- Nonspecific nephropathy with minor pyelectasia - the kidneys exhibited signs suggestive of mild chronic to acute nephropathy if no previous history of elevated kidney values. They do not look end stage and not overtly suggestive of neoplastic criteria.
- Hepatopathy - subjectively acute, acute hepatitis (viral, bacterial, Lepto, toxin, etc.), reactive / vacuolar hepatopathy, occult neoplasia possible yet thought less likely
- Mild congealed gallbladder debris - non mucocele
- Gastroenterocolitis - possible persistent / progressive inflammatory bowel/IBD, dysbiosis, infectious GEC, occult neoplasia thought less likely as the SI wall layering was intact
- Hypoechoic / swollen mesenteric and medial iliac lymphadenopathy - lymphadenitis possibly owing to inflammatory bowel, infection vs neoplastic lymphadenopathy
- Generalized reactive / inflamed mesentery and scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided FNA of the liver and mesenteric / medial iliac LN if accessible +/- effusion analysis if possible for cytology and/or C/S, Lepto titers / PCR, urine C/S, fresh fecal analysis and GI panel (TLI, PLI, B12, folate) warranted for further assessment. The FNA may be dependent on platelet count and/or coag panel. Empirically, IV fluids, hepatosupportive meds, antibiotics for hepatitis/lymphadenitis/infection, and GI support with monitoring of renal and liver parameters would be reasonable and pending additional diagnostics. Recheck sonogram to reassess lymph nodes, GI, omentum, free fluid pending patient response could be indicated.

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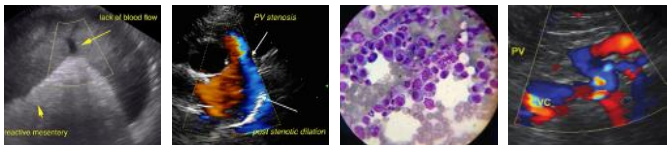

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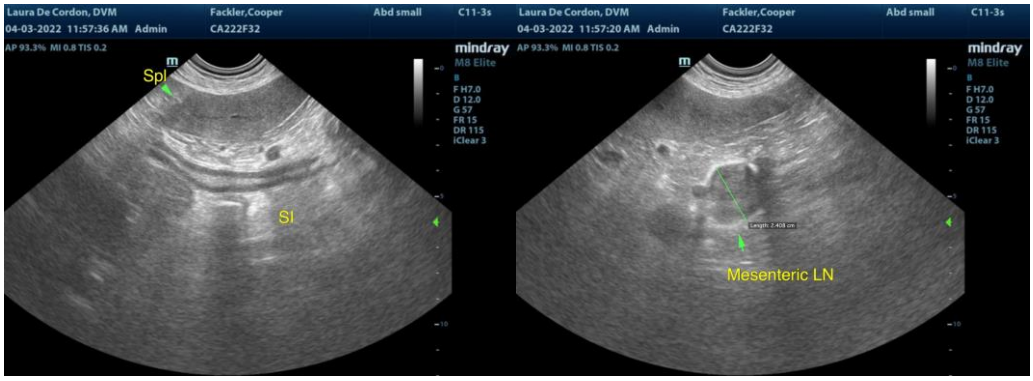

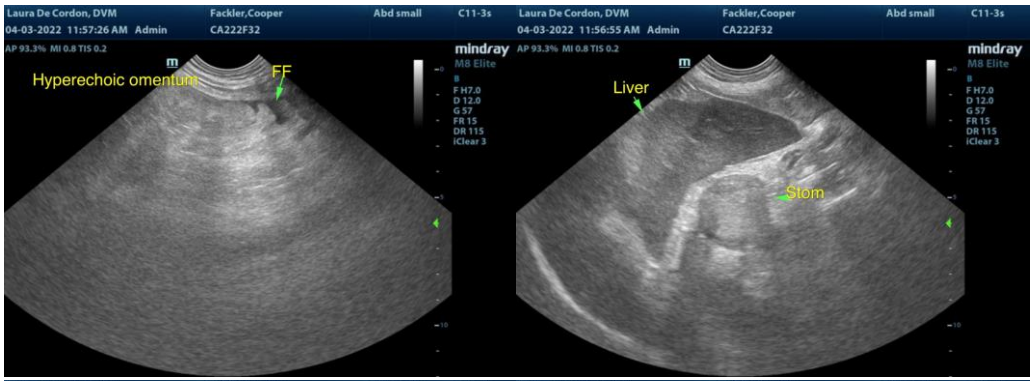

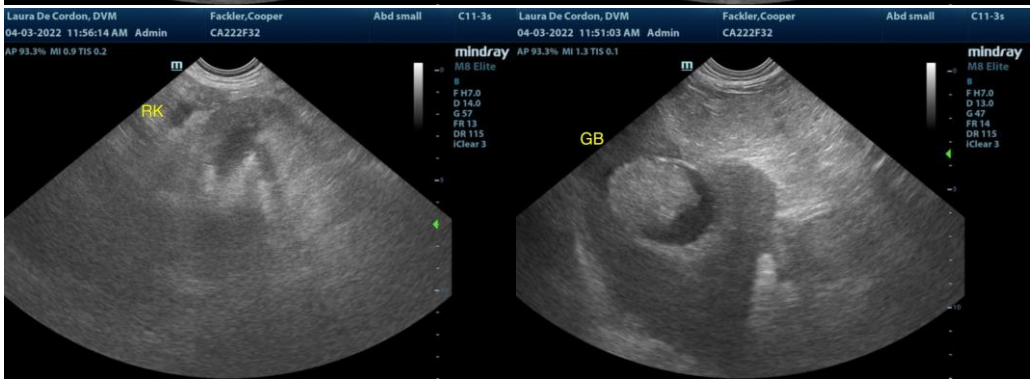

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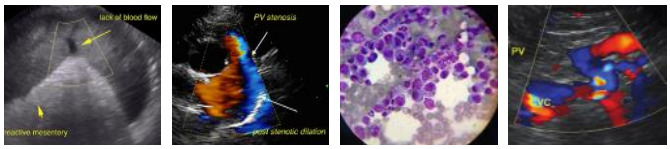

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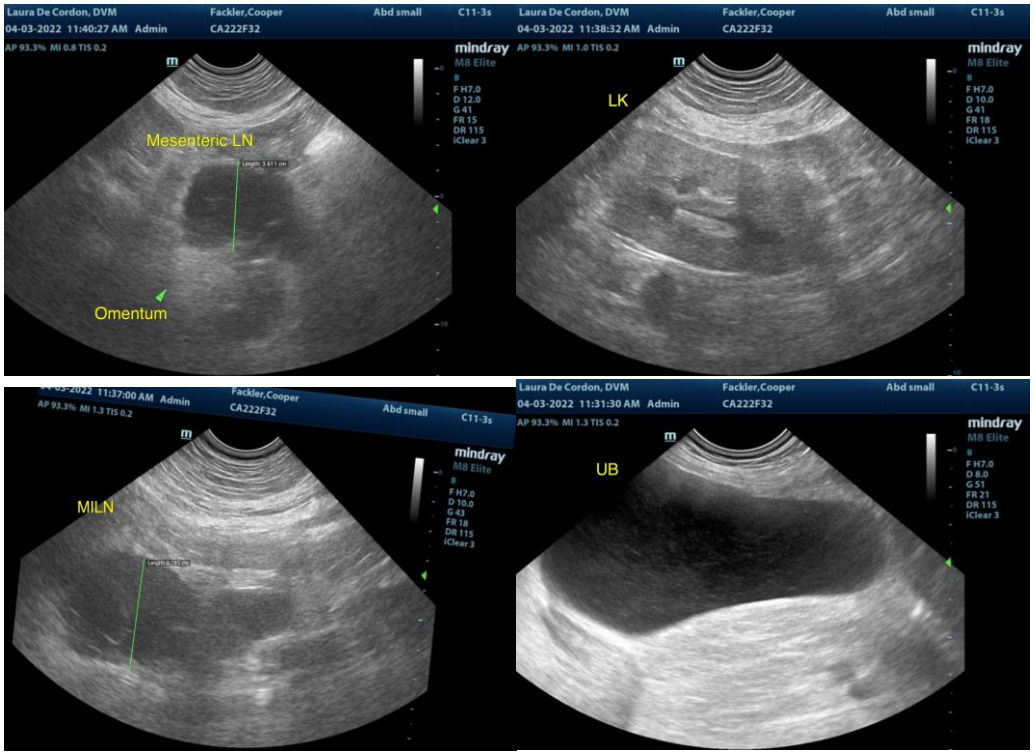

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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