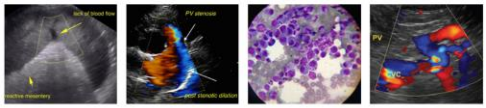


PATIENT

Murphy Hoyle

SPECIES

Canine

BREED

Labroador Retriever

SEX

MN

AGE

9 yr

WEIGHT

73 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Airport Animal Hospital

REFERRING VET

Dr. Gudluru

INVOICE

10786ag

DATE

06/10/2022

PRESENTING CLINICAL SIGNS

History: Presented for vomiting , diarrhea, anorexia and weight loss. BW showed low folate (5.6) and low normal B12. Radiographs - possible mass in thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

Normal size and margination was 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 7.1 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.7 cm x 3.3 cm. Sonographically the prostatic presentation is most suggestive of benign prostatic hyperplasia without evidence of inflammatory or neoplastic criteria. This finding is of unclear clinical significance given that the patient is a reported neutered male. Potentially this finding may be coincidental or possibly associated with mislabled intact male. However if the patient has been definitively neutered, potential consideration for an unidentified retained testicle may be indicated.

Adrenal Glands

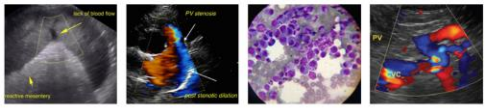
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.48 cm width at the cranial pole.

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 normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate variably hyperechoic luminal debris in the caudal lumen and gallbladder neck. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact wall layering with subjective propensity for generalized decreased mucosal echogenicity. Diffuse moderate to marked small intestinal ileus to the level of the colon was present. No overt evidence of definitive mechanical obstructive pattern was present. Potential for a very small hyperechoic echo within the small intestinal lumen is possible yet not definitive, however overt evidence of obstructive foreign material was not present.

Normal visible colon wall layers were present with generalized colonic distention and nonformed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Several mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a node measured 2.7 cm 0.63 cm.

Multicentric enlarged hypoechoic mesenteric root 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. The mesenteric root lymph nodes measured 2.3 cm length and 1.8 cm width. Associated peri intestinal to perilymphatic reactive mesentery with small pockets of scant free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Generalized gastroenterocolopathy exhibiting diffuses moderate gastroenterocolic hypomotility/ileus
- Multicentric hypoechoic non homogeneous to swollen mesenteric lymphadenopathy
- Associated peri intestinal to perilymphatic reactive mesentery and scant free fluid
- Nonspecific hypoechoic liver
- Variably echogenic gallbladder debris-non mucocele
- Enlarged to echogenic prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the mesenteric lymphadenopathy is strongly suggestive of neoplastic criteria i.e. lymphoma or other. Concurrent GI involvement Is suspected although not definitive. Alternative considerations may include acute gastroenterocolopathy as with dietary indiscretion/food intolerance, infectious gastroenterocolitis, IBD with significant reactive mesenteric lymphadenitis. Assuming normal clotting status an ultrasound guided FNA of an enlarged mesenteric lymph node for screening cytology and potential for oncology consult if neoplastic process is confirmed is recommended. Empirical GI support including cobalamin supplementation would be reasonable pending additional diagnostics. A very guarded prognosis pending recommended cytology.

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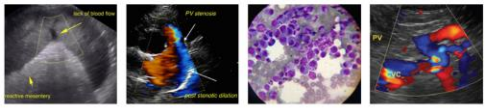

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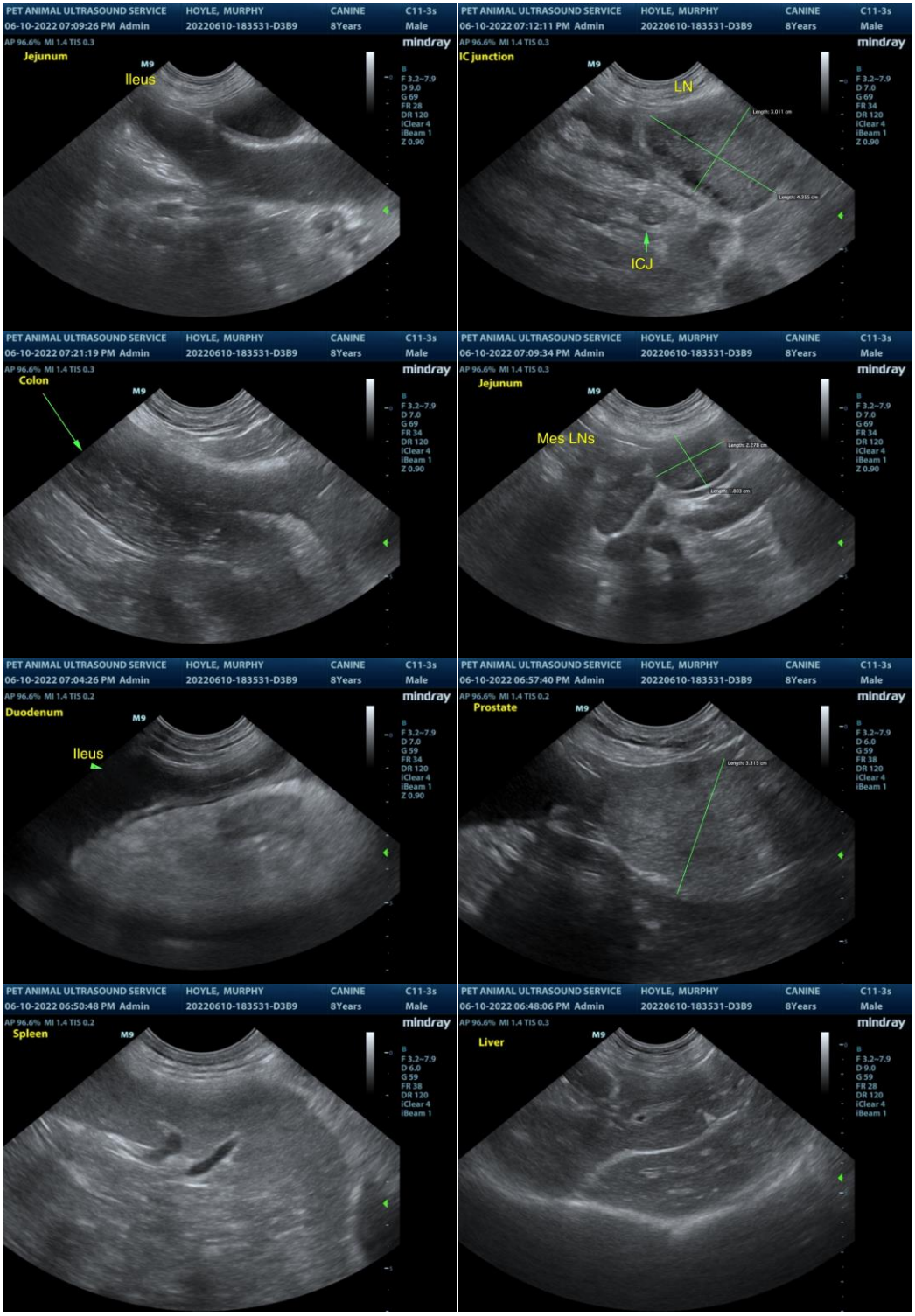

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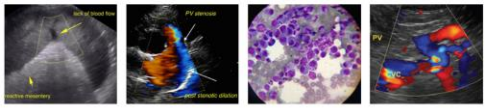

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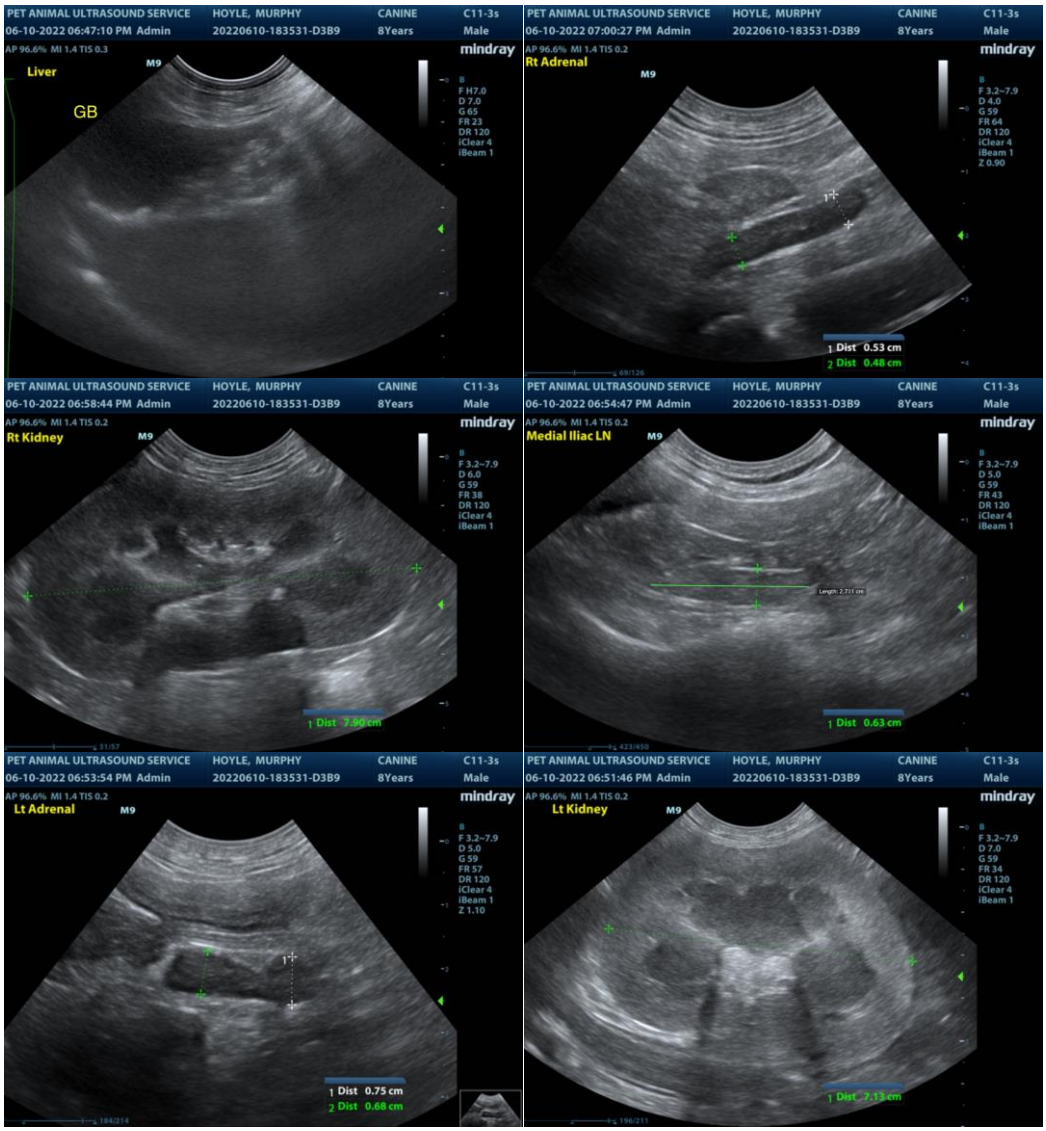

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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