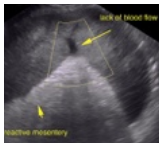
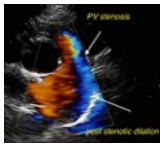
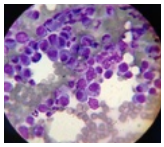
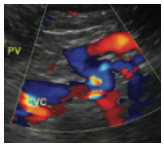
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Lexi Lozak

SPECIES
Canine

BREED
Aussie

SEX
Spayed Female

AGE
9yrs

WEIGHT
30kg

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Eldale VC

REFERRING VET
Dr. Mackay

INVOICE
10363

DATE
7/21/2023

PRESENTING CLINICAL SIGNS

P is here due to concerns with intermittent chronic vomiting/diarrhea. Happens about twice a week for the past few months. Happens randomly. Generally, when it occurs P doesn't eat her breakfast and then eats later in the day. Also, her stomach tends to get rumbly during the episodes. Sometimes will eat grass. Current Medications Cerenia SID as needed Performed FNA on inflamed lymph nodes today.

Abnormal PE/Chem/CBC/UA Results: ULTRASOUND findings: Enlarged mesenteric lymphnode ddx-metastatic neoplasia, histiocytic sarcoma, lymphoma. Primary lesions were not identified but could be secondary to a GI mass. Recc AUS guided FNA and repeat exam of the GI tract. Hyperechoic hepatopathy - non-specific finding ddx-vacuolar hepatopathy, nodular hyperplasia, neoplasia, opther. Clinical significance unknown, could consider FNA of liver Mildly heterogeneous spleen - non-specific finding ddx- extramedullary hematopoesis lymphoid hyperplasia. Recc FNA considering potential for round cell neoplasia. Mildly thickened urinary bladder wall -ddx normal anatomic variation, cystitis Discussed that next ideal step would be FNA of mass +/- repeat AUS of GI tract. Discussed that FNA may not be fully diagnostic but can usually give us some good information.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No pyelectasia. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

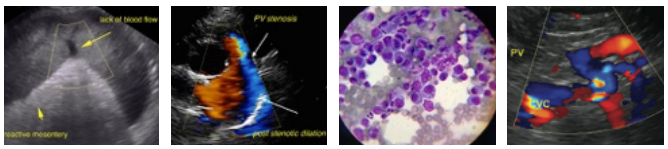
Both adrenal glands were overtly normal in size, position, and shape. The right adrenal gland measured 2.0 cm in length x 0.40 cm caudal pole width. The left adrenal gland measured 2.1 cm in length x 0.40 cm caudal pole width.

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 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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. The lumen of the stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed fecal matter in the 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

Several variably enlarged mildly irregular maintained homogenous mesenteric lymph nodes mid ventral abdomen with mild surrounding hyperechoic peri lymphatic omentum were present. Example of larger lymph node 5.7 cm x 2.1 cm. No evidence of peritoneal effusion or omental masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract/colon.
- Mid-abdominal mesenteric lymphadenopathy with surrounding hyperechoic peri lymphatic omentum – lymphoid hyperplasia, lymphadenitis, early neoplastic lymphadenopathy, all potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although pending lymphatic sampling is required for further assessment. Mid-abdominal mesenteric lymphadenitis potentially secondary to recurrent inflammatory bowel episode may be a top differential diagnosis. Based on overtly normal gastrointestinal presentation and maintained lymphatic width-to-length ratio less than 0.1 cm neoplastic lymphatic or gastrointestinal criteria considered less likely. Correlation with pending lymph node cytology, +/- CS is recommended. Empirical gastrointestinal supportive care and therapy for lymphadenitis which may include dietary therapy, as-needed gastro protectants, +/- an antibiotic trial which may include Zithromax or Zithromax/Metronidazole combination would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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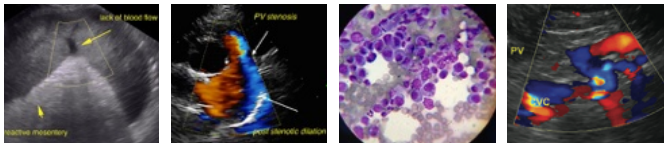

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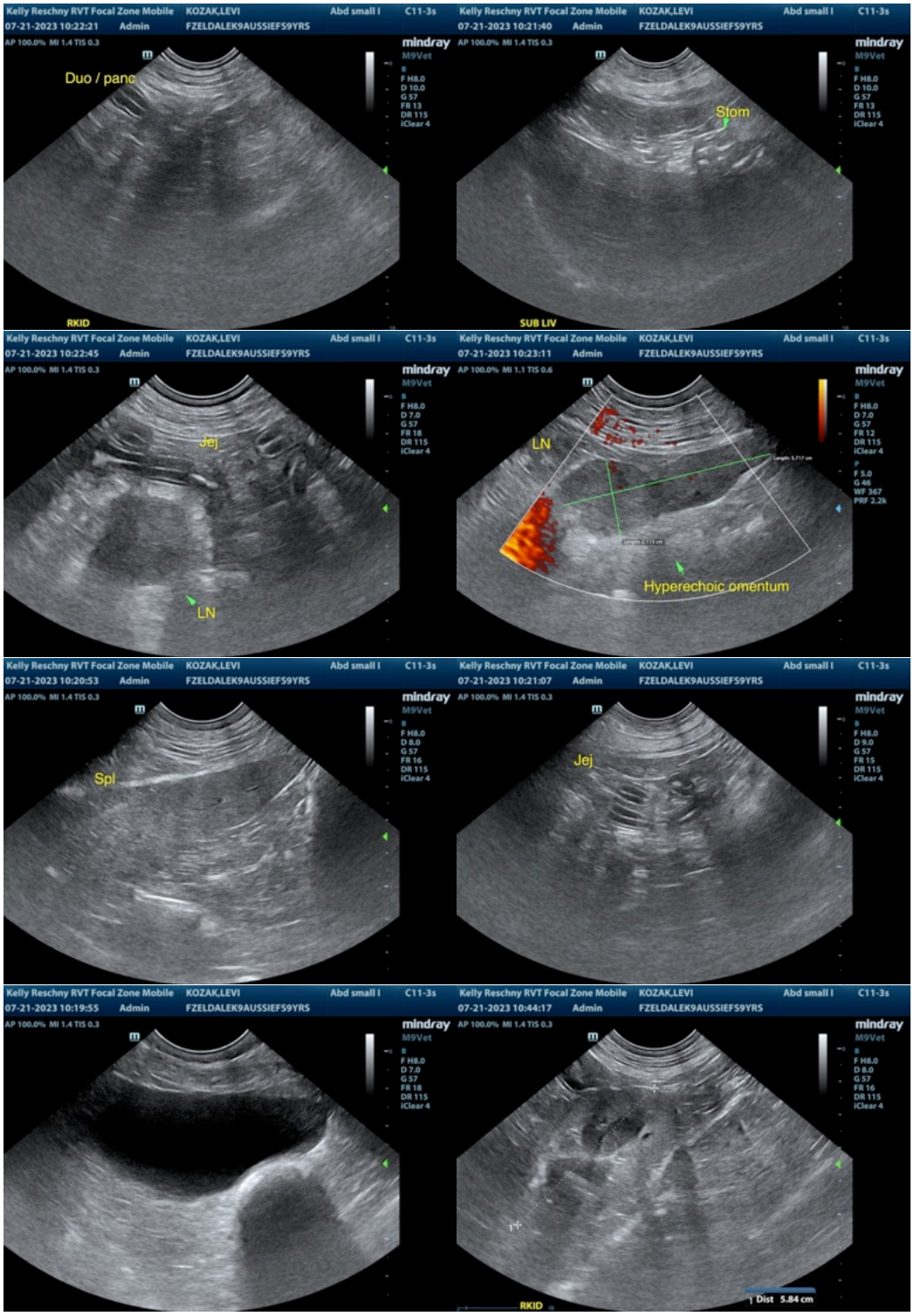

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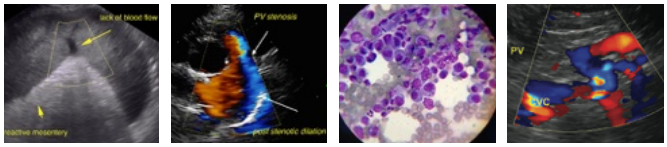

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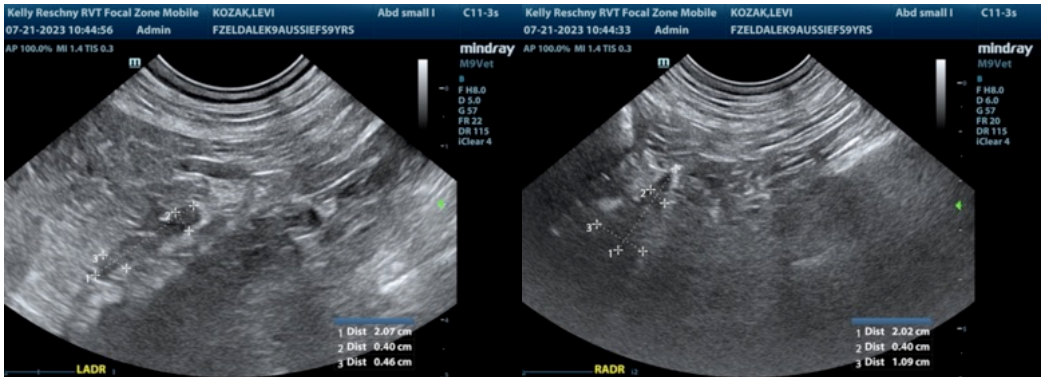

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com