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Clinical Sonography & Telecytology
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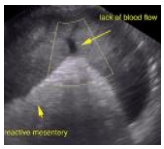
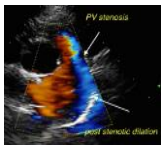
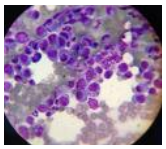
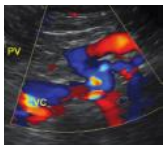




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kingston Herring

SPECIES

Canine

BREED

Collie

SEX

MN

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sanctuary Animal Clinic

REFERRING VET

Dr. Warnakulasooriya

INVOICE

11165ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: Lethargic with poor appetite Chest x rays taken at time of scan opacity in caudal lung fields

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia and thrombocytopenia with mild to moderate elevation of liver enzymes renal enzymes normal. Attending concerned about neoplasia vs auto immune disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

The right kidney was mildly enlarged compared to the left with a mildly expansive anechoic to hypoechoic mixed echogenic mass lesion appearing to arise from the lateral right kidney cortex. Associated mild right retroperitoneal inflammation was noted without evidence of effusion.

The left kidney exhibited normal size with normal 1:3 cortex / medulla ratio. The medulla and cortex was uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intermittent indistinct cortical nodules in the lateral left kidney exhibiting mild nonuniform hyperechoic echogenicity were present, an example measuring 0.9 cm in diameter. No evidence of pelvic dilation was present.

The left kidney measured 8.4 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the left adrenal gland cranial pole with mild associated symmetrical capsule expansion. A subtle cyst was present in the caudal pole of the left adrenal gland as well. The nodules did not exhibit signs of mineralization or vascular invasion. The cranial pole nodule measured 0.87 cm in diameter. The left adrenal gland measured 0.70 cm width at the caudal pole and 3.6 cm length. The right adrenal gland measured 0.53 cm width at the caudal pole and 2.6 cm length.

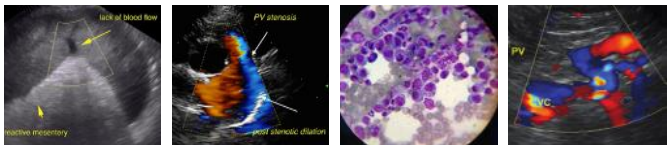
Spleen

The spleen exhibited subjective enlargement with symmetrical capsule contour and subtle generalized parenchyma heterogeneity. No splenic masses or nodules were noted.

Liver

The liver exhibited generalized enlargement and was subjectively normal in structure and contour. Nonhomogeneous to intermittent indistinctly nodular parenchyma was noted. The nodules were mildly hyperechoic and nondisruptive, an example measuring 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened yet mildly hyperechoic walls and primarily anechoic luminal content with mild nondependent hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing pyloric chyme with no signs of ileus, obstruction 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 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

Intermittent mildly prominent to enlarged mesenteric and 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 measured 0.57 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Lateral right kidney mass-hematoma/trauma, neoplasia i.e. hemangiosarcoma or other with abscess considered less likely
- Left kidney discrete non homogeneous cortical nodules vs infarcts
- Hepatomegaly exhibiting nonhomogeneous to discretely nodular parenchyma-nonspecific, chronic vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, regenerative hyperplasia or other hepatopathy including potential for neoplasia possible
- Mild gallbladder debris-suspect low grade chronic cholecystitis
- Subjective splenomegaly with subtle parenchyma heterogeneity-subjectively benign/reactive
- Mildly irregular left adrenal gland-adenomatous change, lipogranulomas, early primary vs metastatic adrenal neoplasia possible yet thought less likely
- Intermittent subjectively benign/reactive mesenteric and medial iliac lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the degree of anemia/thrombocytopenia, an ultrasound guided FNA of the right kidney lateral mass as well a screening hepatosplenic FNA for cytology is warranted. Assessment of systemic BP is suggested for evidence of hypertension. A CBC path review is warranted. Empirically hepatosupportive medications and GI support would be reasonable. A guarded prognosis indicated and dependent upon sampling which is considered essential.

(*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia*)

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry
Doxycycline if infectious suspected clinically or based on CBC path review:

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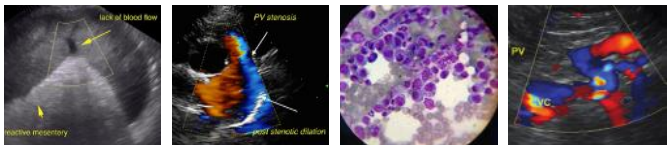

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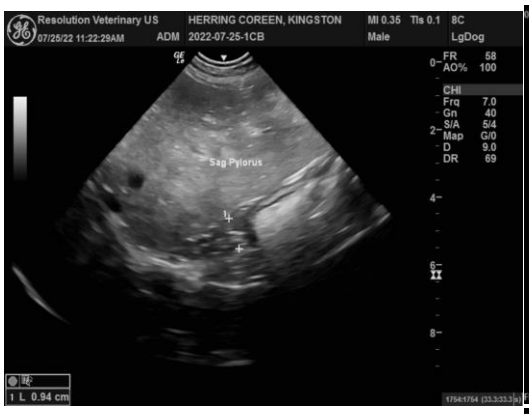
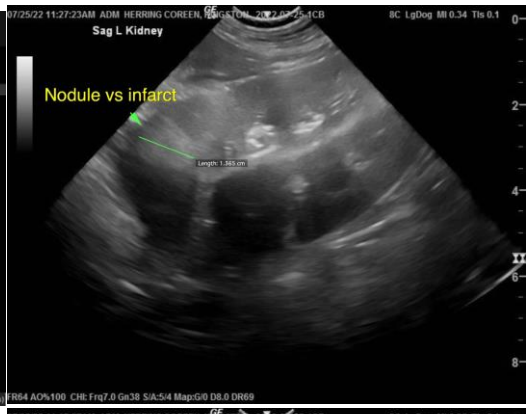
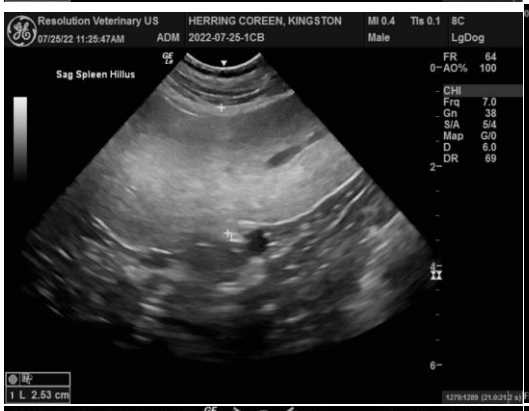
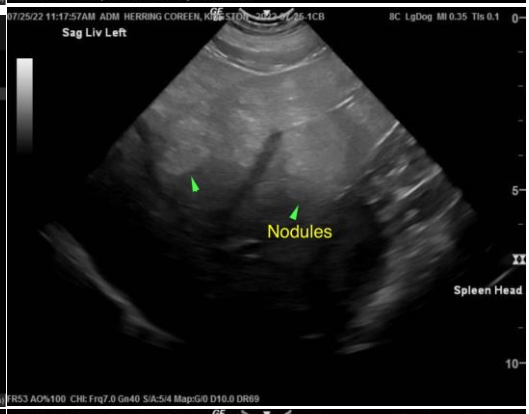
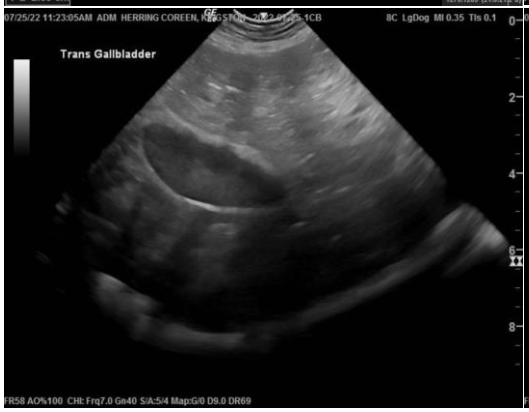
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

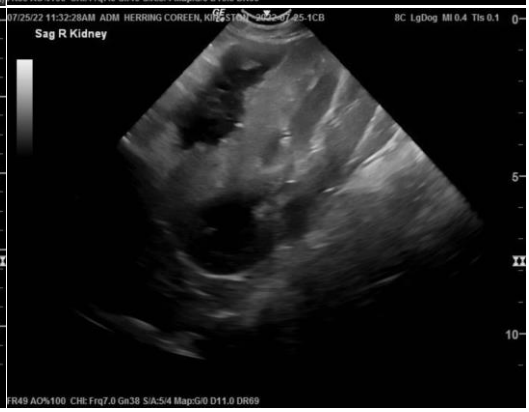












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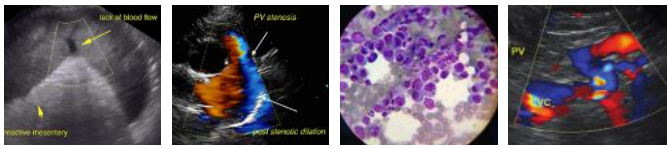

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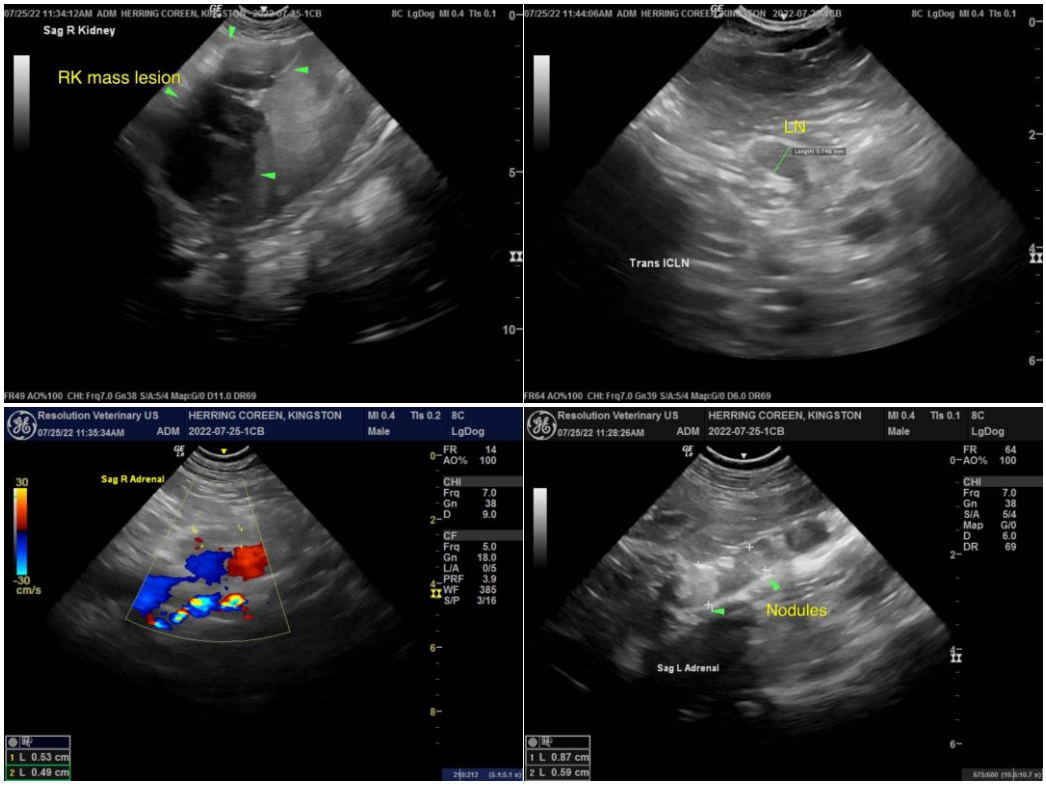

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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