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Clinical Sonography & Telecytology
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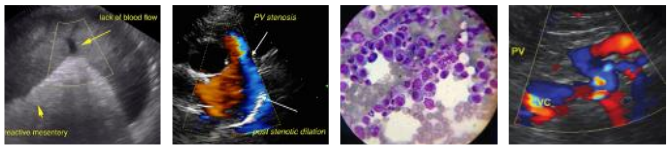

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Berry Otero

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
MI

AGE
11yr

WEIGHT
12.1lb

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

IMAGING PERFORMED BY
Dr Tudor Suciu

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr Lori Walker

INVOICE
14587ag

DATE
08/11/2023

PRESENTING CLINICAL SIGNS

Berry was seen at the family veterinarian for vomiting for several days, who suspected a possible obstruction. Plain x-rays were taken, then barium was given. Bloodwork revealed severe lymphocytosis. Left testicle scrotal, right one inguinal.

Abnormal PE/Chem/CBC/UA Results: High ALT 217 (18-121). High WBC (61.8), with high lymphocytes (52.53). CBC Path review: "There is a marked leukocytosis characterized by a marked absolute lymphocytosis. The majority of the lymphocytes are a population of intermediate sized to larger immature basophilic cells. These cells are the same size or larger than neutrophils. These cells have oval to irregular nuclear outline with scant basophilic cytoplasm. Chromatin is somewhat fine and occasional cells have nucleoli or nucleolar remnants. A low number of cells have pyknotic nuclei indicating cell death. Small mature lymphocytes with clumped chromatin are rare. Remaining leukocytes are mature. Erythrocyte morphology is fairly normal. Platelets are adequate with normal morphology. This degree of lymphocytosis and morphology are supportive of lymphocytic leukemia. This may be a more acute leukemia or leukemic phase of an intermediate to large cell lymphoma. Correlate with the clinical findings and history as well as other diagnostic test results. Investigate for enlarged lymph nodes and internal organs with aspiration for cytologic evaluation to correlate with these findings. Also consider immunophenotyping by flow cytometry to further differentiate/characterize the lymphocyte population. It is useful to look for stem cell marker (CD34) expression, which is typically associated with acute leukemia. If the sample is of sufficient volume and less than 48 hours post-collection, immunophenotyping can be added on to the CBC of this report (test code 28801). If you would like to perform this on a fresh sample at a later time, immunophenotyping and a CBC (test code 2880) can be done as a panel on a fresh sample of blood in EDTA (LTT). Monitor the lymphocyte count and morphology on follow-up CBCs."

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

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 2.1 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.45 cm width in the cranial pole and 0.60 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in the cranial pole and 0.45 cm width in the caudal pole.

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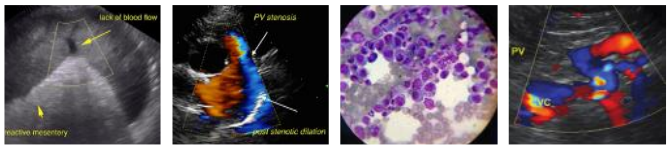

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary visualized mildly expansive hypoechoic nodule was present in the cranial spleen measuring 0.9 cm in diameter. 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 mildly enlarged with symmetrical rounded contour and generalized mild non-homogenous parenchyma. No visualized masses or nodules. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.29 cm in width. 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 no signs of ileus, obstruction or foreign material.

The small intestine presented intact prominent wall layering with generalized mild prominent mucosa layer. No evidence of loss of intestinal wall layering or intestinal masses to the level of the colon. 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 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

No omental masses or peritoneal effusion was present. Mildly enlarged irregular non-homogenous retained right testicle was present in the inguinal space measuring 2.7 cm in diameter. The descended left testicle was sonographically unremarkable measuring 2.2 cm in diameter.

Several to multiple enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.3 cm x 0.82 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild benign prostatic hyperplasia.
- Mild chronic renal changes.

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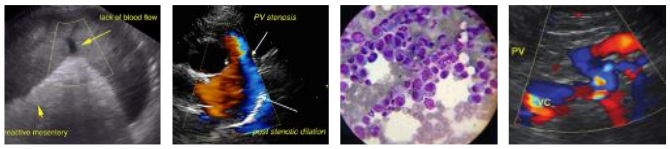

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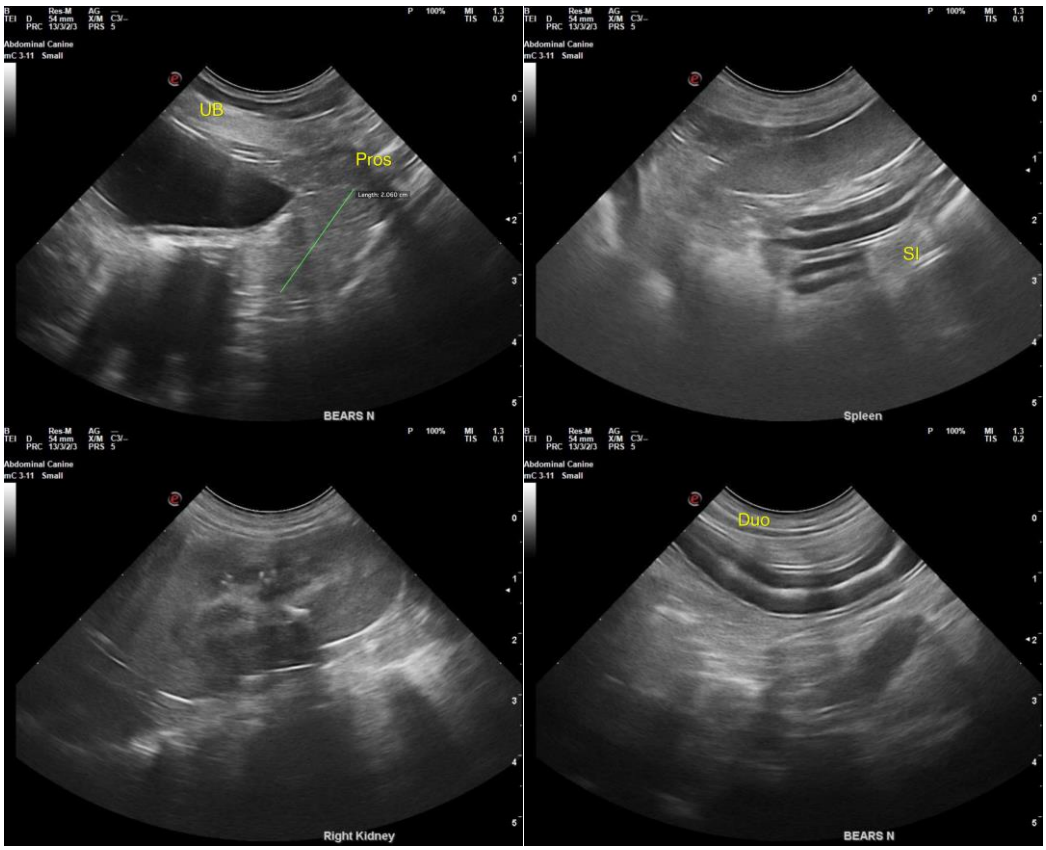
- Mildly expansive hypoechoic splenic nodule-concern for emerging primary neoplastic splenic nodule given patient history, potential for incidental hyperplasia, hematopoiesis, focal splenitis, or similar.
- Mildly enlarged non-homogenous liver- nonspecific.
- Gallbladder wall edema- acute cholecystitis secondary to possible portal hypertension, hypoalbuminemia, anaphylaxis, potential neoplasia.
- Intact subjectively prominent small bowel walls.
- Multiple mild homogenous hypoechoic mesenteric lymph nodes.
- Mildly enlarged irregular retained right testicle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic nodule and hepatic parenchyma FNA for screening cytology is warranted for further assessment with potential for oncology consult. Empirical GI support, possible empirical therapy for acute cholecystitis or inflammatory hepatopathy would be reasonable.



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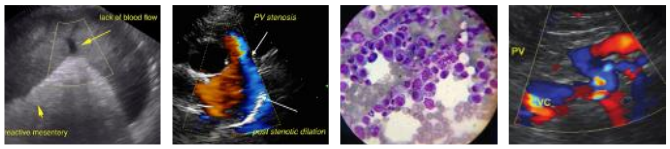

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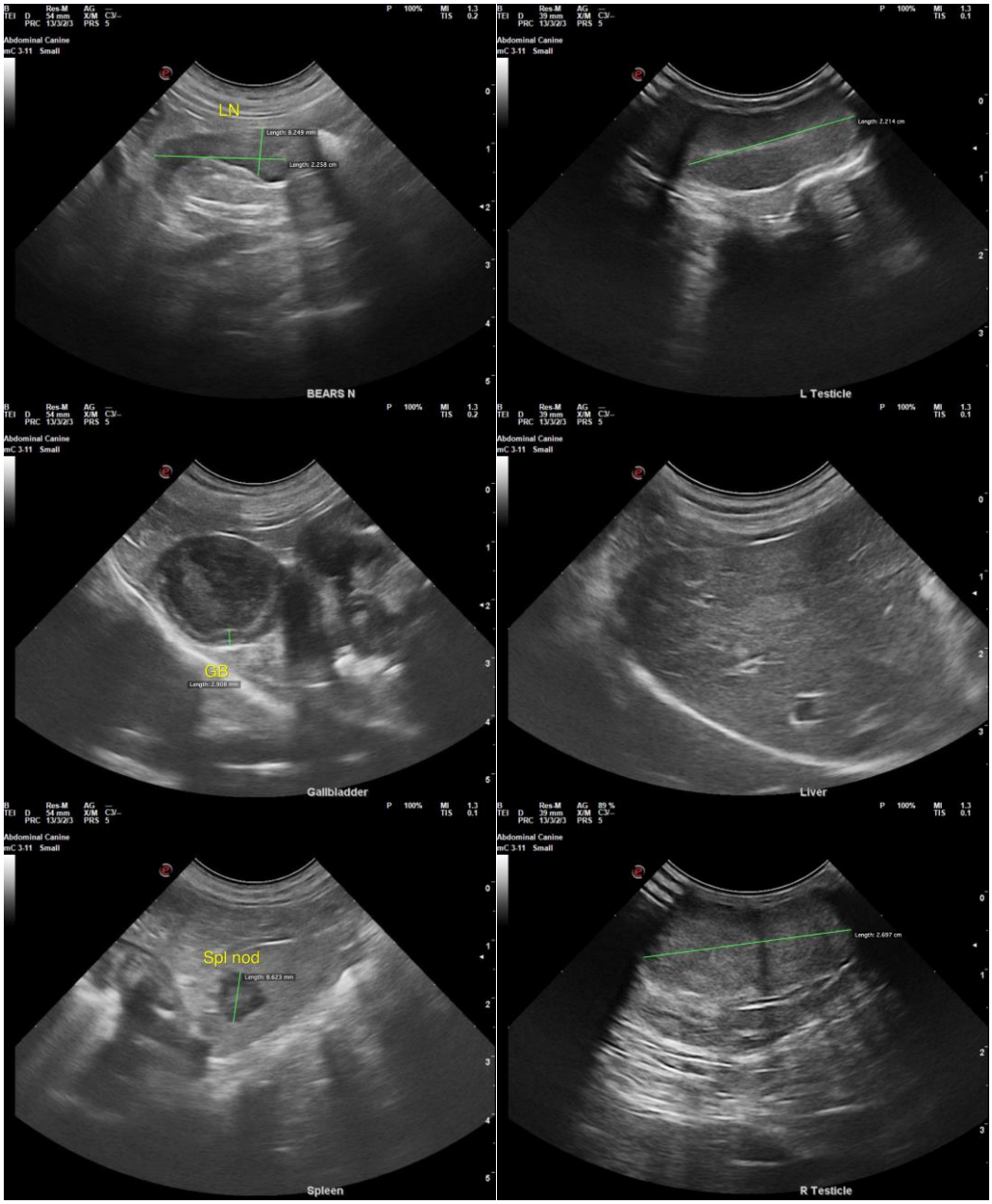

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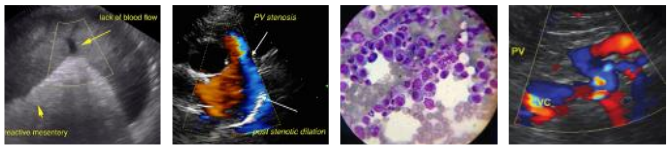

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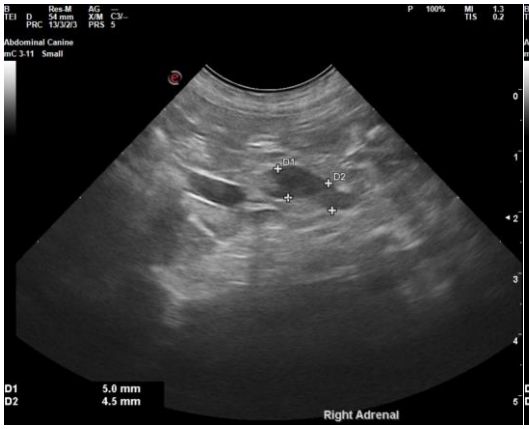

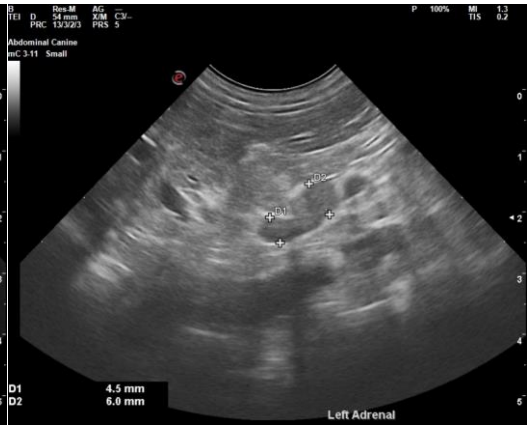

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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