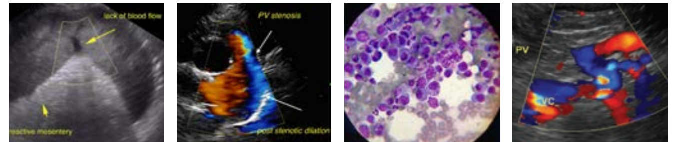
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tobias Myers

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

88 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

24836

DATE

8/20/21

PRESENTING CLINICAL SIGNS

Hx of MCT #2. Anemia, abdominal bruising, multiple lipomatous masses. Current meds: Baytril given last night -24hours.
Abnormal PE/Chem/CBC/UA Results: WBC 28.4, RBC 2.4, Hgb 6.9, HCT 22, PLT 83 (few small plt observed) PLT EST decreased. Neuts 24992, Mono 1420, Path review pending. Saline Agglutination neg, Direct coombs pending. TP 4.8, Mag 1.4,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.1 cm diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 7.3 cm.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy and no evidence of distal aortic or iliac thrombosis.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm in width. The left adrenal gland measured 0.53 cm at the cranial pole and 0.59 cm at the caudal pole.

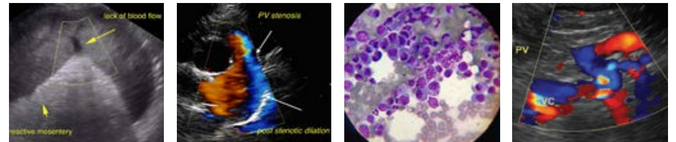
Spleen

The spleen exhibited potential for mild generalized enlargement, yet maintained symmetrical capsule contour and subtle generalized reduced splenic parenchyma echogenicity. 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 was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, non-expansive hypoechoic parenchymal nodules were noted. Example measured 1.1 cm diameter. The hepatic and portal vasculature were 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.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic ingesta with subtle progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.45 cm.

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. Jejunum wall measured 0.35 cm.

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

Intermittent, mildly prominent to enlarged mid abdominal mesenteric lymph nodes. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of mesenteric lymph node measures 0.69 cm in width.

Intermittent, non-specific hypoechoic to non-homogeneous, subcutaneous nodules were present. Example measured 3.2 cm x 0.79 cm.

No evidence of intraabdominal masses or effusion.

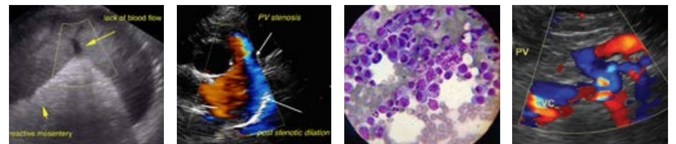
Rapid view of the heart revealed no overt evidence of pericardial effusion or obvious tumor/metastasis.

ULTRASONOGRAPHIC FINDINGS

- Subjective potential mild splenomegaly with mild generalized hypoechoic parenchyma
- Mild hepatomegaly with parenchymal remodeling and intermittent non-specific hypoechoic nodules
- Mild transdiaphragmatic comet tail artifact
- Intermittent non-specific hypoechoic subcutaneous nodules
- Intermittent subjectively benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A coagulation panel is recommended pending CBC pathology review and assuming normal clotting status, hepatosplenic FNA using 25-gauge needle is recommended for screening cytology. Additionally, FNA of the non-specific subcutaneous nodules suggested. Concern for potential hepatosplenic neoplasia is warranted, although not definitive. Additionally, the subcutaneous nodules, although non-specific, may indicate a benign nodular process (i.e., inflammation/cellulitis, atypical lipomas, or other). Potential for neoplastic nodules given the history of mast cell tumors. Pending additional diagnostics, some or all of the following protocol may be considered empirically.



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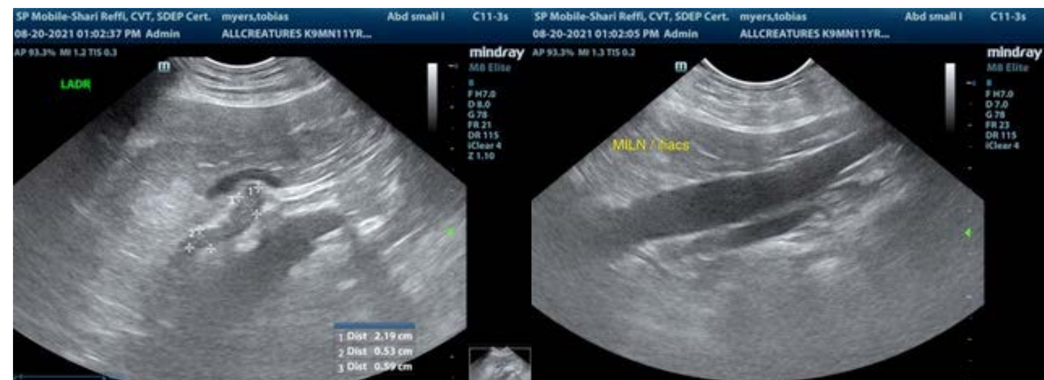
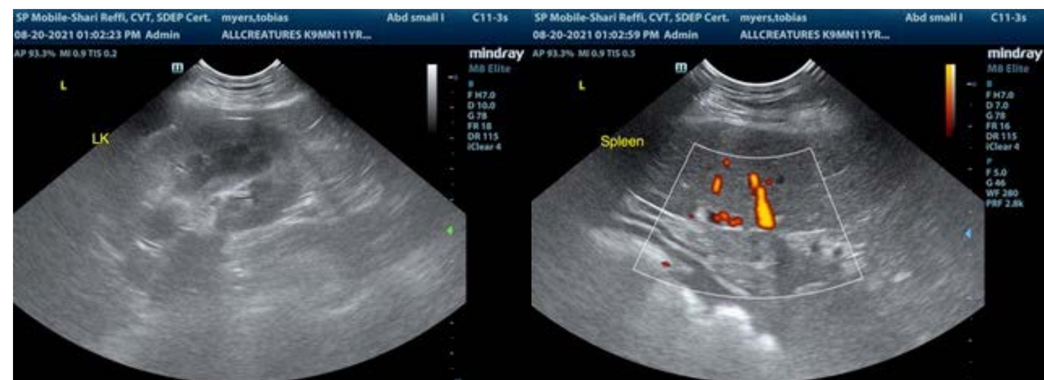
IMHA/Infectious Anemia/Thrombocytopenia/Evans Syndrome
(*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia***)**

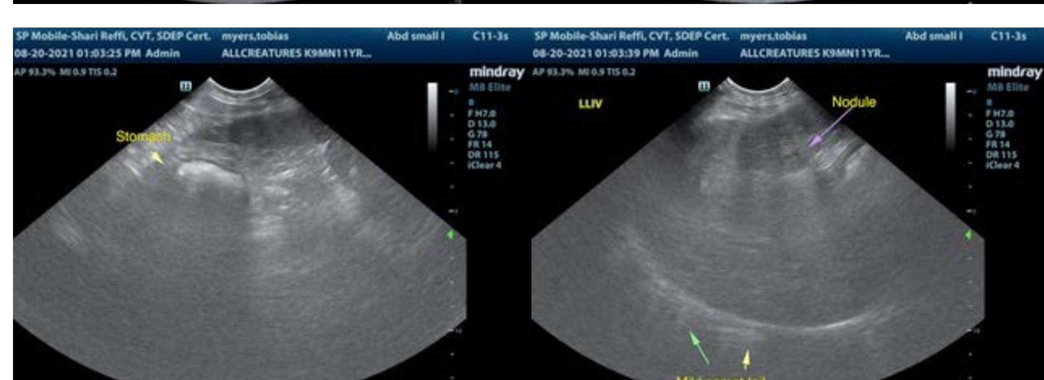
Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

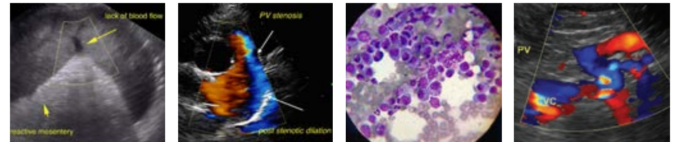
Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry
Doxycycline if infectious suspected clinically or based on CBC path review:
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid









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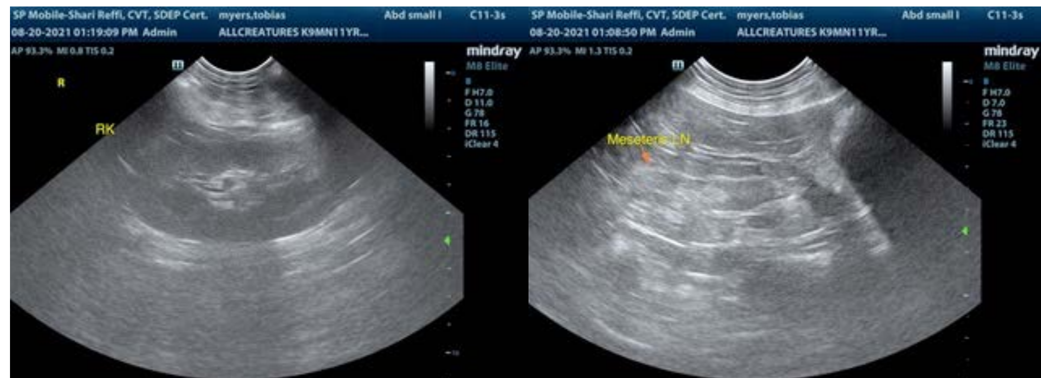

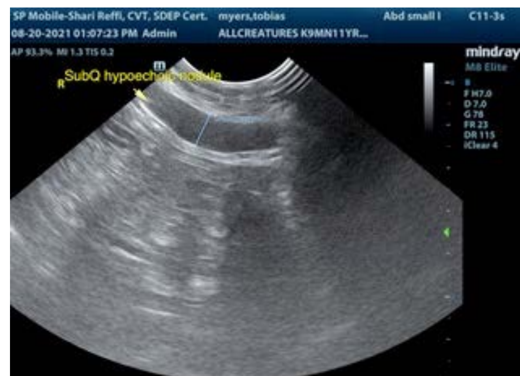

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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