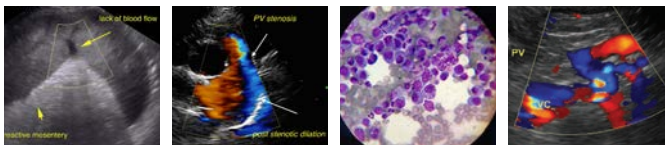
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Virginia Alleman

SPECIES
Canine

BREED
Beagle

SEX
Spayed Female

AGE
11 Years

WEIGHT
13.6 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
41223

DATE
9/11/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for 2 days of lethargy; difficult using rear limbs; no eating well or drinking well see by reg vet 36 hours ag0 Previous Health Concerns: had" throat surgery" 2 year ago, diagnosed with Cushing's disease 1 year ago Current Medications: apoquel, Deramax and vetoryl (owner has not given for 3 days) Appetite/When did they eat last: 36 hours ago

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: difficult to auscultate due to loud upper airway stridor Respiratory: upper airway stridor; harsh lung sounds bilaterally Abdominal: very large/ tense; unable to assess Musculoskeletal: painful to palpate mid back; decreased placing in rear limbs and mild ataxia in rear; difficulty supporting weight Integument: many lipomas and skin tags (many are black colored) Lymphatics: subman lns enlarged Neurological: back pain rear limb weakness CBC: LYM#: 0.72 L EPOC: pCO2: 25.4 L pH: 7.468 H Ca++: 1.11 L BUN: 59 H Creatinine: 1.74 H chem: BUN: 74.3 H IP: 7.8 H GLOB: 3.8 H TCHO >450 ALP: 542 H cpl: normal rads: prominent bronchi, mild interstitial pattern, mild right sided heart enlargement; odd gas pattern throughout small bowel; moderate hepatomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of lymphadenopathy or masses in the area of the iliac trifurcation or sublumbar space.

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 5.4 cm. The right kidney measured 6.2 cm.

Adrenal Glands

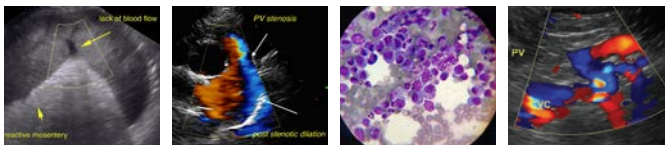
Both adrenal glands were mildly prominent to enlarged in size with overtly maintained symmetrical capsule contour. Generalized non-homogeneous yet non-mineralized parenchyma. The left adrenal gland measured 0.66 cm at the cranial pole and 0.95 cm at the caudal pole. The right adrenal gland measured 0.91 cm at the caudal pole. No overt evidence of adrenal tumors.

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 was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse



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echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent, mildly echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of gastric distention with retained ingesta, fluid, or foreign material.

The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. Minor areas of segmental small intestinal ileus noted. No evidence of obstructive criteria. Within the caudal abdominal intestinal segments, a solitary mural mass exhibiting moderate mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering noted, measuring approximately 5.0 cm in diameter with wall width up to 1.5 cm.

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

Primarily peri intestinal, generalized mildly non-uniform, hyperechoic mesentery noted, most notable around the caudal abdominal intestinal mural mass with associated mild volume peritoneal free fluid. No evidence of significant omental lymphadenopathy.

PRIMARY FINDINGS

- Bilateral adrenomegaly - consistent with PDH
- Hepatomegaly - suggestive of metabolic / vacuolar hepatopathy
- Mild GB debris (non mucocele)
- Caudal abdominal intestinal mural mass with regional / generalized peritonitis - most consistent with neoplastic criteria i.e., carcinoma, round cell neoplasia, stromal tumor, other

SECONDARY FINDINGS

- Benign splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible, FNA of the intestinal mural mass could be considered for further assessment and potential oncology consult. Potential for carcinomatosis, lymphomatosis possible. Effusion analysis, cytology +/- culture and sensitivity, if clinically indicated, is suggested. Concurrent screening hepatic FNA could be considered to ensure only benign changes are present, in light of ionized hypercalcema.

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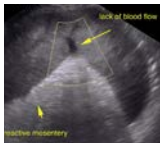
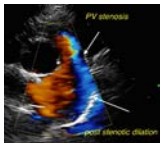
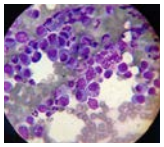
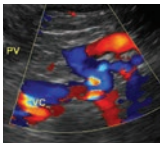

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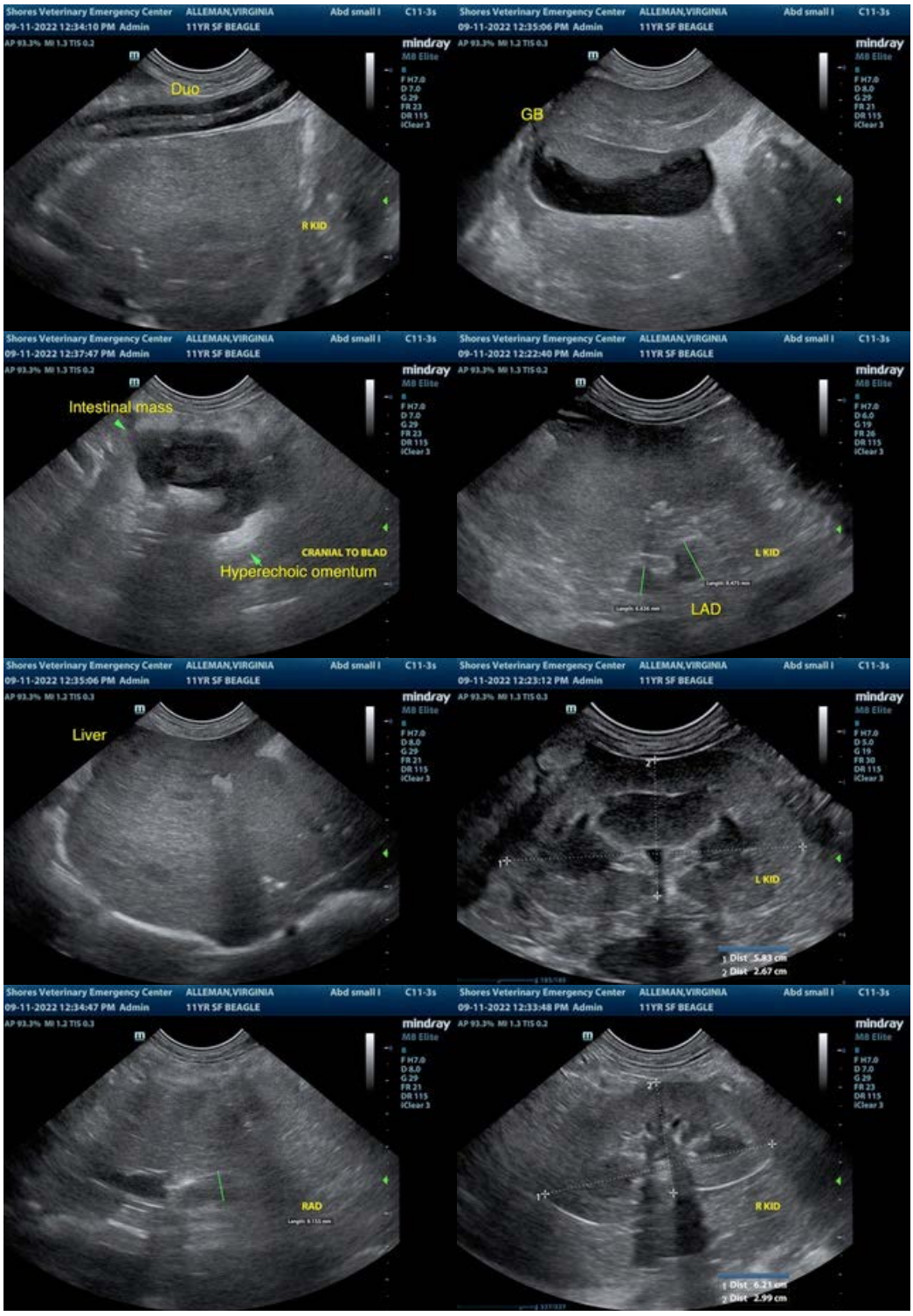

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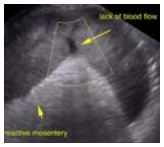
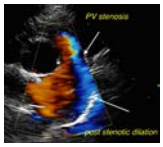
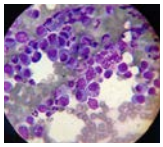
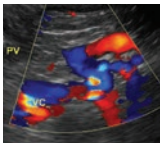

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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