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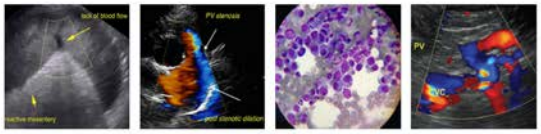

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Lucky Postupack

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

11 years

WEIGHT

49 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

St. Francis AH

REFERRING VET

Dr. Carpenter

INVOICE

25831

DATE

9.28.2021

PRESENTING CLINICAL SIGNS

History: Lethargic, straining to defecate

Medication: Baytril, Prednisone, Proviable

Unremarkable CBC/Chem, calcium 10.4

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. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.7 cm. The right kidney measured 5.4 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm at the cranial pole and 0.40 cm at the caudal pole.

The left adrenal gland exhibited minor subjective subnormal size, which is non-specific and likely a patient variant. The left adrenal gland measured 0.42 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A focal, non-expansive, well demarcated, hypoechoic nodule was present in the cranial spleen, measuring 0.84 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. 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 subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured up to 0.95 cm in width, primarily in the gastric fundus and body.

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.

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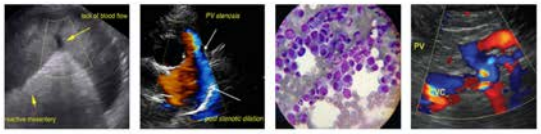

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Pancreas

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

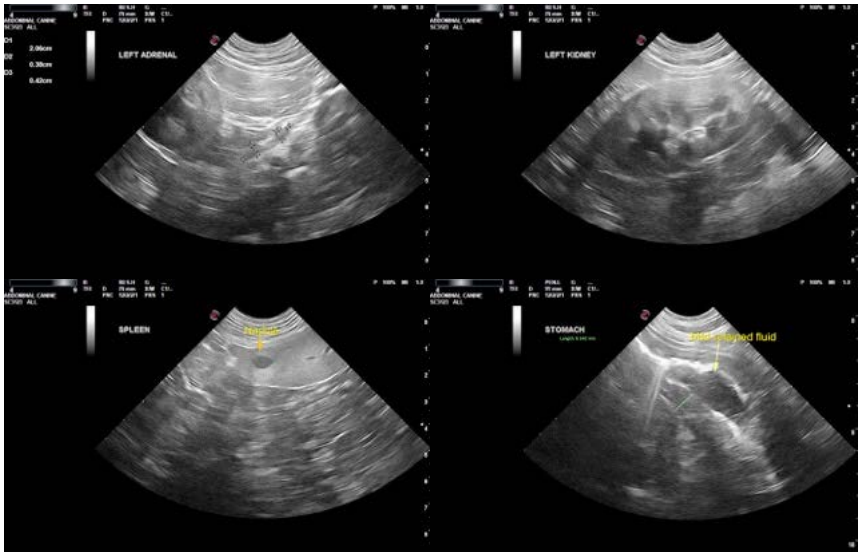
Marked hypoechoic to asymmetrically marginated sublumbar lymph nodes were noted caudal and slightly dorsal to the urinary bladder and iliac trifurcation. Associated regional perilymphatic inflammation was noted. The marked sublumbar lymphadenopathy was in the area of the distal descending colon and colorectum with subjectively mild ventral displacement of the distal descending colon to colorectum. Example of lymph node measured 4.9 cm x 2.2 cm and 2.5 cm x 2.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Marked sublumbar lymphadenopathy with regional perilymphatic inflammation
- Sonographically unremarkable yet ventrally displaced distal colon to colorectum
- Potential gastritis and mild gastric stasis
- Generalized mild hepatic parenchymal remodeling – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Focal, non-specific, hypoechoic cranial splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the marked sublumbar lymphadenopathy is strongly suggestive of neoplastic criteria. The focal splenic nodule was non-specific with considerations including focal lymphoid or nodular hyperplasia, hematopoiesis, or other benign etiology, while the possibility of primary or metastatic splenic neoplasia cannot be excluded. Assuming normal clotting status, and if accessible, ultrasound guided FNA of the enlarged sublumbar lymph nodes recommended for screening cytology with potential for oncology consult if neoplastic process is confirmed. Additional FNA of the splenic nodule could also be considered, yet sonographic monitoring pending sublumbar lymph node cytology would be appropriate.



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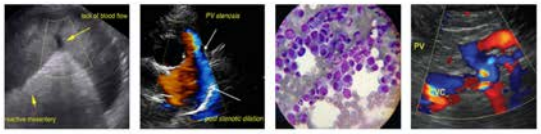

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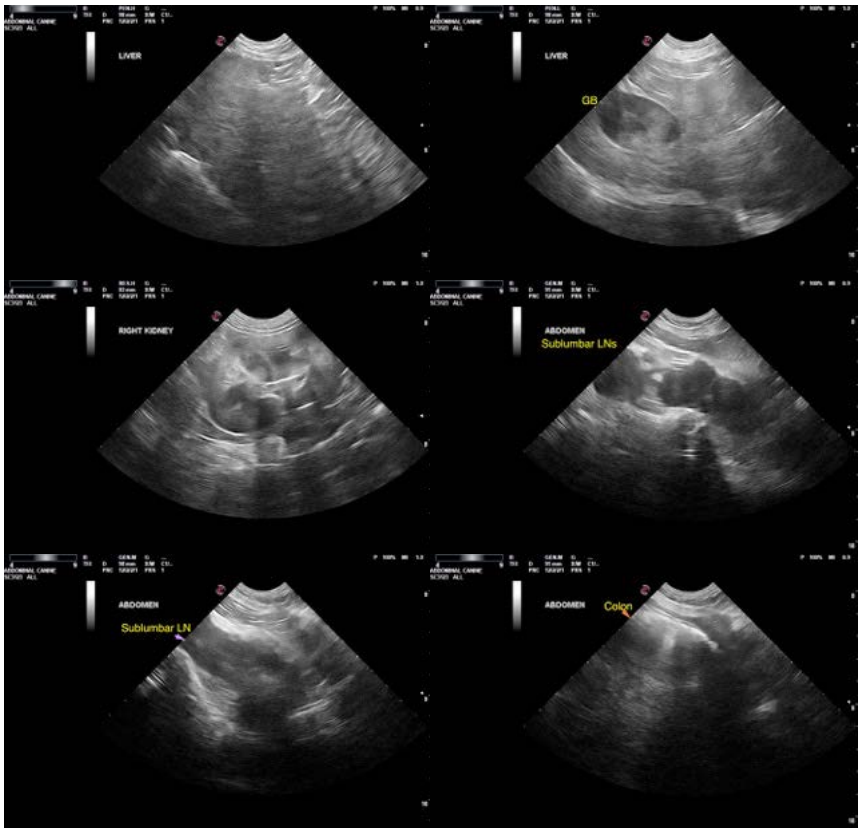

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com