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Clinical Sonography & Telecytology
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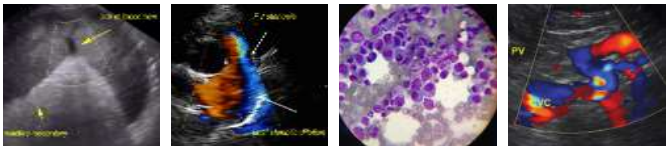

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Caesar Sebastian

SPECIES
Canine

BREED
Shih Tzu

SEX
MN

AGE
12 Years

WEIGHT
17.8 lbs

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

IMAGING PERFORMED BY
Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Travis Gibson

INVOICE
47327

DATE
9-5-21

PRESENTING CLINICAL SIGNS

Came in for check eye, diarrhea and weightloss. Chem/CBC/Lytes were run and showed renal disease. Pt was then hospitalized due to dehydration and has been in the clinic since 9/3/21. Doing well on fluids, eating a small amount of food. Having very loose stool (watery). Mass effect felt in mid abdomen.
Current Medications: Oral: Sucralfate 1 gram , Pro-Pectalin 3cc TID, Metronidazole 100 mg BID: Ophthalmic: NeoPolyBac TID: Injectable: Cerenia, Protonix
Abnormal PE/Chem/CBC/UA Results: See attached - Dehydration, increased WBC, elevated BUN, PHOS and CREA (needed to run dilution on CREA). Electrolytes are slightly low. See attached radiographs - Inflammed intestines

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 to moderate loss of corticomedullary border demarcation and definition expected for the age of the patient. Subtle hypoechoic corticomedullary nodules noted in both kidneys. An example from both kidneys measured 1.0 cm diameter. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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 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. Several nonhomogeneous to subtly hypoechoic parenchymal nodules were present. An example of a nodule measured 2.4 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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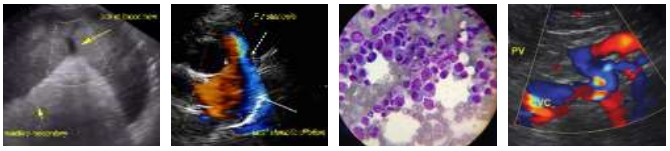

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Gastrointestinal

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 gastric body wall measured 0.30 cm width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. A focal area of hypoechoic mural hypertrophy and loss of distinct intestinal wall layering was present within the mid abdomen. The intestinal wall in this area measured 0.78 cm width. By comparison, intact small intestinal wall layering 0.45 cm width.

The colon exhibited segmental hypoechoic mural hypertrophy in the area of the distal descending colon and colorectum. The colon wall measured 0.7 cm width. Non-formed feces was present in the colon.

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

Mild to moderate subjectively cellular peritoneal free fluid with generalized reactive to inflamed mesentery was noted.

An enlarged, hypoechoic mid abdominal mesenteric lymph node was present. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery. The mesenteric lymph nodes measured 4.3 cm x 3.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened distal colon/colorectum with generalized non-formed feces.
- Bilateral nephropathy with subtle hypoechoic corticomedullary nodules.
- Nonuniform liver with intermittent subtle nodules.
- Enteropathy with focal small intestinal mural mass.
- Generalized peritonitis exhibited by omental hyperechogenicity and cellular free fluid.
- Mid abdominal hypoechoic to swollen lymphadenopathy / lymphatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling and effusion analysis are needed for further assessment, findings are strongly suggestive of multicentric neoplasia with primary differential diagnosis of multicentric lymphoma and lymphomatosis versus other neoplasia such carcinomatosis or similar. Non-neoplastic or inflammatory etiology for the abnormalities possible yet thought less likely.

Effusion analysis and FNA of the mid abdominal lymph node +/- liver, renal cortex, could be considered for cytology and culture and sensitivity, if clinically indicated, with oncology consult, if likely neoplasia is confirmed.

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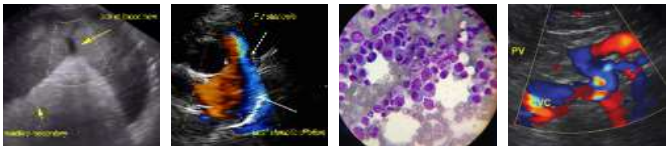

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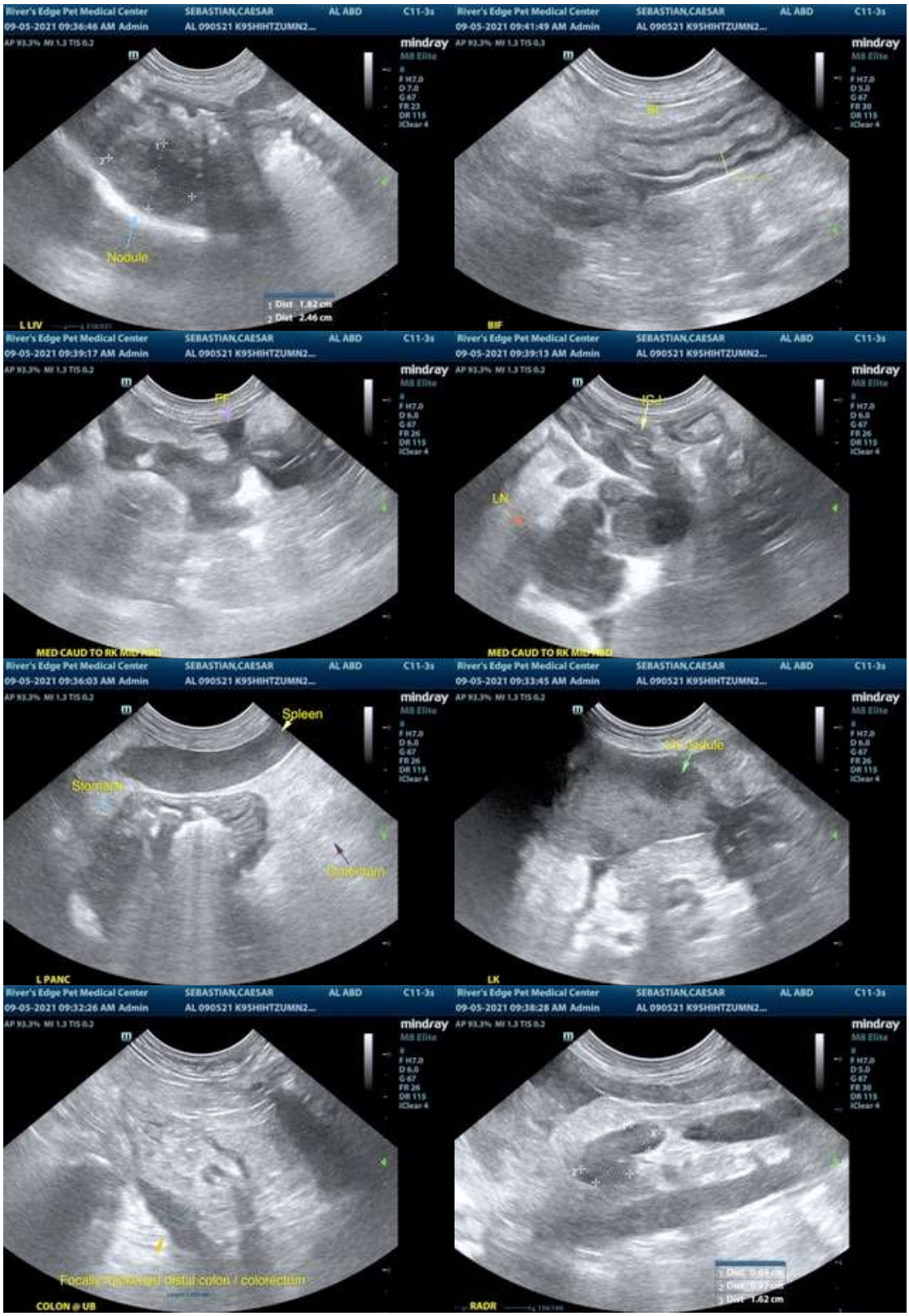

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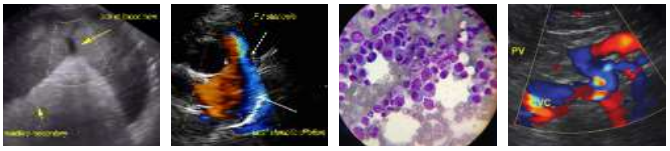

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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