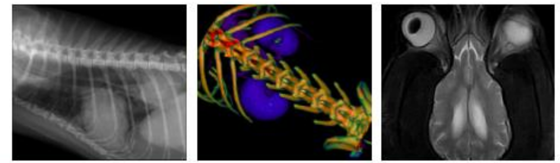


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Cooper O'Neil

SPECIES

Canine

BREED

American Bulldog

SEX

Castrated Male

AGE

10 Years, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Daniela Carbone, DVM

INVOICE

53417

DATE

8-10-22

PRESENTING CLINICAL SIGNS

The patient was presented to the urgent care service for not eating well for the past two days and not drinking much. The owners were out of town - the dog was with a family member so they are not fully sure of the duration. The owner was out of town for about three weeks. Abnormal PE/Chem/CBC/UA Results: PE - petechia of the gums with ventral bruising/ecchymosis CBC - Moderate leukocytosis with suspected bands - Monocytosis (4650) Lymphycytosis (5140), and marked thrombocytopenia Chem - elevated SDMA - 28, hyponatremia (142), ALT 809 U/L, ALP 334 U/L UA - USG 1.046, Protein 30, Ketone 15, active sediment- bacteria with WBC/RBC Coags - PT/PTT slightly prolonged

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A moderate amount of free peritoneal fluid is seen.

There is a 4.0 cm long small intestinal segment, most likely within the jejunum, with mass like circumferential wall thickening and transmural loss of wall layering.

Severe jejunal lymphadenomegaly is noted. Moderate enlargement and rounding of the colon, splenic, epigastric, and portal lymph nodes is seen.

There is gallbladder wall edema.

Small cystic lesions are seen within the left and central division of the liver.

Moderate generalized enlargement of the spleen with scalloping margins is noted. Multiple hypoenhancing areas and nodules are seen.

The kidneys and adrenal glands present within normal limits.

Diffuse enlargement and lobulated appearance of the pancreas is noted.

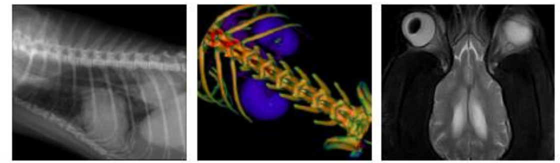
Moderate lumbosacral spondylosis and disc protrusion is present. L1-L3 as well as L5/6 spondylosis deformans is noted.

Thorax

No evidence of pulmonary nodules or masses is seen.

There is no evidence of cardiovascular pathology.

Mild sternal lymphadenomegaly is noted.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental small intestinal wall thickening meeting neoplastic criteria.
- Multiple mesenteric lymphadenomegaly meeting neoplastic criteria.
- Splenomegaly with multiple nodules and infarcts.
- Gallbladder wall edema.
- Suspect pancreatic edema.
- Cystic liver lesions.
- Sternal lymphadenomegaly.
- Multiple spondyloses.
- Degenerative lumbosacral stenosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

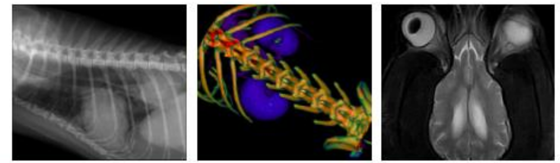
The CT study reveals segmental small intestinal wall thickening with loss of wall layering. Small intestinal neoplasia such as lymphoma is considered most likely. Granulomatous intestinal disease, necrotizing enteritis, spontaneous infarction, or other cannot be ruled out entirely but is thought by far less likely.

The lymph node changes are compatible with neoplastic infiltrate such as with round cell or metastatic disease. Reactive lymphadenitis is thought unlikely but cannot be ruled out entirely. Fine needle aspiration could be considered for further definition.

Multiple splenic infarcts are noted, and the splenic enlargement may be due to congestion under general anesthesia. Diffuse neoplastic infiltrate cannot be ruled out. Fine needle aspiration should be considered for further definition.

The pancreatic and gallbladder wall edema are likely secondary to the peritoneal effusion. Consider paraneoplastic effusion as well as peritonitis. Consider aspiration and analysis fo the fluid for further definition. Ultrasound guided fine needle aspiration of the small intestinal wall could be performed as well.

The sternal lymphadenomegaly is likely to represent reactive hyperplasia as the sternal lymph nodes drain the cranial abdomen. However, a lymphomatous infiltrate or metastatic disease cannot be ruled out entirely.



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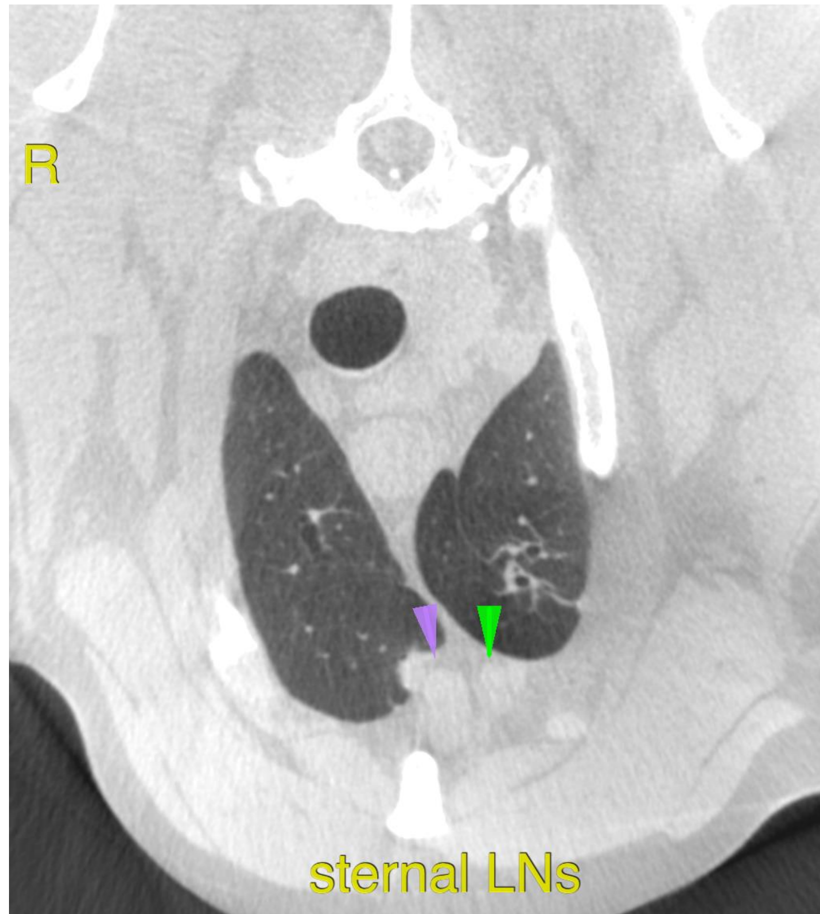

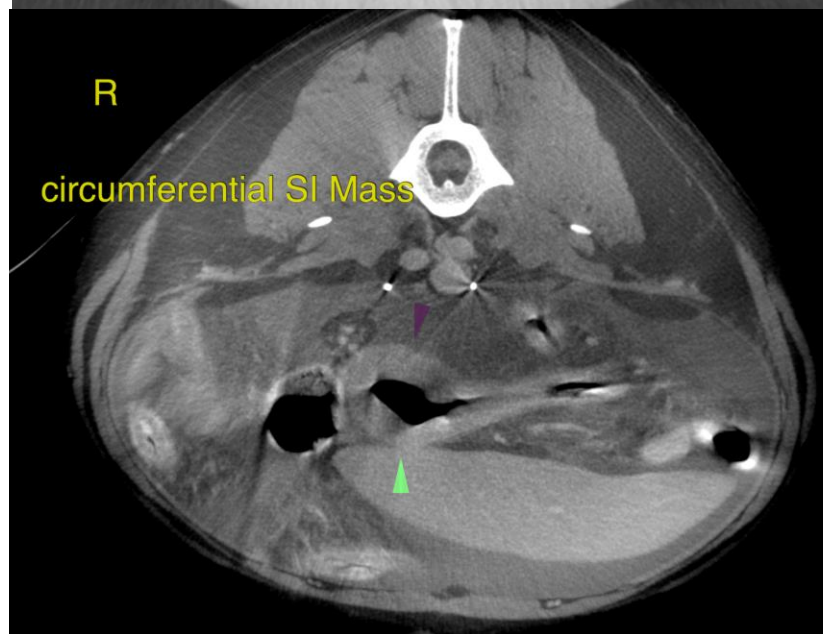

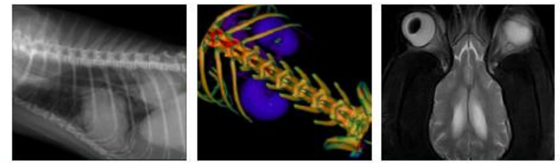

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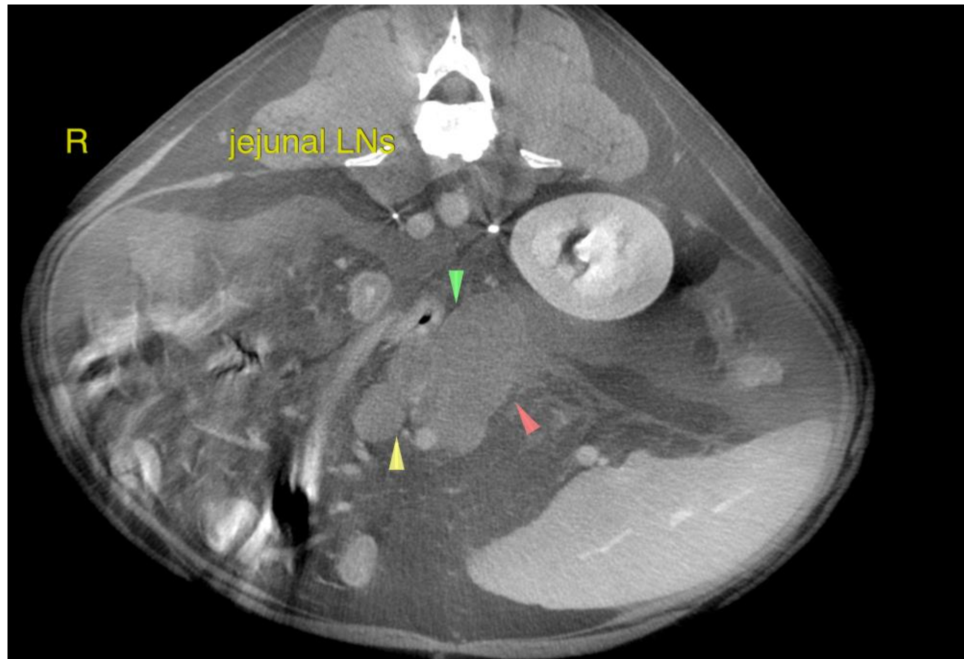

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com