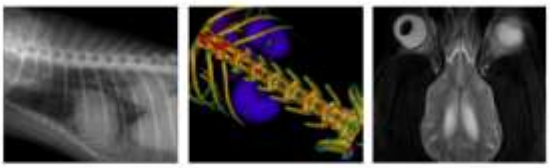

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1-800-838-4268 info@sonopath.com

PATIENT

Greer Miller

SPECIES

Canine

BREED

American Hairless Terrier

SEX

CM

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

April Adair

INVOICE

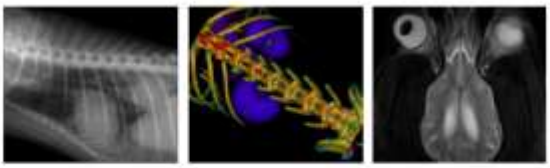
49707

DATE

1-19-22

PRESENTING CLINICAL SIGNS

Greer presented today for laparoscopic liver biopsies (cancelled). Oxygen levels were difficult to maintain during his anesthesia. Moderate pleural effusion is identified and 200 mL of chylous appearing fluid are removed from the thoracic cavity. His oxygen level stabilized after pleurocentesis. He first presented 4 months for picking up food in his mouth but then dropping it on floor (reduced appetite). Jaundice, vomiting and anorexia developed 3 months ago. Abdominal ultrasound on 10/8/21 showed a mildly enlarged and mildly heterogenous liver. Moderate inflammation in the cranial abdomen surrounding the liver was reported. He was treated with an appetite stimulant, prednisone, and a couple different anti nausea medications. Ursodiol was started 1 month ago. He started to improve and slowly started to gain weight back. Reduced prednisone dose to 5 mg BID. No vomiting or anorexia currently. Clavamox was recently started for a UTI. Therapies tried and response: Ursodiol - helping, less yellow, skin improving. Prednisone also helps. Current medication: Ursodiol 60 mg, Clavamox 250 mg General health status: Eating and drinking okay right now. No vomiting or diarrhea. Energy levels okay. Gaining weight back - 2 lbs under ideal weight.
Abnormal PE/Chem/CBC/UA Results: PE: Mucous membranes are jaudiced Lab: Bloodwork is dated 1/9/22. CBC - PCV = 55%, WBC = 13600, neutrophils = 11560, lymphocytes = 1224, monocytes = 544, MCV = 84. Platelets = 514,000. Chemistry - ALT = 1599, ALP = 5672, all else normal. HWT - negative. PT/aPTT - normal. Bloodwork dated 1/4/22. CBC - PCV = 50%, WBC = 13500, neutrophils = 11205, lymphocytes = 1080, monocytes = 1080. Platelets = 508,000. Chemistry - AST = 410, ALT = 1522, ALP = 7214, GGT = 912, Total Bilirubin = 2.7, BUN/Creat = 32, Cholesterol = 676, all else normal. T4 = 0.7. Urinalysis - USG = 1.033, pH = 6.0, 1+ protein, WBC = 0-1/hpf, RBC = 0-1/hpf, cocci and rod bacteria = 26-50/hpf. Bile cytology (10/6/21) - normal. Liver FNA cytology (106/21) - Hepatocellular vacuolar change (moderate), consistent with glycogen accumulation and/or hydropic degeneration; mild hepatocellular atypia; possible mild neutrophilic and lymphocytic inflammation; evidence of cholestasis Ultrasound (1/19/21): Abdominal Cavity: There are trace amounts of free abdominal fluid throughout the abdomen. Abdominal fat is not inflamed. Adrenal Glands: Adrenal architecture and echogenicity are normal. The left adrenal measures 20.8 x 5.1 mm and the right 19.8 x 6.2 mm (normal < 7.5 mm wide). Gastrointestinal Tract: The stomach contains a small amount of food and intestines are empty. Gastric walls are normal thickness and the pyloric sphincter appears normal. Intestines are imaged continuously from the stomach to the colon. Intestinal wall layering is intact and architecture is normal. Duodenal walls measure 4.0-4.3 mm, jejunum 2.7-3.8 mm and ileum 2.3-3.2 mm. There is no evidence of intestinal ileus, foreign bodies, masses or wall thickening. The ileocolic junction appears normal and colon walls are not thickened. Liver: The liver appears enlarged and has smooth margins rounded margins. Hepatic parenchyma is homogenous with increased echogenicity. There are no hepatic masses or nodules. Hepatic vasculature is normal. The gallbladder is fully distended with mildly echogenic bile and has thin walls. The cystic duct is dilated measuring 4.6 mm proximally. The cystic duct tapers to 2.2 mm in diameter and then can no longer be visualized. The cystic duct walls are not thickened and stones are not visible. Intrahepatic bile ducts are not distended. Abdominal fat surrounding the gallbladder is not inflamed. Lymph Nodes: A single periportal (hepatic) lymph node appears reactive meauring 21.8 x 9.4 mm in diameter. Other abdominal lymph nodes are not enlarged. Pancreas: The pancreas is normal in size measuring 9.2-10.7 mm in diameter and has smooth margins. Pancreatic parenchyma is homogenous and has normal echogenicity. Peripancreatic fat is not inflamed. Spleen: The spleen is normal in size and has normal appearing parenchyma. Urinary Tract: Both kidneys are normal in size and shape. The left kidney measures 48.2 mm and the right 51.2 mm. Renal corticomedullary differentiation and echogenicity are normal. Renal pelvises are not distended. Urinary bladder walls are smooth and thin. There are no bladder stones or masses. The prostate is small measuring 6.8 mm in diameter. The thoracic cavity is imaged. The heart appears



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normal. There is no evidence of dilated cardiomyopathy and the right side of the heart is not dilated. There is no pericardial effusion. Moderate pleural effusion is present. The pleural fluid is slightly echogenic and there appears to be fibrin tags floating in the fluid. Multiple lung lobes are atelectatic. A flattened disc shaped mass measuring 50.5 mm in length, 30.6 mm tall and 15.8 mm wide is found lying adjacent to the thoracic wall in the right caudoventral thorax. Parenchyma of the mass is mildly nonhomogenous and mildly echogenic, similar to a spleen. Multiple fine needle aspirates are obtained of the mass tissue. 200 mL of cloudy fluid (chylous appearing) are removed from the thoracic cavity.

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity bilaterally, a mild amount of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall and present a mildly decreased volume; compression atelectasis of the ventral dependent aspects of the lung is seen. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

The cranial mediastinal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

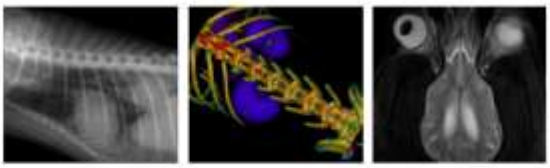
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The common bile duct is mildly dilated, measuring up to 1.8 mm in diameter.



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In the hilar region, at the medial aspect of the spleen, a well-defined, ovoid shaped soft tissue nodule – presenting the same attenuation and contrast enhancement pattern like the spleen – is visible, measuring up to 2 cm in size.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The lumbosacral intervertebral disc is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild pleural effusion
- Lymphadenopathy cranial mediastinal lymph nodes
- Regions of dystelectasis ventral aspects of the lung
- Mild dilation of the common bile duct without evidence of obstruction
- Splenunculus medial aspect of spleen
- Mild intervertebral disc protrusion L7/S1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding in the current CT study is mild to moderate pleural effusion with secondary dystelectasis of the lung. A specific underlying cause for the pleural effusion is not appreciated. The prominent cranial mediastinal lung lobes are considered as sequela to the pleural effusion – chylous like fluid has been drained, regarding the history. If lab work confirms chyle, idiopathic chylothorax is a potential here.

Ultrasound guided FNA sampling of the cranial mediastinal lymph nodes can be tried – using the effusion as acoustic window – to rule out malignant transformation.

The abdomen presents without abnormalities.

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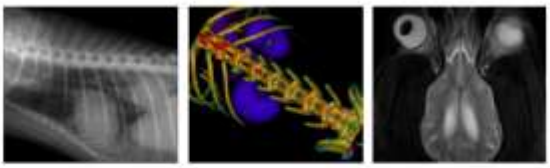

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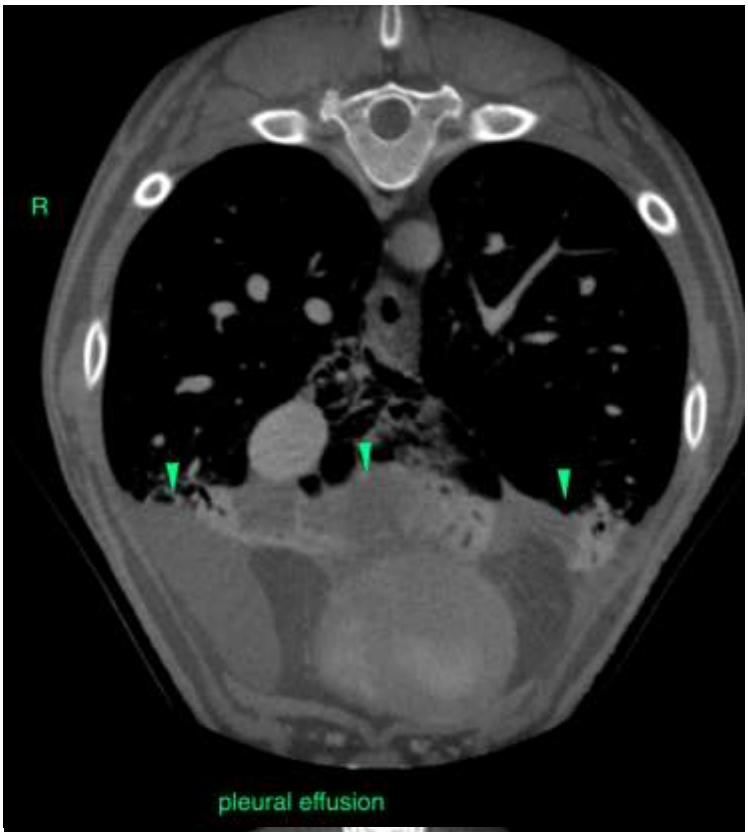

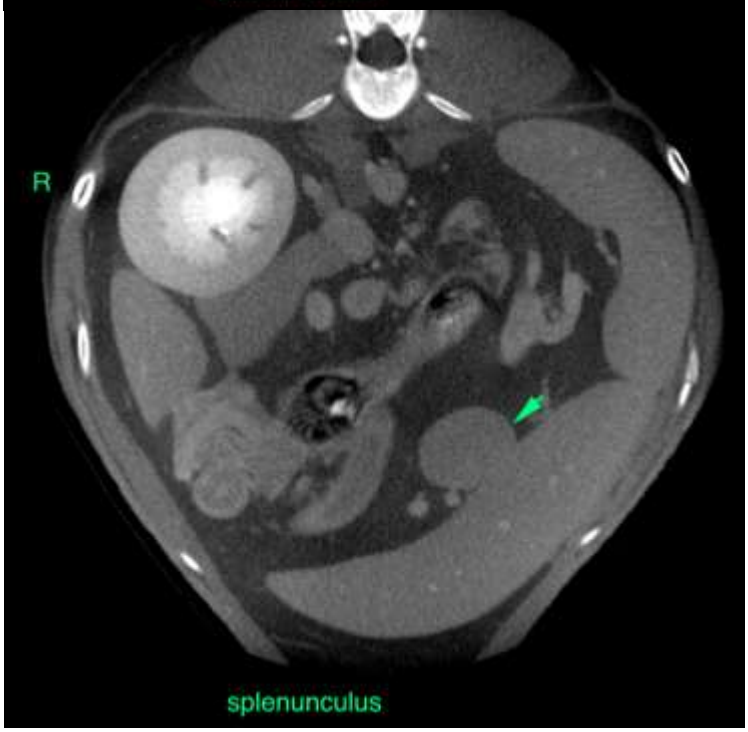

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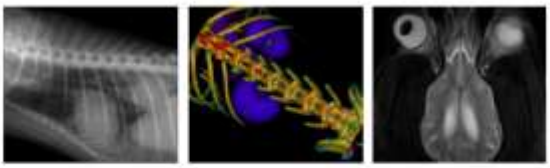

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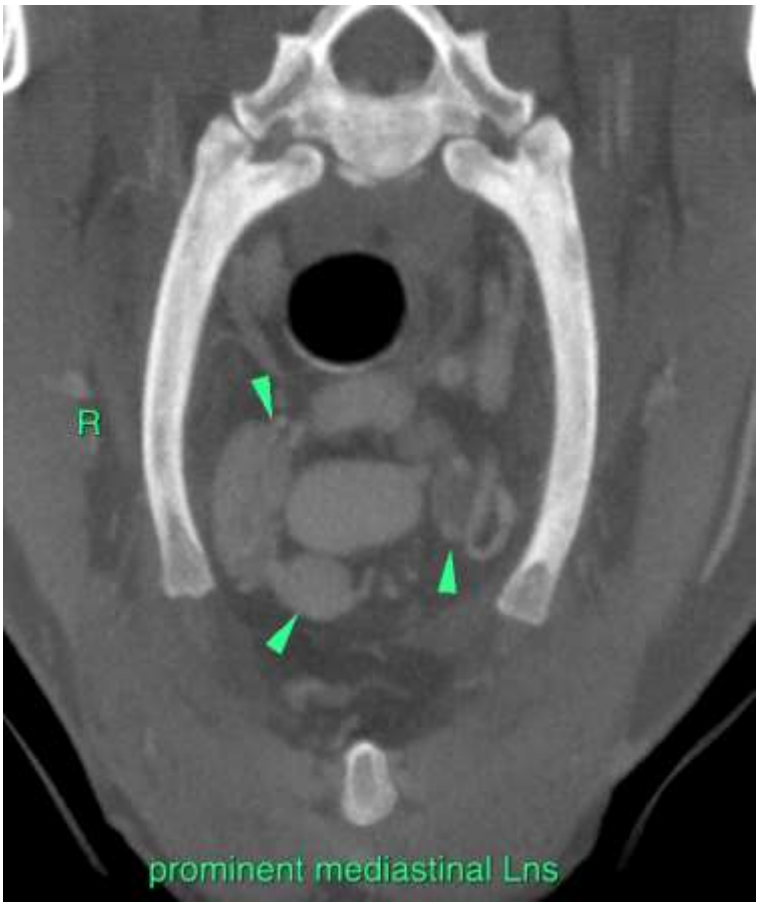

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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