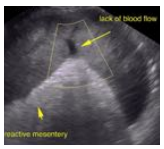
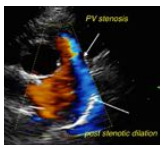
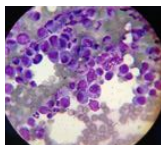
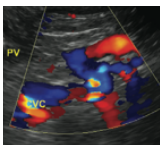
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Max Hershman

SPECIES
Canine

BREED
Cairn Terrier

SEX
Neutered male

AGE
13 ½ years

WEIGHT
23 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Mengine

INVOICE
32550

DATE
8/25/22

PRESENTING CLINICAL SIGNS

History: Presumptive diagnosis of PLE in 3/21 due to incidental findings on pre-dental labwork. Has been on pred 5mg SID / cobalamin since that time. Monitoring labwork in 5/22 showed albumin dropping again (1.9), ALP 1870, ALT 484 (Hct normal at 48%). No proteinuria. Pred was increased to 5mg BID. Last week pet's appetite decreased. Recheck labwork 8/23/22 - Alb 1.4, Hct 28% (regenerative), WBC 31.2k (neutrophilia), ALP 4866, ALT 524, GGT 96.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a single shadowing uroliths present, measuring up to (8.5 mm). No masses or mucosal irregularities are noted.

Both kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). Both kidneys contained small cortical cysts that measured up to 7.6 mm. The left kidney measured 5.6 cm and the right kidney measured 5.7 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (3.7) mm at the cranial pole and (3.7) mm at the caudal pole. The right adrenal gland height is (4.1) mm at the cranial pole and (4.2) mm at the caudal pole.

Spleen

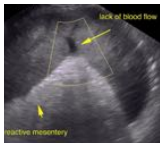
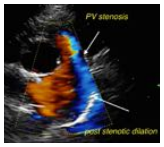
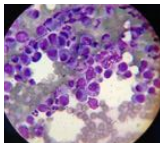
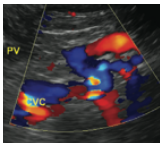
The spleen parenchyma is hypoechoic and diffusely mottled with small, hyperechoic nodules. The margins of the spleen are scalloped. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There are hypoechoic nodules present throughout the parenchyma, measuring up to (0.4) mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. The margins of the liver are irregular and scalloped.

The gallbladder is moderately distended with anechoic bile and a large amount of hyperechoic sludge. The wall is thickened and edematous measuring up to 7.6 mm. It is continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Max Hershman

SPECIES
Canine

BREED
Cairn Terrier

SEX
Neutered male

AGE
13 ½ years

WEIGHT
23 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Mengine

INVOICE
32550

DATE
8/25/22

Gastrointestinal

The stomach is empty. The gastric wall is (3.0) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

There is a (1.6 x 2.0 cm) hypoechoic mass arising from the wall of the small bowel. The surrounding omental fat is hyperechoic). There is no evidence of intestinal obstruction. The duodenum is diffusely corrugated, with normal wall thickness and layering measuring up to 4.4 mm.

The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is a small amount of anechoic free fluid present throughout the peritoneal cavity. The omentum and intra-abdominal fat are diffusely hyperechoic. Enlarged abdominal lymph nodes are not observed. There is a small amount of pleural effusion noted in the thoracic cavity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Small intestinal mural mass.
- Changes to the spleen and liver consistent with infiltrative disease.

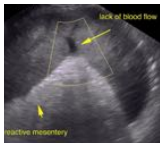
SECONDARY FINDINGS:

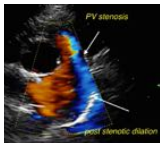
- Chronic renal changes
- Small cystolith.
- Mild ascites and pleural effusion.

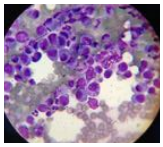
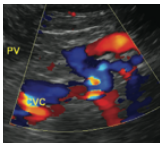
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the small bowel along with the changes to the liver and spleen are concerning for infiltrative neoplasia, particularly lymphoma. FNA of these organs are recommended for a definitive diagnosis. As the patient is already on Prednisolone, palliative treatment options may be limited.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Max Hershman

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered male

AGE

13 ½ years

WEIGHT

23 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

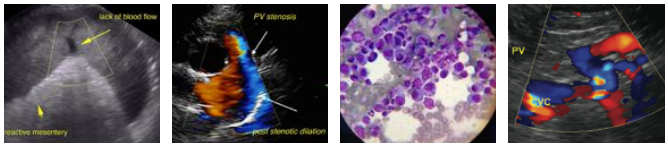
INVOICE

32550

DATE

8/25/22

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Max Hershman

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered male

AGE

13 ½ years

WEIGHT

23 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

32550

DATE

8/25/22

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com