

**DATE**

10.26.2022

PRESENTING CLINICAL SIGNS

ADR- Hyporexia, lethargic, weakness, weight loss. Hx: T-zone lymphoma/chronic lymphocytic leukemia.

PATIENT

Otter Fiat

Current Medications: Prednisolone 30mg SID x 2 weeks, Omeprazole 30mg SID x 2 weeks, Sucralfate 1g BID x 2 weeks

SPECIES

Canine

Lab Results: Non-regenerative anemia, (RBCs 3.7, HCT 25.9%, PCV 29%) retic low-normal. Leukocytosis 33.6k, neut. 8.2k with left shift, lympho 22.7k, monocytosis 2.3

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

In the visible portion of the **urinary bladder**, the lumen is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. There is no obvious evidence of cystic calculi.

AGE

5/1/2012

The **left kidney** is normal size (7.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.47 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

57.3lbs

The **right kidney** is normal size (7.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DMV,
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Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.60 cm at caudal pole) (2.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Timonium Animal
Hospital

The **right adrenal gland** is normal size (0.63 cm at cranial pole) (0.50 cm at caudal pole) (1.90 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Montessi

Spleen

The **spleen** is normal in size (1.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

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Liver

The **liver** is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, most of which is partially dependent. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. Several prominent to enlarged, irregular, mildly hypoechoic **lymph nodes** are observed throughout the abdomen, particularly in the periportal, mesenteric and sublumbar regions. The largest node is at the mesenteric root and measures 5.76 cm in length.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Several **ringdown lesions** are visualized in the visible portion of the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse abdominal lymphadenopathy, in conjunction with the patient's history is concerning for emerging lymphoma.
- The hepatomegaly could be consistent with emerging lymphoma or a benign hepatopathy (i.e., vacuolar, other).

Secondary Findings

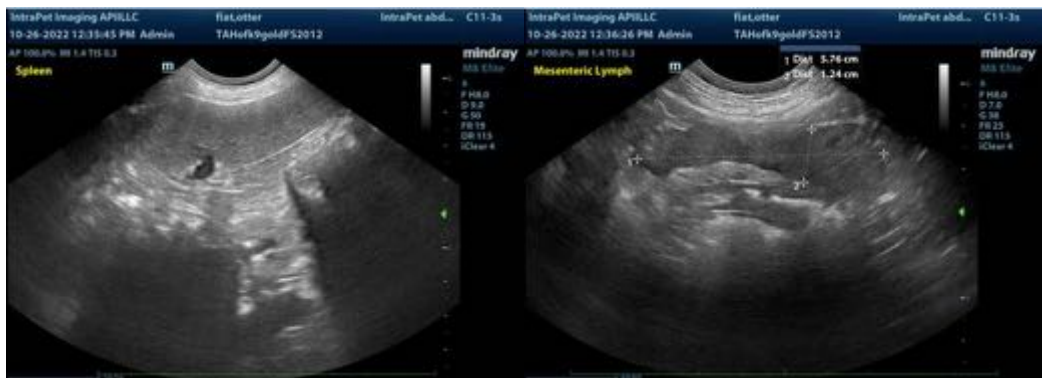
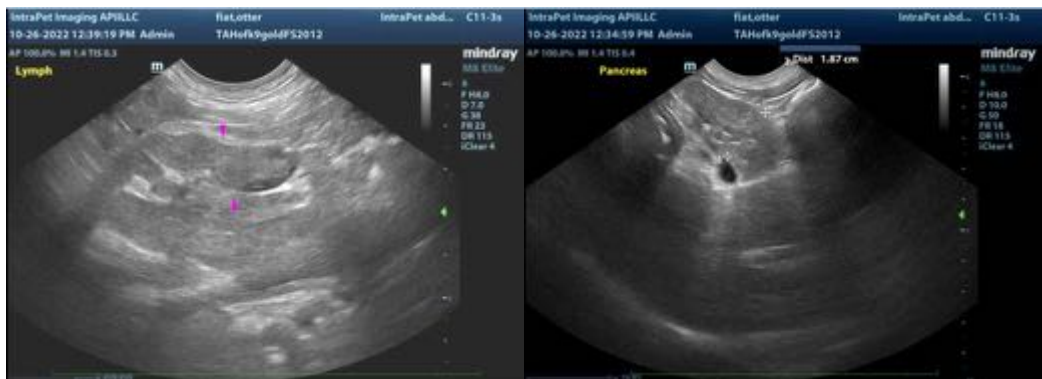
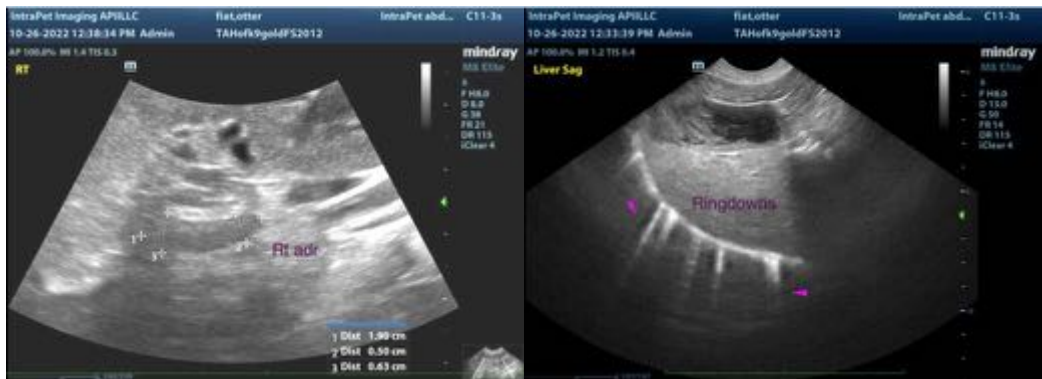
- Bilateral degenerative renal changes with left pyelectasia
- The ringdown lesions in the thorax are suggestive of a pulmonary parenchymal disease.
- Age-related pancreatic remodeling in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended if not already performed.

Consider fine-needle aspirates of the enlarged abdominal lymph nodes if clotting status is appropriate.

Also consider consult with a board-certified oncologist for further diagnostic and treatment recommendations.





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.

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