



PATIENT

Bomber Igenito

PRESENTING CLINICAL SIGNS

History: Patient has lymphoma, abdominal ultrasound post chemo treatment.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***Ingesta in the gastric lumen obscures visualization of a portion of the cranial abdomen.*

Urinary System

BREED

Bulldog

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male Neutered

The prostate is normal in size (2.54 cm in length, 1.57 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

6 Years

The left kidney is normal size (6.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

80 lbs.

The right kidney is normal size (5.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.99 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. See also "Other" below.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Cattiny

Gastrointestinal

The gastric lumen is 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 segmentally dilated with chyme. 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. No obstructive disease is noted.

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DATE
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Pancreas

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A portion of the pancreas is obscured by the gastric distension. In the visualized portions, no obvious pathology is seen.

SPECIES

Free Abdomen

Canine

There is no evidence of free fluid.

BREED

Lymph Nodes

Bulldog

See "Other" category below.

Other

SEX

A brief echocardiogram reveals no evidence of pericardial effusion.

Male Neutered

A 2.70 x 2.64 cm round, hypoechoic nodule/mass is visualized in the left mid-abdomen adjacent to the tail of the spleen.

AGE

6 Years

ULTRASONOGRAPHIC FINDINGS

- The nodule/mass in the left mid-abdomen may be arising from the spleen or may be free within the abdomen. Differentials include tumor, enlarged lymph node, granuloma, and other.
- The remainder of the abdomen is unremarkable.

WEIGHT

80 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

- If accessible, a fine needle aspirate of the nodule/mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.

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Diplomate ACVIM
(*Small Animal Internal
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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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