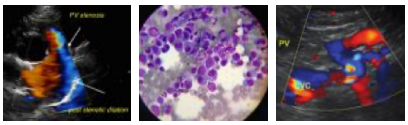
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

11/1/21

PATIENT

Cassidy Lloyd

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

7/1/2014

WEIGHT

73 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VC

REFERRING VET

Dr. Kablis

INVOICE

12446

PRESENTING CLINICAL SIGNS

History: 4/2021 DDX w/ Tzone Lymphoma. Patient is clinically normal. Slightly enlarged lymph nodes. 7/2021 No changes, still not clinical. No change in lymph nodes. 10/13/2021 Slight increase in prescapular lymph nodes, no other changes, no clinical signs.

Current Medications: No current medications.
Lab Results: Owner is scheduling recheck CBC currently; 4/23/2021 CBC Lymphocytes 14204.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

The left kidney is normal size (6.50 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.52 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.73 cm at caudal pole) (2.32 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.

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.77 cm at caudal pole) (3.16 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.

Spleen

The spleen is normal in size (1.48 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.

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. A moderate amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. 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 not distended. 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. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 prominent to enlarged sublumbar lymph nodes are visualized, the largest measuring 4.54 x 1.80 cm.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

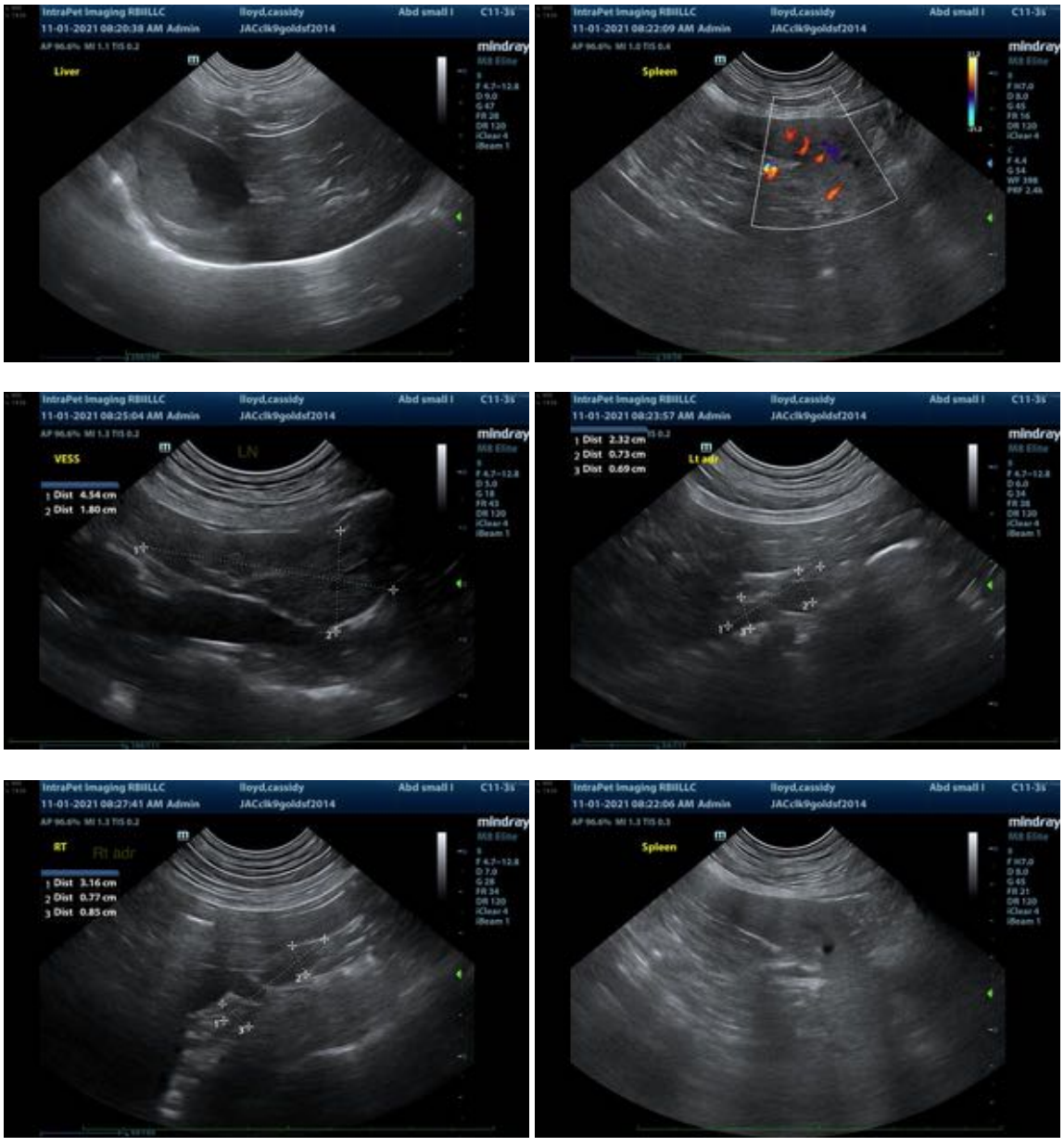
ULTRASONOGRAPHIC FINDINGS

Sublumbar lymphadenopathy. Differentials include infiltrative neoplasia (i.e., lymphoma, reactive lymphadenitis or lymphoid hyperplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, a fine needle aspirate of the largest sublumbar lymph node is recommended (if clotting status is appropriate). A 25-gauge needle should be used for aspiration. Care should be taken to avoid the great vessels during sampling. Also consider a thorough rectal evaluation and assessment of the hind end to look for lesions that may result in sublumbar lymphadenopathy.

- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest, if not already performed.



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.

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

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