



PATIENT

Tia Mineweaser

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

5/4/2016

WEIGHT

27.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Ott

INVOICE

23048

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Has bloodwork performed prior to an eyelid mass removal. A lymphocytosis of 41,000 was found on the bloodwork, along with an ALP of 774, and a monocytosis. This is an ultrasound to screen for lymphoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

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

The left kidney is normal in size (4.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.85 cm in length) with slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and 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 in size (0.80 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and 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 enlarged (2.23 cm in width at the level of the hilus) with swollen/irregular peripheral contours. The parenchyma is diffusely mottled, with a "moth-eaten" appearance. In addition, a >5.5 cm irregular, hypoechoic, expansile mass is arising from the parenchyma. Splenic vasculature is normal with no evidence of thrombosis.

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet



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masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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.

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Lymph Nodes

A 1.83 x 0.82 cm medial iliac lymph node is visualized. A 1.23 x 0.64 cm periportal lymph node is also seen.

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Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The splenic changes, including the mass) are more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a benign process.
- The prominent periportal and medial iliac lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).

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Secondary Findings

- Mild bilateral nonspecific age-related renal changes with a suspected right cortical infarct
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspiration of the spleen is recommended (assuming normal clotting status). A 25-gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess for occult lymphadenopathy in the chest.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be warranted.



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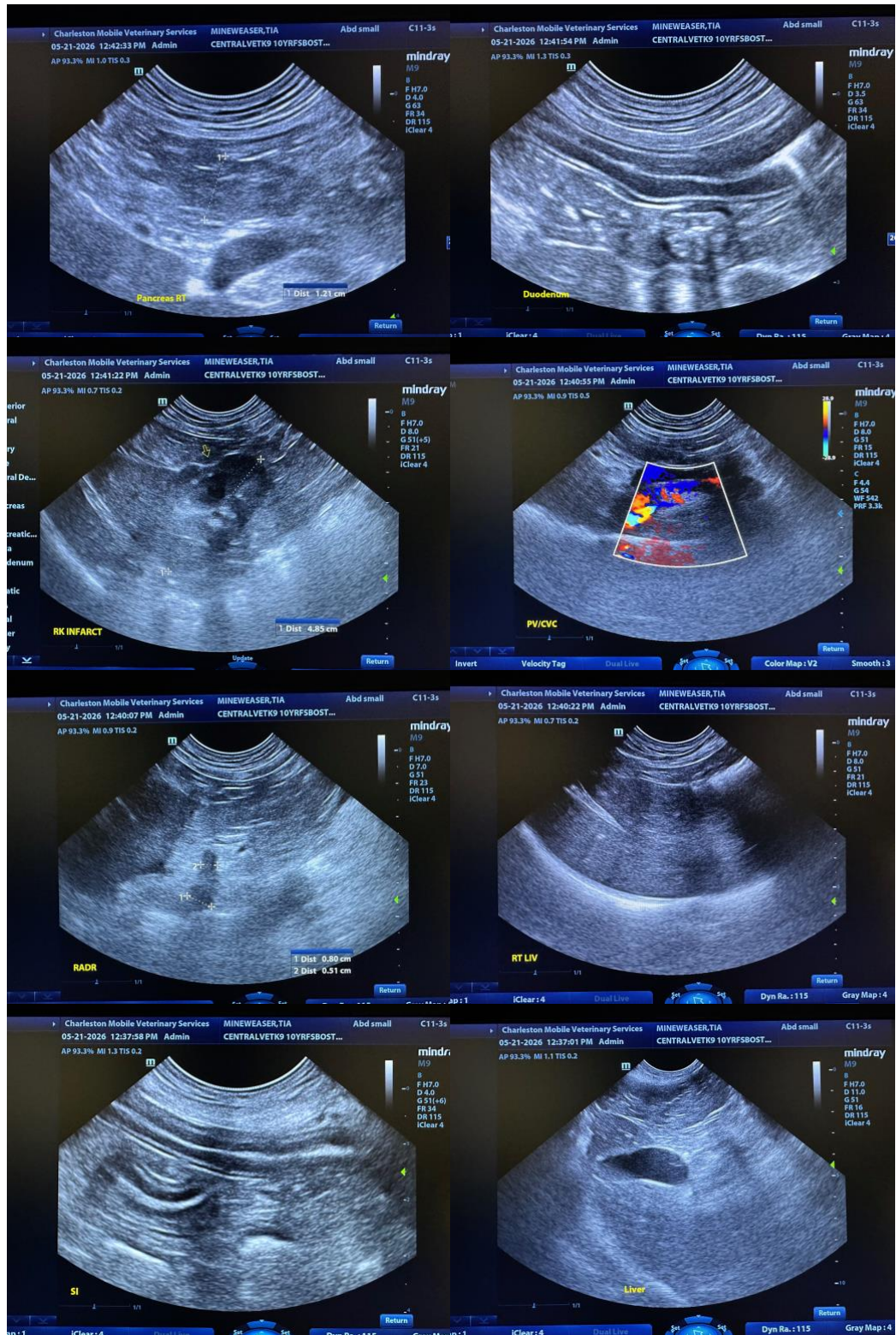
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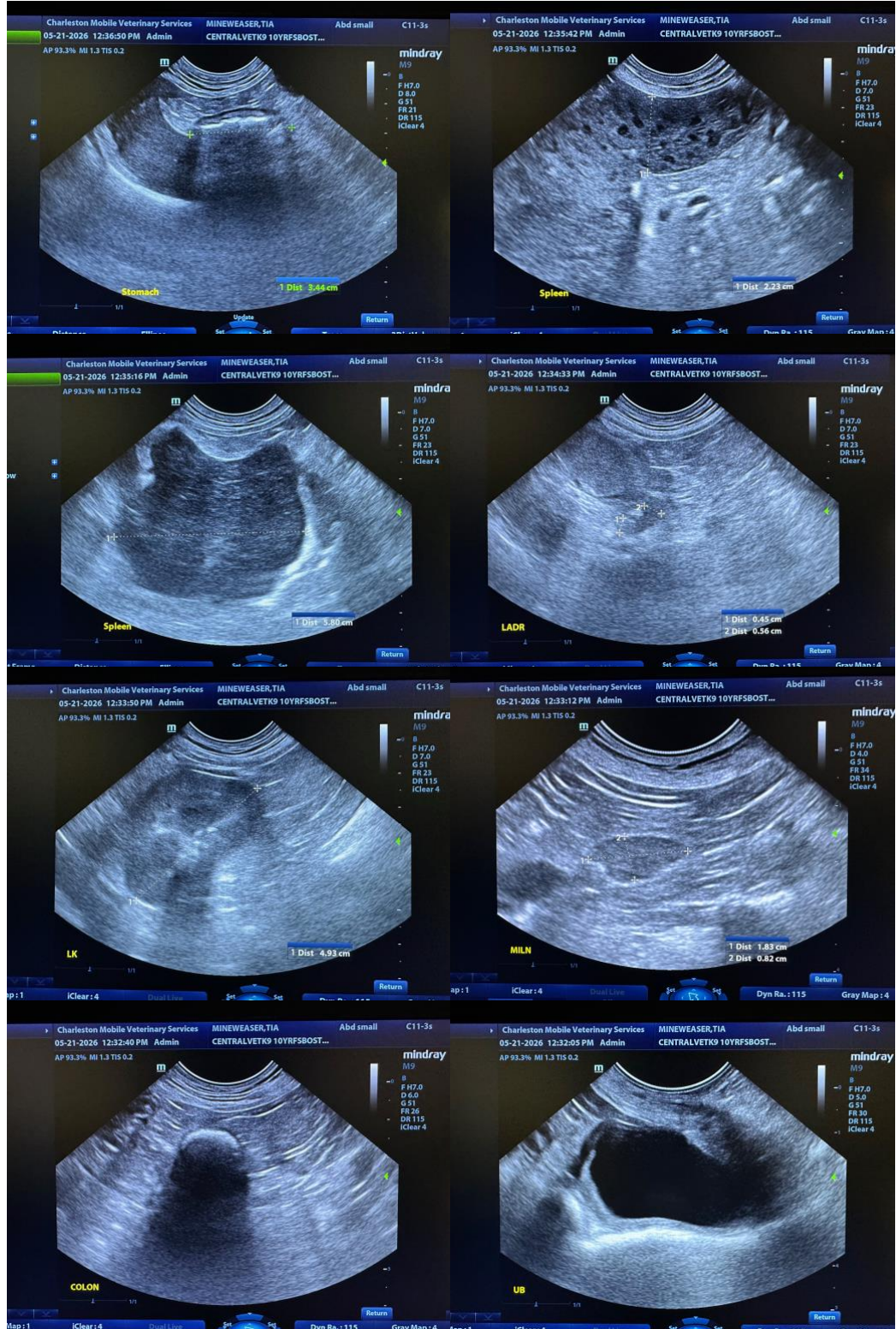
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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