

**DATE PRESENTING CLINICAL SIGNS**

9/16/21

History: Seen for vomiting in 7/2021 with slight enlargement of mandibular and popliteal lymph nodes. No improvement and further enlargement noted on 9/13/2021. FNA confirms lymphoma. Otherwise clinically doing well at home.

**PATIENT**

Ginger Creamer

Current Medications: No current medications.

**SPECIES**

Canine

Lab Results: FNA confirms lymphoma.

Radiographs: Not provided by the veterinarian.

**BREED**

Mixed breed

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: declined

**SEX**

Female Spayed

Stat Report: not requested

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

10/16/12

**Urinary System**

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.

**WEIGHT**

87 lbs.

The left kidney is normal size (7.28 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (6.64 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.

**HOSPITAL NAME**

Everhart Veterinary  
 Center

**Adrenal Glands**

The left adrenal gland is normal size (0.85 cm at cranial pole) (0.73 cm at caudal pole) (3.29 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. Betta

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.79 cm at caudal pole) (3.52 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.

**INVOICE**

11841kk

**Spleen**

The spleen is normal in size (2.24 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance, bordering on "moth-eaten". No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled, bordering on a "moth-eaten" appearance with a few, ill-

defined, hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder 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 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. The sublumbar lymph nodes are severely enlarged (up to 4.73 cm in length), irregular, and hypoechoic. One of the sublumbar nodes appears to be cystic. An irregular, hypoechoic node is also observed in the right cranial quadrant. The mesentery surrounding the nodes is hyperechoic.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

Enlarged, hypoechoic, cervical lymph nodes are seen.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The hepatic, splenic, and lymph node pathology is concerning for infiltrative disease/lymphoma.
- Cervical lymphadenopathy, consistent with lymphoma.

### **Secondary Findings:**

- Left cortical infarct.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. To confirm lymphoma in the liver, spleen, and sublumbar lymph nodes, fine needle aspirates can be performed (if clotting status is appropriate). A 25-gauge needle should be used.
2. Three-view thoracic radiographs are also recommended to complete the staging work up.





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*)  
Andrea.nicastro@sonopath.com