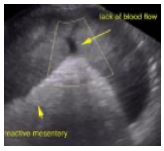
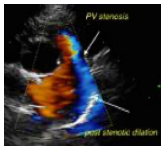
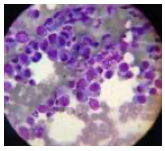
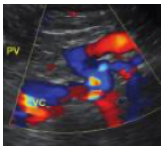
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maggie Gray

SPECIES
Canine

BREED
Australian Shepherd

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
53.5 lbs.

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Basking Ridge AH

REFERRING VET
Dr. Rotella

INVOICE
15105

DATE
7/17/23

PRESENTING CLINICAL SIGNS

History: Recent dx w/ Lymphoma. Staging. Hx of Meibominaitis (controlled). Current Meds: Pred 5mg sid, Atopica 100mg sid, KBR sid.
Abnormal PE/Chem/CBC/UA Results: Low lymphs 276; BUN 33; Creat 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. 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 left kidney is normal size (6.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is small in size (0.36 cm at cranial pole) (0.41 cm at caudal pole) (1.90 cm in length) with a normal shape. 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 (0.70 cm at cranial pole) (0.44 cm at caudal pole) (2.39 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

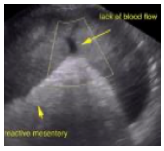
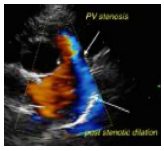
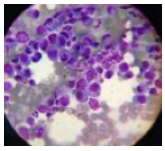
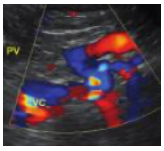
The spleen is normal in size (1.88 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled, bordering on a “moth-eaten” appearance. No distinct focal lesions are observed. Splenic vasculature is normal.

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 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.

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

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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. The colonic lumen contains shadowing fecal material. 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

There is no obvious evidence of free fluid. The left medial iliac lymph node is enlarged (3.77 x 1.90 cm), rounded, and hypoechoic. The right medial iliac lymph node is prominent (2.05 x 0.63 cm). A few smaller nodes are also visualized in this region. Surrounding mesentery is hyperechoic.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Medial iliac lymphadenopathy. Lymphoma is the top differential with a lower possibility of reactive change.
- The splenic parenchymal changes are also concerning for infiltrative disease (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be excluded.

Secondary Findings:

- The medullary bands in both kidneys may represent a benign incidental finding. However, subclinical renal disease cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspirates of the enlarged medial iliac lymph nodes and spleen, if clotting status is appropriate. 25 gauge needles should be used.
- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Consider consultation with a board certified oncologist for further diagnostic and treatment recommendations.

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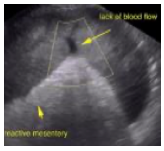
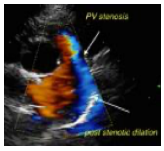
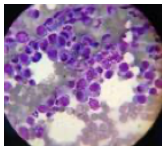
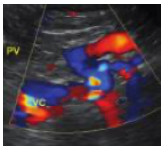

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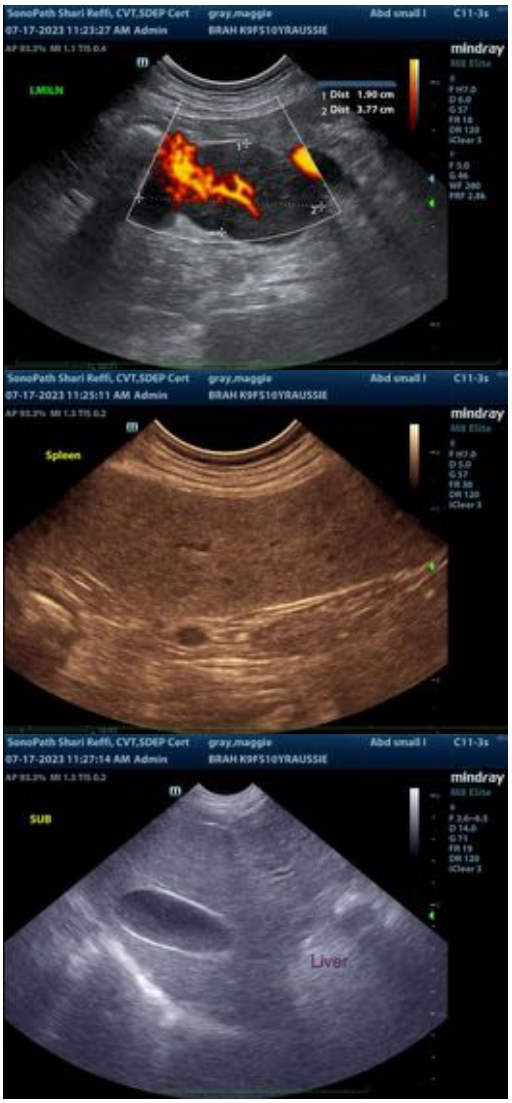

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com