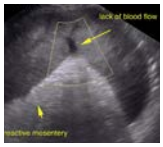
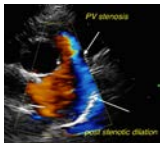
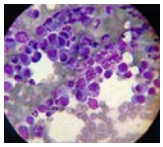
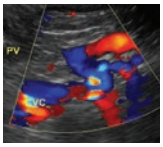
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bosco Hayes

SPECIES
Canine

BREED
Boxer

SEX
Neutered Male

AGE
5.5 Years

WEIGHT
27.6 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks Vet Hospital

REFERRING VET
Dr. Trudeau

INVOICE
44080

DATE
1/10/23

PRESENTING CLINICAL SIGNS

Lymphadenopathy noted early Dec (Submandibular, prescapular, and popliteal lymph nodes are all enlarged) and he was pu/pd ; diagnostics were inconclusive Concern for lymphoma he was not eating and Prednisone 50 mg BID was started; LN palpate normal size as of today (after starting pred) Abnormal PE/Chem/CBC/UA Results: CBC/Chem - NSF U/A - NSF FNA and PARR - inconclusive for lymphoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.67 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.38 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 0.29 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measures 0.38 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

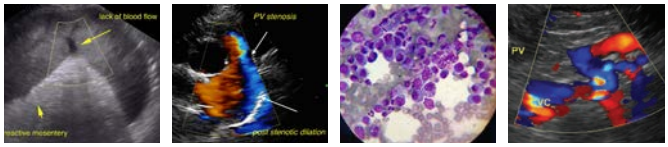
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

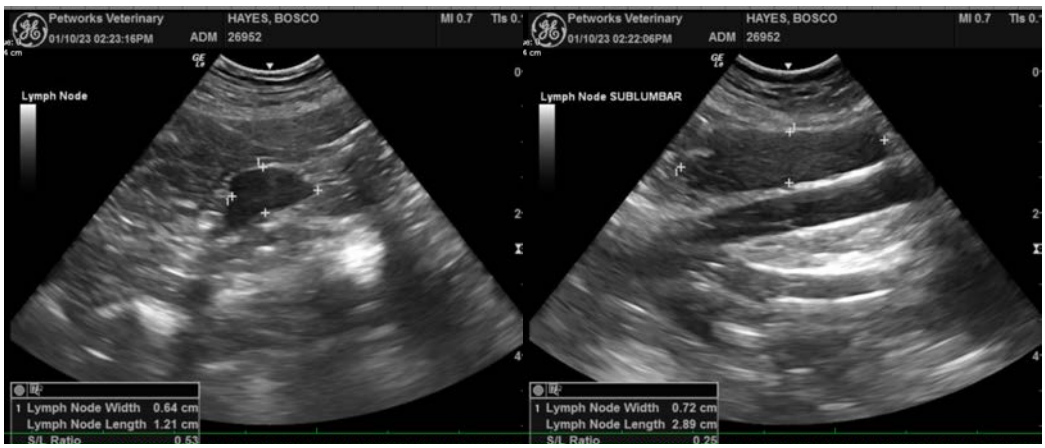
Sublumbar lymphadenopathy is noted with a hypoechoic, slightly heterogeneous lymph node measuring 2.89 cm long x 0.72 cm thick.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally flat adrenal glands – consistent with steroid history.
- Sublumbar lymphadenopathy – both reactive lymphadenopathy as well as infiltrative neoplasia (i.e., lymphoma) are differentials and can't be differentiated without tissue sampling. Given this patient's history, likely the same etiology causing peripheral lymphadenopathy is causing the sublumbar lymphadenopathy, and the change may be partially decreased in significance due to current Prednisone administration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no significant intraabdominal indication of disease other than the sublumbar lymphadenopathy described above. Recommendations include comprehensive infectious disease testing (if not evaluated at the time of original lymphadenopathy). Beyond that, since a diagnosis of lymphoma was not able to be made conclusively cytologically, recommendations include slow, gradual taper of the Prednisone to the lowest tolerated dose, or completely off, at which time, if lymphadenopathy returns, a lymph node biopsy could be considered, or re-aspiration could be attempted. Additionally, consultation with a veterinary oncologist may be helpful for other diagnostic suggestions if lymph node biopsy could be obtained.



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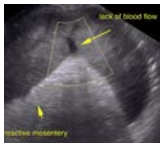
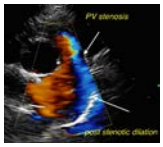
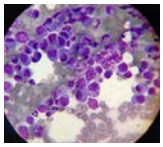
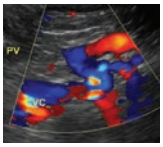

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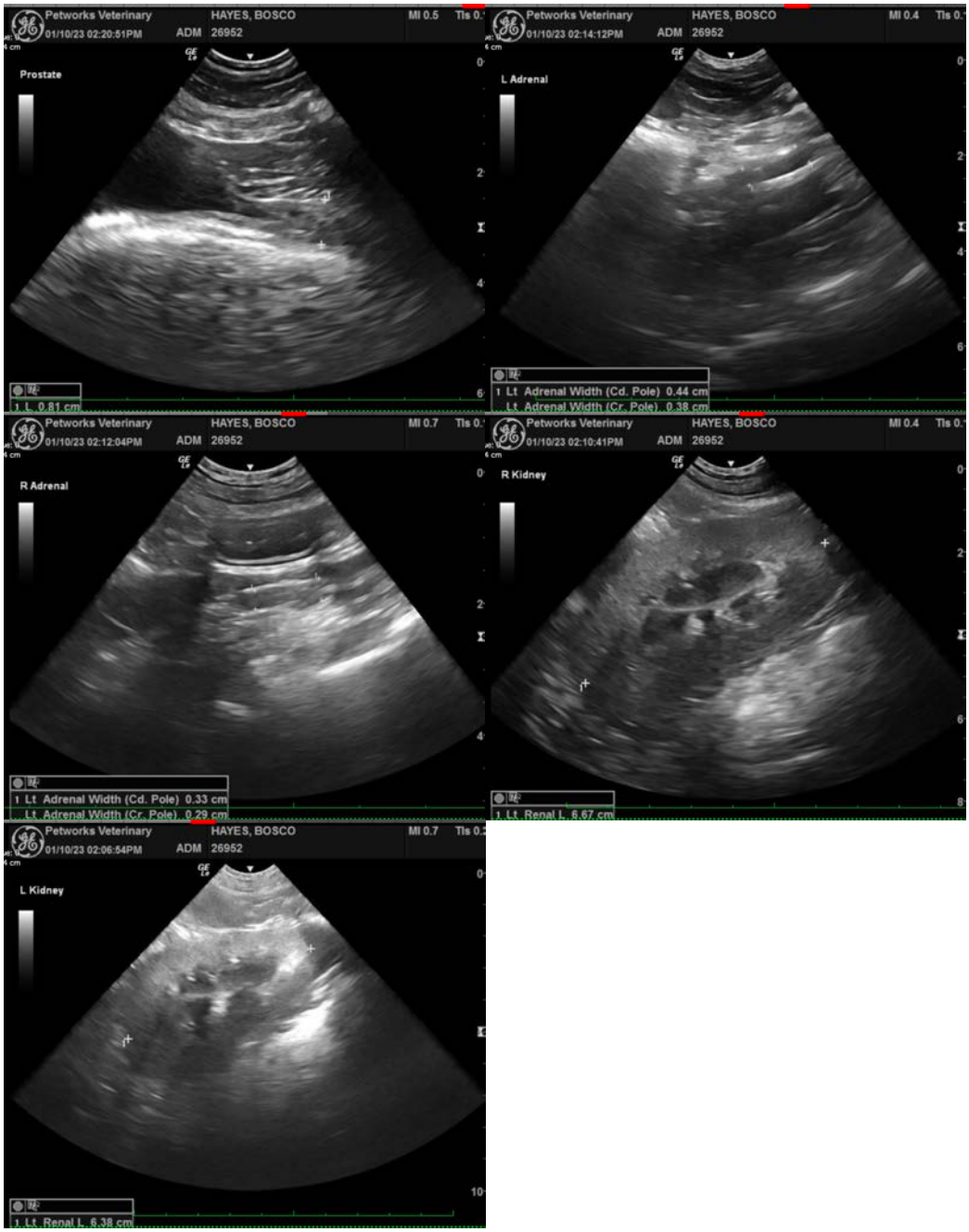

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com