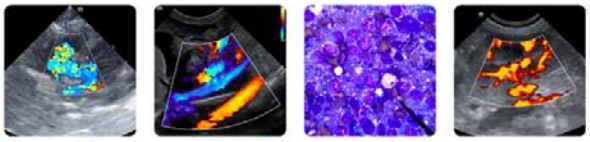


PATIENT

Caishen Fong

SPECIES

Canine

BREED

Bernadoodle

SEX

Neutered Male

AGE

7 Years 9 Days

WEIGHT

34.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Terri-Lynn

INVOICE

72039

DATE

1/7/26

PRESENTING CLINICAL SIGNS

The patient presented for a three-day history of a hacking cough, revealing multiple significant clinical findings on examination including generalized lymphadenopathy, a caudal abdominal mass, and cutaneous ecchymosis. The initial presenting complaints were a hacking cough and a spreading "rash" on the legs (However, with PE showed to look more like Ecchymosis bruising). The physical examination confirmed the cough with increased lung sounds and identified the “rash” as cutaneous ecchymosis in the caudal abdomen and groin region. Further significant findings included generalized lymphadenopathy, a caudal abdominal mass, a SQ mass on the right thorax, and grade 1/4 dental disease. ddx: Lymphoma vs hemangiosarcoma vs massive inflammatory vs infectious vs open Following the examination, a diagnostic plan was established. The owner consented to three-view chest x-rays for radiologist review and fine needle aspirates of the enlarged submandibular and popliteal lymph nodes. Additionally, full blood work was approved and performed, and an abdominal ultrasound was scheduled for a later date to further investigate the abdominal mass. Blood work results showed an unremarkable complete blood count (CBC) with adequate platelets and a normal T4 level of 19. The chemistry panel was also largely unremarkable, with the notable exception of an elevated SDMA at 21.4, along with a finding of 1+ hemolysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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 is size (5.8 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 is size (6.6 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.

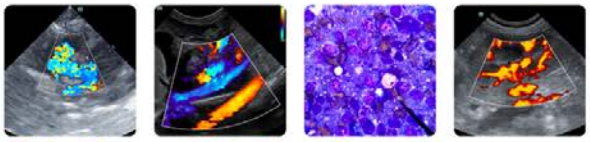
Adrenal Glands

The right adrenal gland is normal in size (0.52 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.57 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.



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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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Diffusely, lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Diffusely aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen and general intraabdominal lymphadenopathy is concerning for infiltrative round cell neoplasia such as lymphoma, especially given the concurrent reported physical exam changes. Therefore, if peripheral lymph node samples don't yield a diagnosis, additional fine

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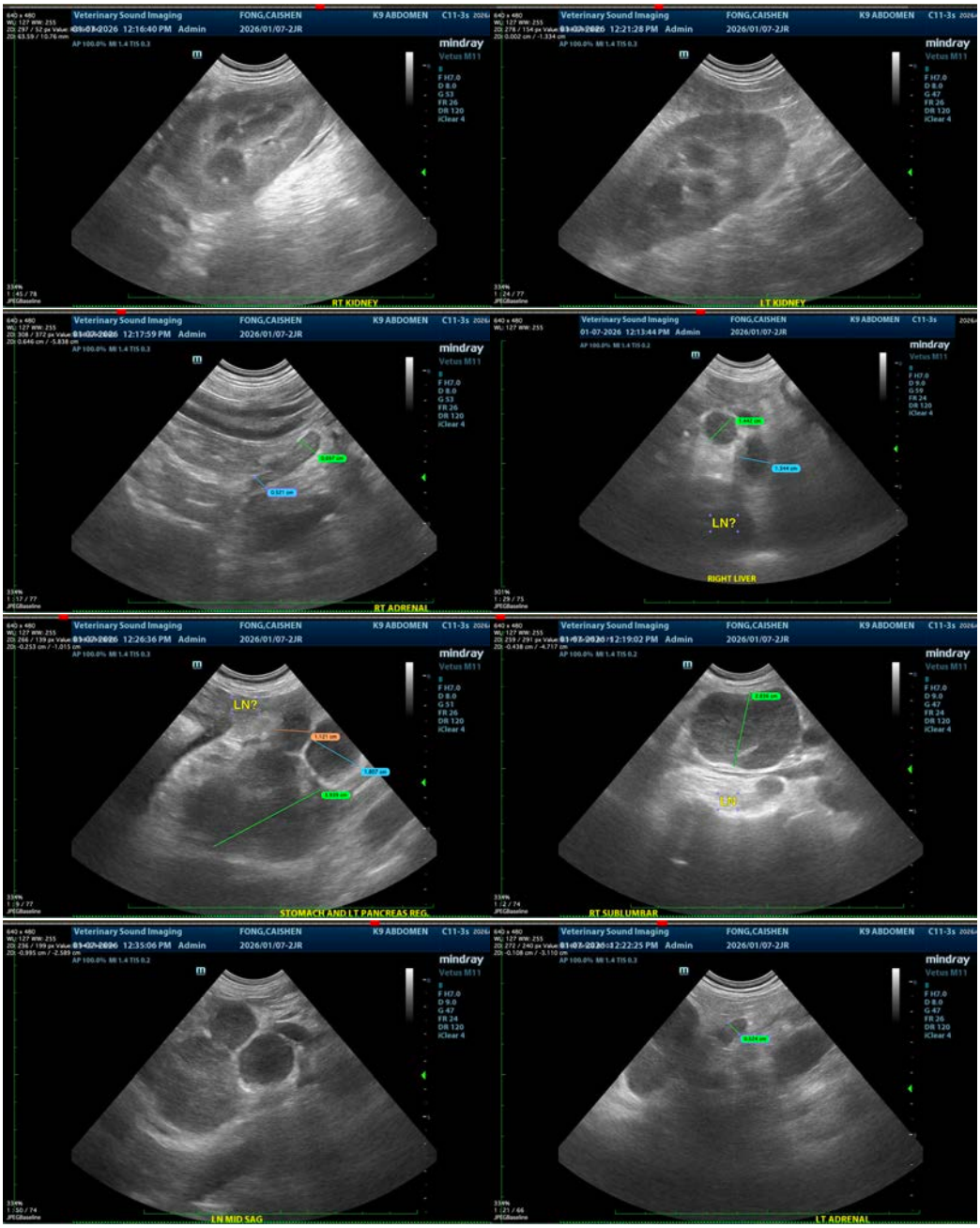
needle aspirates of the spleen +/- intraabdominal lymph nodes could be considered if patient's coagulation status is appropriate.

Additional recommendations are dependent on results of above, but ultimately consultation with a veterinary oncologist may be warranted.



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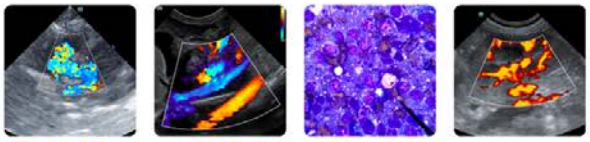

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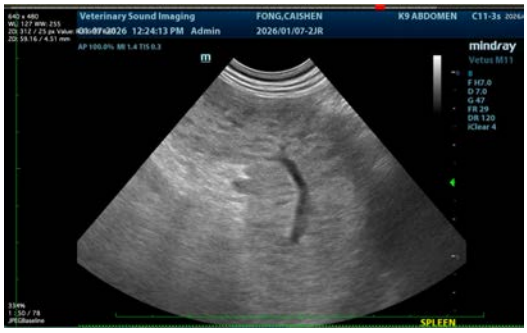

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com