



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Brandy McVey	Presented at our hospital for AUS. Had spleen removed in Sept for benign splenic mass. Now about a week ago started to become more lethargic, NE as well, gagging, not wanting to go for walks. Seemed painful. Brought to ER Sunday, did rads, fluid in chest. Rec AUS. Previous Health Concerns: spleen removed, hypothyroid Current Medications: thyroid med, Yunnan Baiyao, Cefpodoxime, Cerenia, Gabapentin Appetite/When did they eat last: last night
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WBC: 18.85 H; NEU#: 15.49 H; NEU%: 82.2 H; LYM%: 10.3 L; RBC: 4.60 L; HGB: 10.8 L; HCT: 30.6 L; RDW-cv: 17.3 H; PLT: 563 H; ALP: 259 H Rads: mild plural effusion, poor detail cranial abdomen, concern for abdominal fluid also
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Beagle	<b>Urinary System</b>
<b>SEX</b>	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.80 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Spayed Female	The right kidney is normal in size (6.8 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.
<b>AGE</b>	The left kidney is normal in size (5.67 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.
10 Years	
<b>WEIGHT</b>	
20.6 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 0.77 cm at the cranial pole and 0.92 cm at the caudal pole. The left adrenal gland measures 3.17 cm long x 1.36 cm at the cranial pole and 1.42 cm at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Erin Wicks	This patient's spleen has been previously removed.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Shores VEC	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>REFERRING VET</b>	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
Dr. Moser	
<b>INVOICE</b>	<b>Gastrointestinal</b>
42452	The stomach is diffusely thick, measuring 1.0 cm with a hypoechoic wall and loss of mural detail. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>DATE</b>	
11/2/22	



<b>PATIENT</b>	
Brandy McVey	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 per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
<b>SPECIES</b>	
Canine	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
	<b>Pancreas</b>
<b>BREED</b>	
Beagle	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.
<b>SEX</b>	
Spayed Female	<b>Free Abdomen</b>
	There is no evidence of free peritoneal effusion noted in these images.
<b>AGE</b>	
10 Years	An enlarged, rounded, hypoechoic medial iliac lymph node is noted, measuring 1.3 cm, and is surrounded by enhanced hyperechoic fat.
<b>WEIGHT</b>	
20.6 kg	In the left cranial abdomen, there are several large, round, hypoechoic structures, the largest of which measures 4-5 cm in diameter, consistent with lymph nodes.
	Pleural effusion is noted.
<b>INTERPRETED BY</b>	<b>PRIMARY FINDINGS</b>
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> <li><b>Aggressive lymphadenopathy diffusely from the cranial abdomen to the sublumbar region</b> – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.</li> <li><b>Diffusely thick gastric wall with loss of mural detail</b> – Concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma versus other). Benign inflammatory disease is possible but considered less likely, given the concurrent pathology.</li> <li><b>Heterogenous Liver</b> – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.</li> <li><b>Bilateral adrenomegaly</b> – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.</li> <li>Pleural effusion</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Erin Wicks	
<b>HOSPITAL NAME</b>	
Shores VEC	
<b>REFERRING VET</b>	
Dr. Moser	
<b>INVOICE</b>	<b>SECONDARY FINDINGS</b>
42452	<ul style="list-style-type: none"> <li><b>Chronic Cystitis</b> - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.</li> <li><b>Gallbladder debris</b> - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should</li> </ul>
<b>DATE</b>	
11/2/22	



**PATIENT**

Brandy McVey

be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The top differential for this patient's combination of pathologic changes is infiltrative round cell neoplasia such as lymphoma. Recommendations include a fine needle aspirate of the enlarged lymph nodes +/- the gastric wall if patient's coagulation status is appropriate.

**BREED**

Beagle

Additionally, if not already evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

**SEX**

Spayed Female

This patient has changes consistent with hyperadrenocorticism, and if clinical signs of hyperadrenocorticism are present, testing in the form of a low-dose Dexamethasone suppression test could be considered. However, despite clinical signs, testing is not recommended in the face of concurrent illness (i.e., the suspect lymphoma), given the risk of false positives.

**AGE**

10 Years

**WEIGHT**

20.6 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

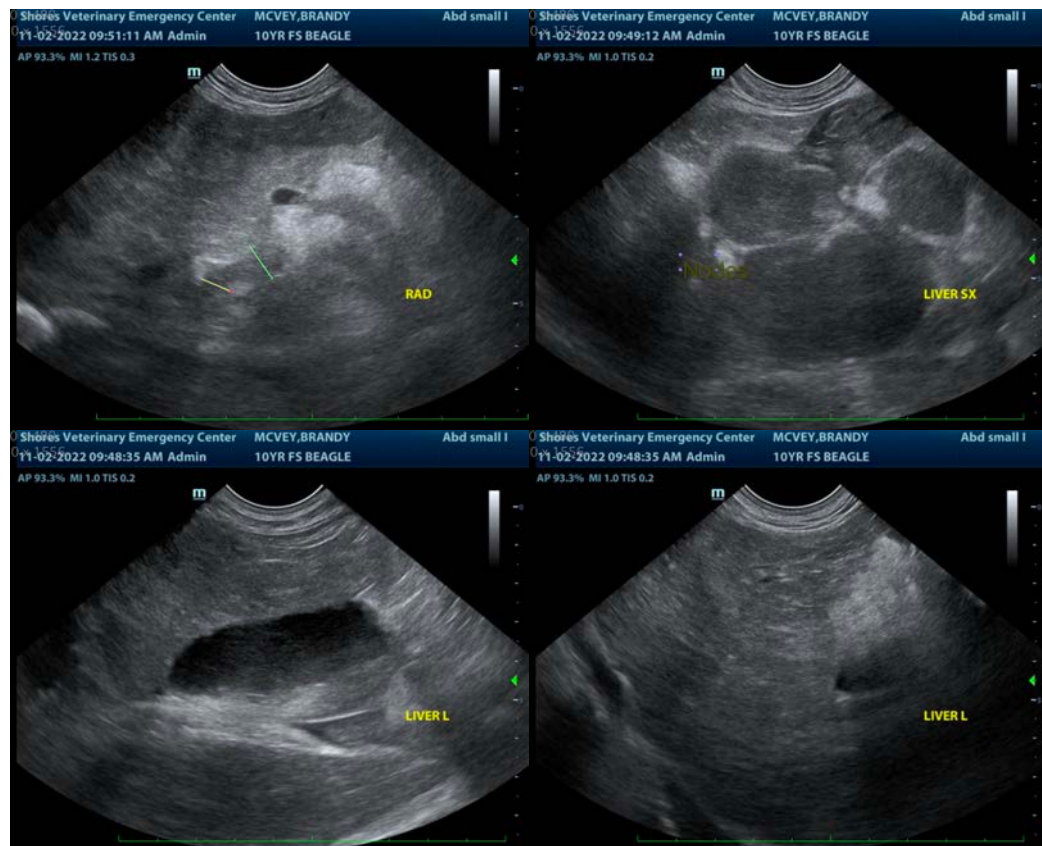
Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser



**INVOICE**

42452

**DATE**

11/2/22



**PATIENT**

Brandy McVey

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

20.6 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

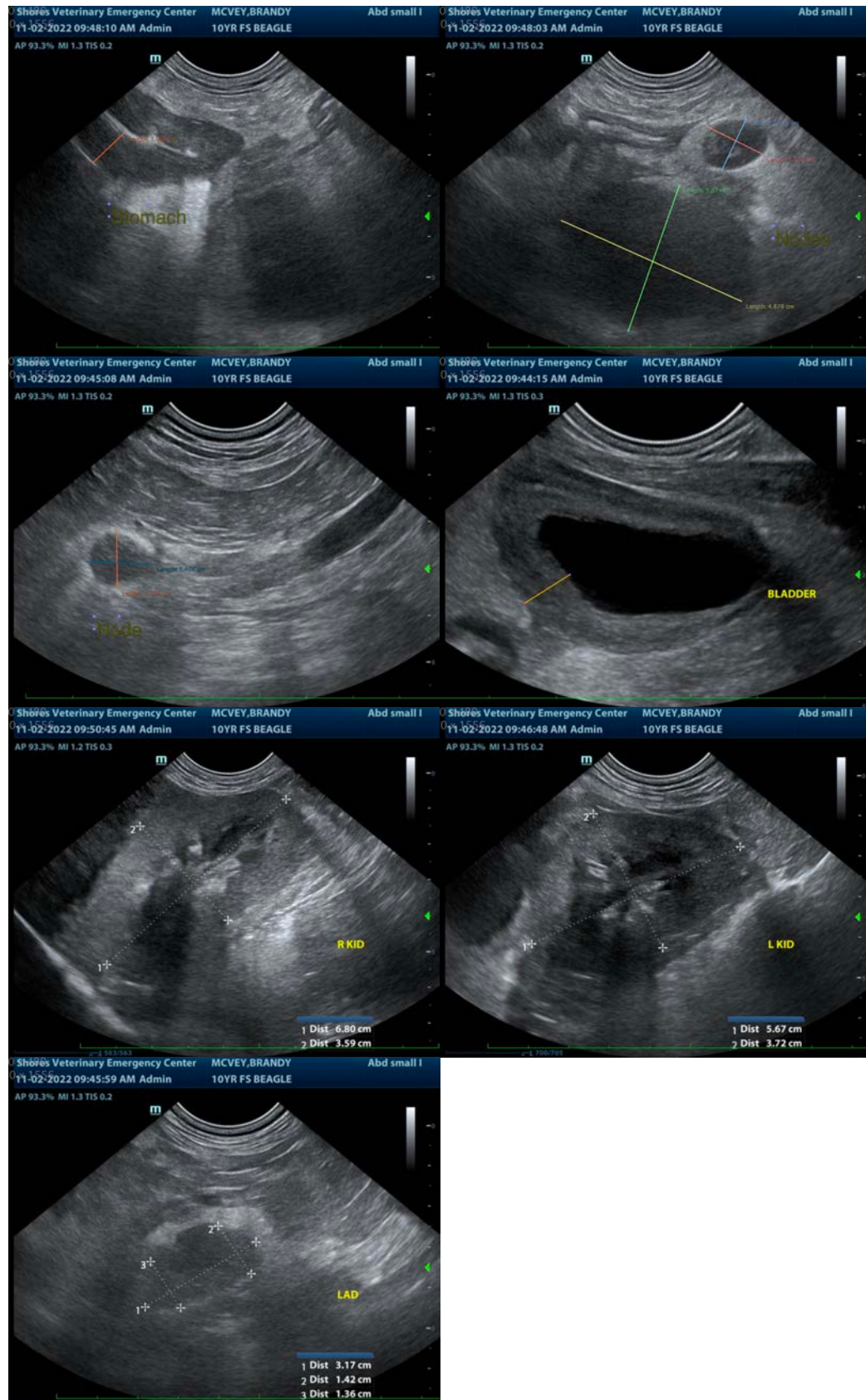
Dr. Moser

**INVOICE**

42452

**DATE**

11/2/22





**PATIENT**

Brandy McVey

**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.**

**SPECIES**

Canine

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.

**BREED**

Beagle

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

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

20.6 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser

**INVOICE**

42452

**DATE**

11/2/22