

**PATIENT**Autumn Stewart
272789**SPECIES**

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

6 Years

WEIGHT

20.6 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr.Greer- WRVC

INVOICE

16204

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Autumn was seen by pDVM on Tuesday for enlarged mandibular LN. pDVM did cytology. In house cytology was concerning for lymphoma. The outside lab cytology is still pending. Owners have a new referral with Oncology service on Tuesday (6/28/22). Over the last few days the neck swelling has gotten much larger, shes been holding her eyes shut (develops enlarged LN on her cheeks). She has stopped eating dry food but he eating wet food well- owner thinks its uncomfortable to swallow.

Abnormal PE/Chem/CBC/UA Results: Moderate to severely enlarged peripheral LN. Mandibular lymph nodes are lobulated and severely enlarged. Facial LN also enlarged CBC- Neutrophilia 10.38, otherwise unremarkable Chem- Unremarkable Thoracic radiographs (3 view)- Sternal lymphadenopathy, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

Left kidney is normal is size (6.73 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. There is some concern for a small hypoechoic nodule, measuring approximately 2.0 cm, in the cranial pole of the left kidney causing a slight capsular bulge.

Right kidney is normal is size (6.56 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. A similar appearing, approximately 1.0 cm round hypoechoic nodule in the caudal pole of the right kidney, causing a similar bulge.

Adrenal Glands

Left adrenal gland is normal in size (0.64 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.7 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Two, more discreet slightly larger hypoechoic nodules are appreciated. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas 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

Diffuse aggressive lymphadenopathy was seen throughout the abdomen with most nodes surrounded by enhanced hyperechoic fat.

Multifocal irregular bright hyperechoic nodules (densities) are noted throughout the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Suspected infiltrative round cell neoplasia with lymphoma being the top differential, resulting in aggressive diffuse lymphadenopathy most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Hypoechoic hepatomegaly is concerning for infiltrative round cell disease.
- Micronodular changes in the spleen are concerning for infiltrative round cell disease.
- Concern for bilateral renal involvement
- Mesenteric nodules – concerning for lymphomatosis given other findings, but benign lipogranulomas can look similar and cannot be ruled out

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
2. A fine needle aspirate of the lymph nodes +/- spleen, liver and/or kidney nodules if the reportedly pending peripheral lymph node cytology does not yield a diagnosis.

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fredgromalak@gmail.com



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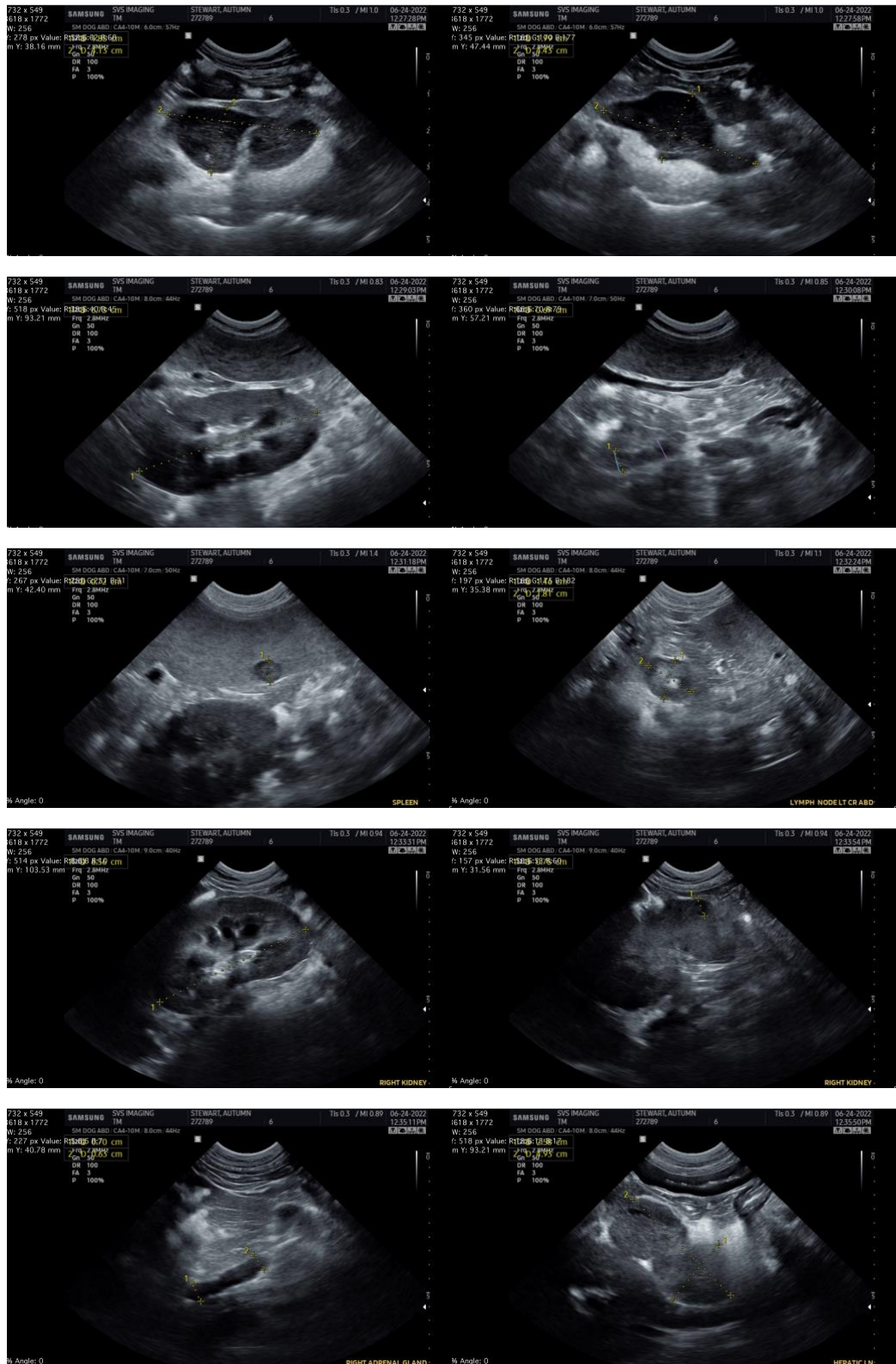
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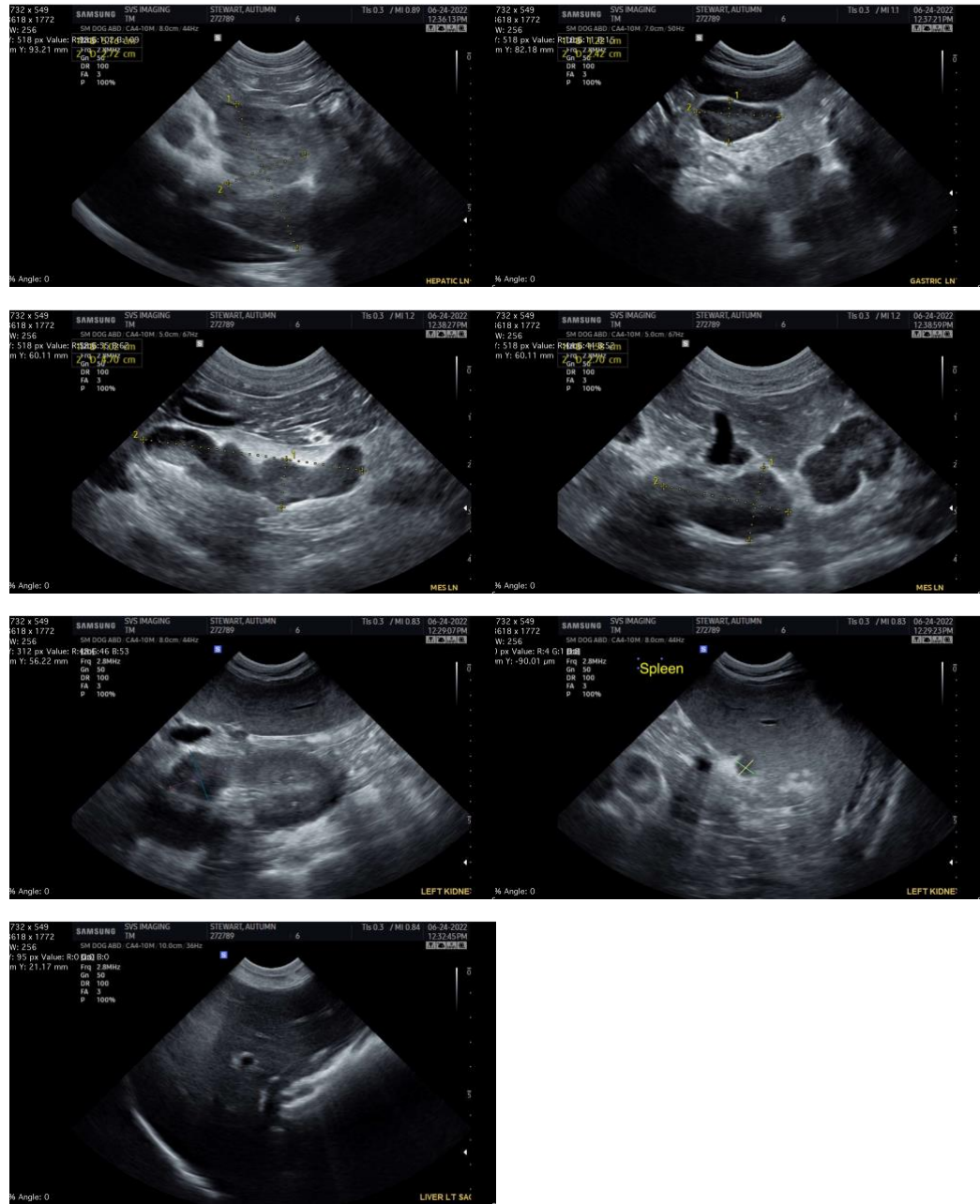
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

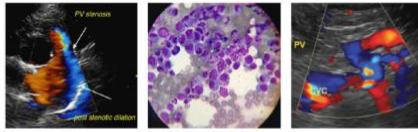
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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

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