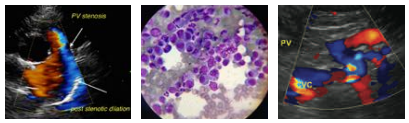
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
6/27/22

PATIENT
Ty Davis

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Intact male

AGE
6/15/10

WEIGHT
5.46 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Heart and Paw

REFERRING VET
Dr. Kraselski

INVOICE
31261

PRESENTING CLINICAL SIGNS

Ty presented on 6/22/22 for diffuse enlarged lymph nodes to local ER on 6/20/22. FNA performed revealed diagnosis of lymphoma. P is a senior, intact male yorkie with no other prev health concerns other than dental disease - and he has gone for regular cleanings in the past. PE exam reveals thin BCS with mild subclinical dehydration and severely enlarged LN's, esp mandibular which are 2-3x the size of normal. No organomegaly noted. At home, pet's appetite has decreased, but is still eating, and he has lower energy levels. No V/D/C/S.
Current Medications: Imuquin, 1 packet daily for immune support
Lab Results: Cbc/Chem/UA /T4--- Low Total T4 - suspect euthyroid sick.Rest grossly WNL. Recent 4dx in May 2022 at prev clinic was neg
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Buprenorphine.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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.

Prostate is mildly enlarged. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. The prostate measures 2.74 cm wide.

Left kidney is normal is size (3.5 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.

Right kidney is normal is size (3.24 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

Left adrenal gland is normal in size (1.52 cm long, 0.52 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 (1.21 cm long, 0.52 at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multi-focal, discrete, hypoechoic nodules were noted with no disruption of the capsule. Splenic vasculature appears normal.

Liver

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly fluid distended.

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 (< 0.2 cm) 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

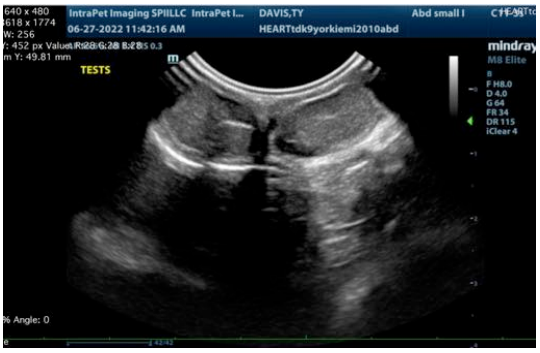
Lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail. There is no appreciable free fluid including pericardial effusion as noted in these images.

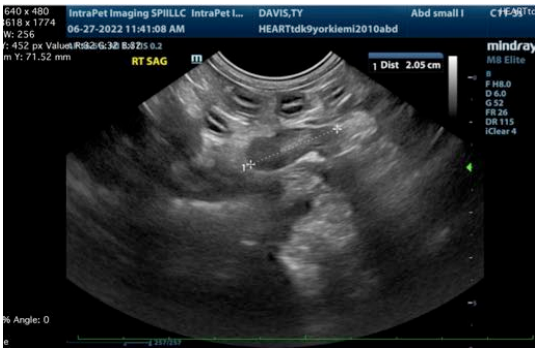
ULTRASONOGRAPHIC FINDINGS

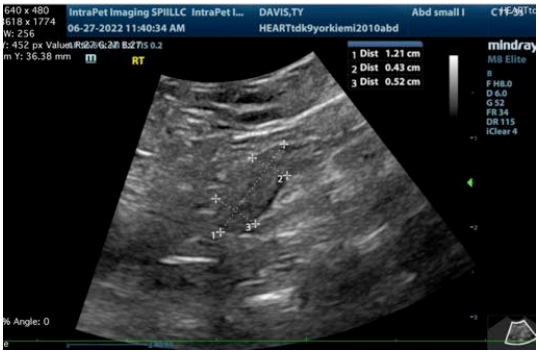
- Aggressive diffuse lymphadenopathy throughout the abdomen.
- Multi-focal hypoechoic splenic nodules. Differentials include benign lesions such as extramedullary hematopoiesis, nodular hyperplasia, etc. as well as infiltrative round cell neoplasia which considering the concurrent findings is considered possible.
- Gallbladder debris - 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 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.

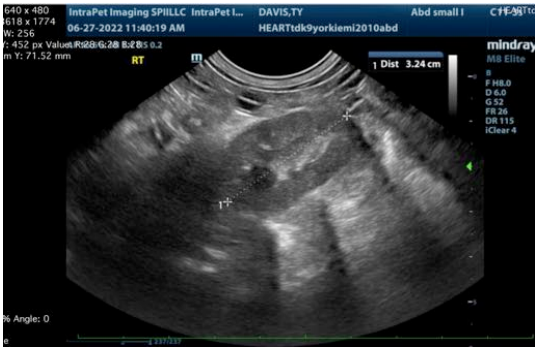
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

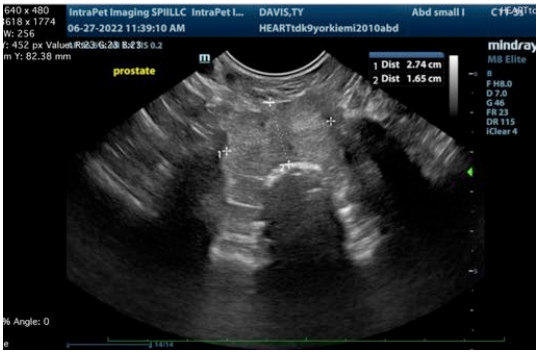
Given this patient's reported diagnosis of lymphoma based off of peripheral lymph nodes cytology recommendations are follow-up consultation with an oncologist for management recommendations.

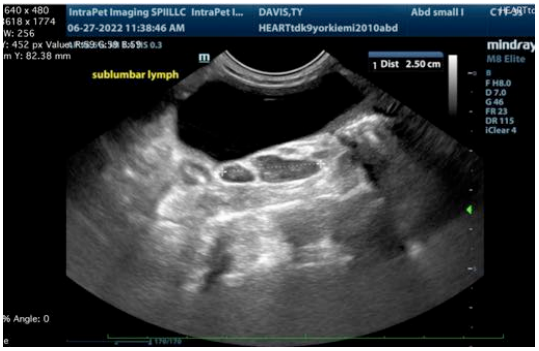

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:42:16 AM
HEARTtdk9yorkiemi2010abd
TESTS
mindray
M8 Elite

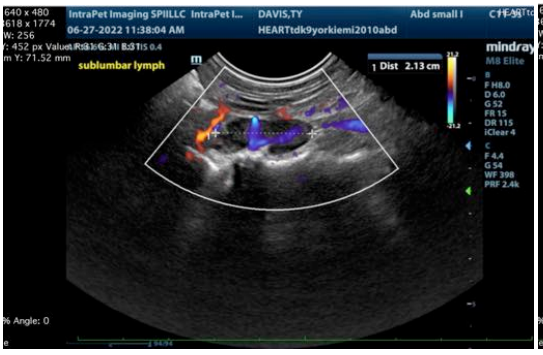

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:41:08 AM
HEARTtdk9yorkiemi2010abd
RT SAG
1 Dist 2.05 cm
mindray
M8 Elite

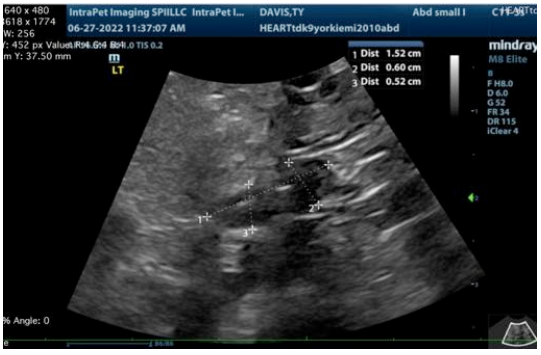

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:40:34 AM
HEARTtdk9yorkiemi2010abd
RT
1 Dist 1.21 cm
2 Dist 0.43 cm
3 Dist 0.52 cm
mindray
M8 Elite

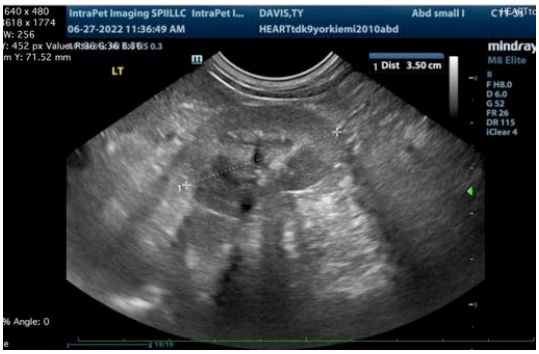

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:40:19 AM
HEARTtdk9yorkiemi2010abd
RT
1 Dist 3.24 cm
mindray
M8 Elite

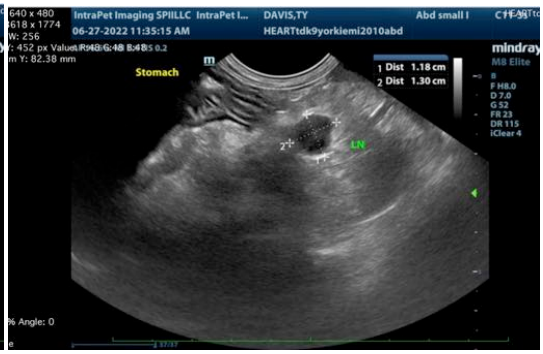

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:39:10 AM
HEARTtdk9yorkiemi2010abd
prostate
1 Dist 2.74 cm
2 Dist 1.65 cm
mindray
M8 Elite

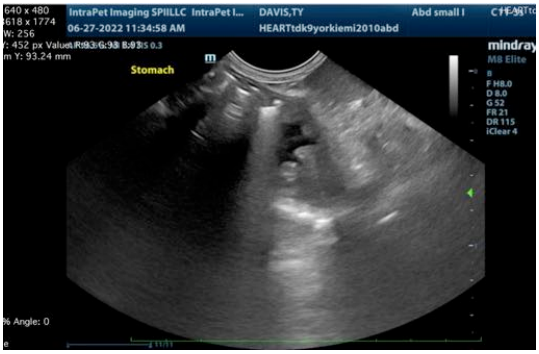

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:38:46 AM
HEARTtdk9yorkiemi2010abd
sublumbar lymph
1 Dist 2.50 cm
mindray
M8 Elite

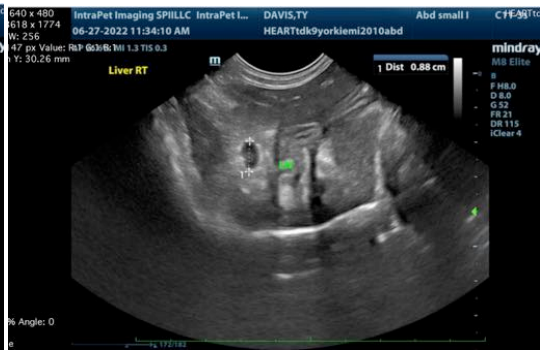

IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:38:04 AM
HEARTtdk9yorkiemi2010abd
sublumbar lymph
1 Dist 2.13 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I...
DAVIS,TY
Abd small I
06-27-2022 11:37:07 AM
HEARTtdk9yorkiemi2010abd
LT
1 Dist 1.52 cm
2 Dist 0.60 cm
3 Dist 0.52 cm
mindray
M8 Elite









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