



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Shea Roufanis	Anorexic, very lethargic, increased thirst. High Ca ++ (high ionized Ca++). Abnormal PE/Chem/CBC/UA Results: High calcium and high ionized calcium, rest WNL.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Labradoodle	Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.
<b>SEX</b>	The right kidney is normal in size (4.88 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (5.96 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A cortical cyst is present.
10 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
27 Pounds	The right adrenal gland is normal in size (1.82 cm long x 0.45 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is unable to be well visualized in these images.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The 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. Splenic vasculature appears normal.
Kelly Vazquez	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
New Bridge VP	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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.
Dr. Abina Glennon	
<b>INVOICE</b>	
39221	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.
<b>DATE</b>	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
7/5/22	



**PATIENT**

Shea Roufanis

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.

**SPECIES**

Canine

**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.

**BREED**

Labradoodle

**Free Abdomen**

Diffuse lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape), affecting primarily mesenteric and medial iliac lymph nodes. Nodes are hypoechoic with loss of normal parenchymal detail. One presumably enlarged, hypoechoic, heterogeneous lymph node in the mid abdomen measures 5.0 cm in length and can't be definitively differentiated from a possible bowel mass. However, it can't be traced to bowel in these images, and is believed to be more consistent with a lymph node.

**SEX**

Neutered Male

**AGE**

10 Years

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

**WEIGHT**

27 Pounds

**PRIMARY FINDINGS**

- Aggressive lymph nodes diffusely (primarily mesenteric and medial iliac) – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**SECONDARY FINDINGS**

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

New Bridge VP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The top differential for this patient's hypercalcemia, given the lymph node changes in this study, is lymphoma. Recommendations include a fine needle aspirate of the enlarged lymph nodes, as is reportedly pending, followed by (pending results) consultation for therapy with an oncologist.

**REFERRING VET**

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**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

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**INTERPRETED BY**

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DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

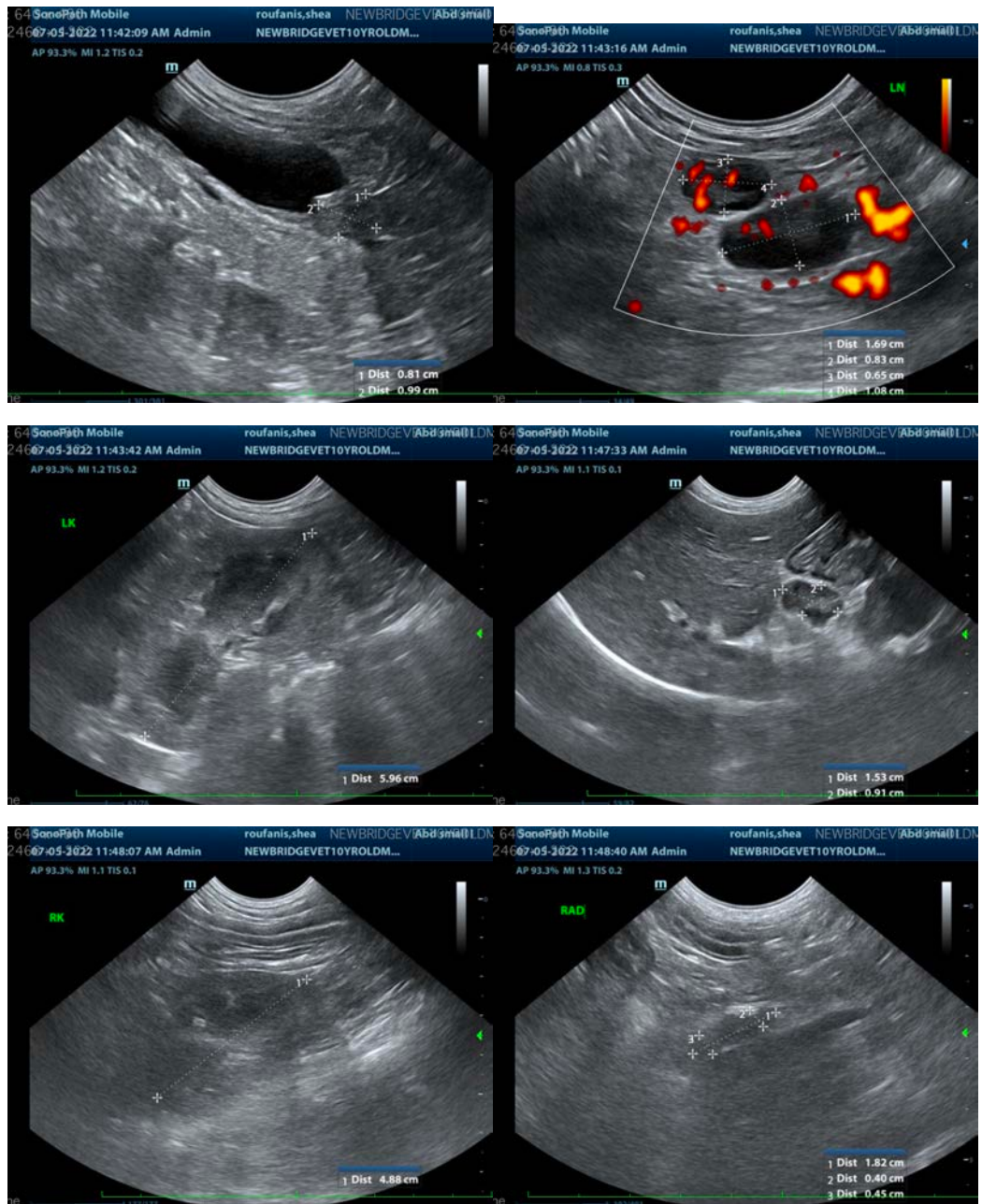
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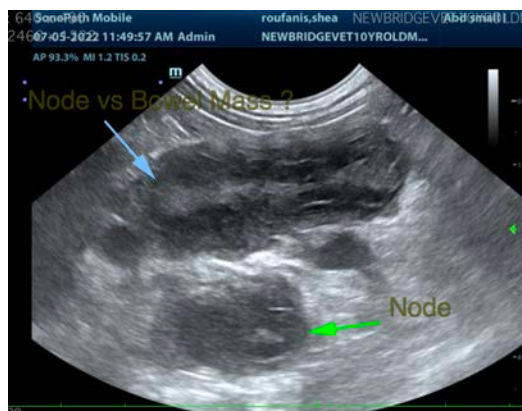
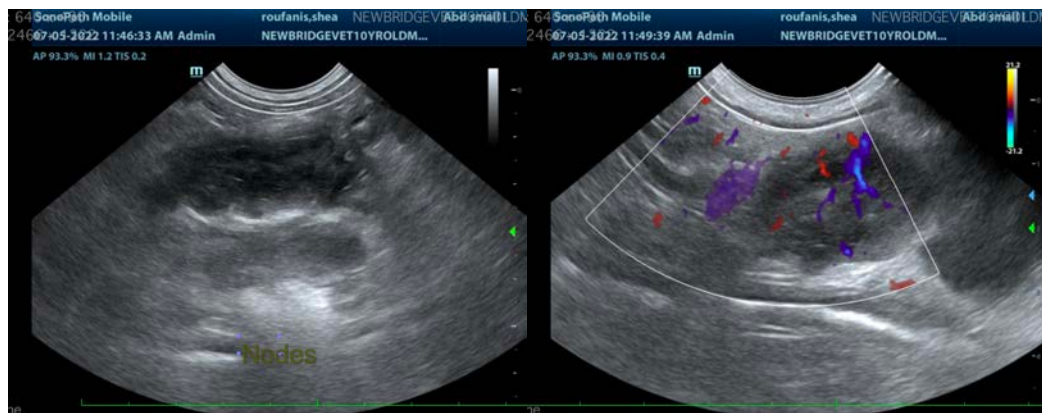
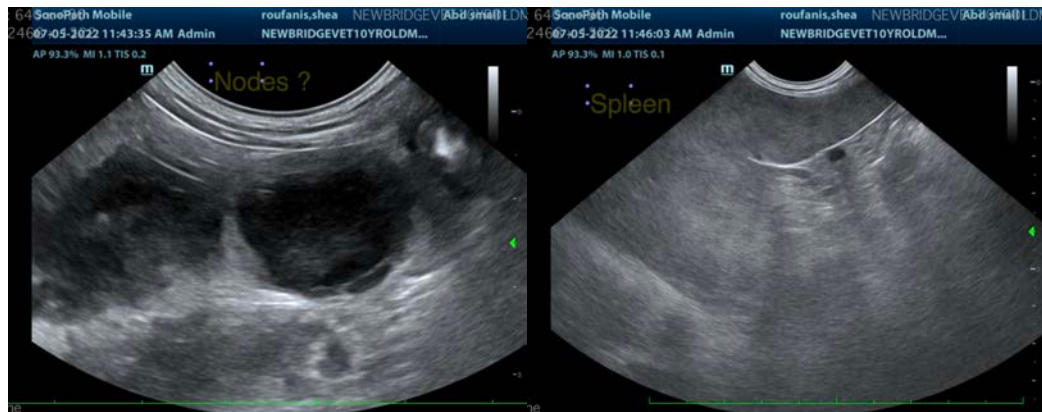
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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