



PATIENT

Shadow Hein

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

11 Years

WEIGHT

81.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Chrissy Krell

INVOICE

40170

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Suspected CCL injury, referred for work up and to see if surgery is a possibility. Blood work revealed increased lymphocytes. Pathologist suggested immunotyping, diagnosis of T Zone Lymphoma. Oncologist consult with IDEXX offered that TPLO could be pursued if x-rays and AUS were stable/unremarkable, no need to initiate chemotherapy for the disease at this time, monitor Lymphocytosis q 2 months, start if over 50K.

Abnormal PE/Chem/CBC/UA Results: PE: Oral: ab grade 2/4 PdZ, tartar present, mild gingivitis MS: ab sore on hind limbs - mising P5 on the RH, notable medial buttress of the LH stifle. Integ: ab noted dry dermatitis over the left medial flank and ventral abdomen, hair regrowth on the more proximal sites, noted thinning hair on the tail (history of hypothyroidism) Chem - wnl CBC - Lymphocytes 9028 Immunotyping: COMMENTS: The majority of the lymphocytes in this patient are T cells that express CD5 and CD3. However, about half of these cells have lost expression of CD45, which is typically expressed on nonneoplastic lymphocytes. Losing expression of CD 45 - is unique subtype of T Zone Lymphoma, "better" type of peripheral lymphocytosis per discussion with oncologist. Thoracic X-rays pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (6.88 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 in size (6.88 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 (3.46 cm long x 1.69 cm at the cranial pole and 1.04 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.75 cm long x 0.52 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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

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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.

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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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Normal unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographically present contraindications to proceeding with the planned surgery.

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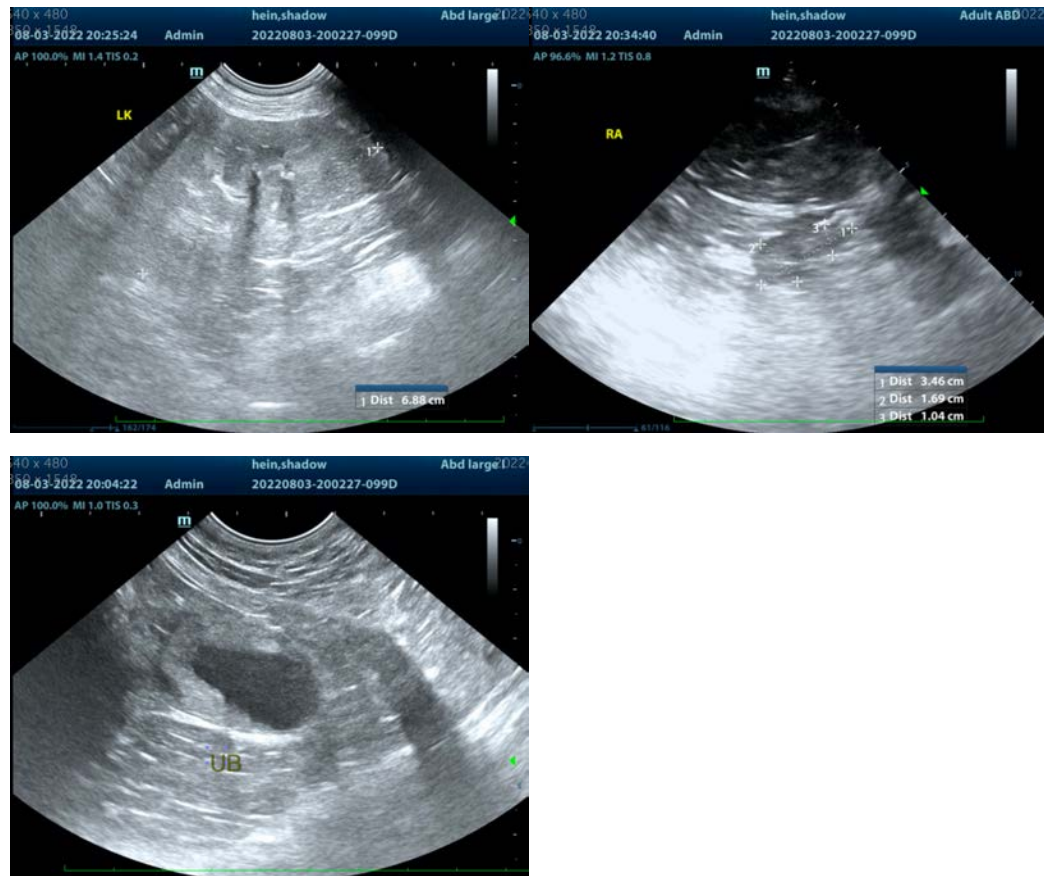
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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