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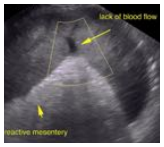
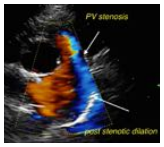
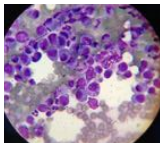
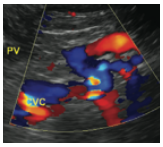
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT

Kodiak Carrier

SPECIES

Canine

BREED

Norwegian Elkhound

SEX

Neutered male

AGE

4 ½ years

WEIGHT

61.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Hartiwck

INVOICE

47831

DATE

4/3/23

PRESENTING CLINICAL SIGNS

History: Staging for oncology consult. Enlarged lymph nodes (submandibular, cervical, and popliteals. Cytology LN: "Acute high grade type Lymphsarcoma". No current meds:. Oncology consult scheduled on 6/22/23.
Abnormal PE/Chem/CBC/UA Results: 6/17/23: CBC: WNL. Superchem: ALT 9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of right kidney was limited. This is commonly related to breed related anatomical positioning. The left kidney measured 6.02 cm and the right kidney measured 5.86 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not definitively visualized, likely due to breed conformation and depth within the abdomen limiting ultrasound evaluation of this area. The left adrenal gland measured 2.07 cm in length, 0.42 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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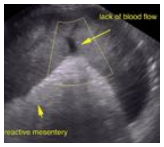
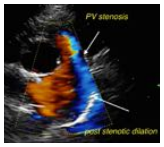
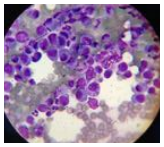
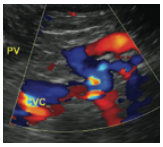

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

The ileac lymph nodes are enlarged and hypoechoic with an irregular capsular surface, with the largest measuring 3.99 x 1.6cm

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Ileac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported lymphoma detected in peripheral lymph nodes, extension into abdominal lymph nodes is the likely reason for abdominal lymphadenopathy. Liver and spleen are grossly normal on ultrasound but extension into these organs cannot be ruled out with visualization alone. Given diagnosis was achieved with peripheral lymph node FNA, the decision to aspirate the enlarged ileac lymph node +/- spleen and liver should be based on recommendation from the veterinary oncologist. If it does not change treatment protocol, it may not be necessary. The oncologist can help determine if cytology of these organs is required for staging and prognosis.

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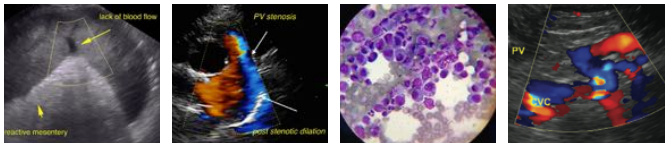

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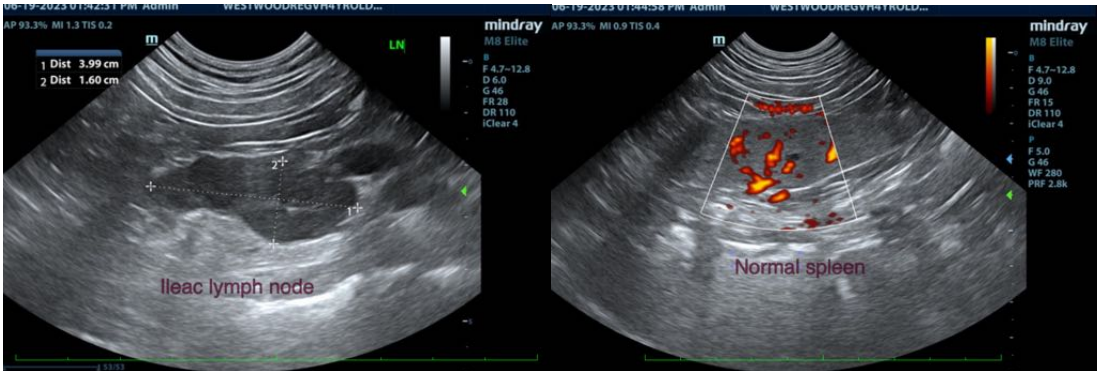

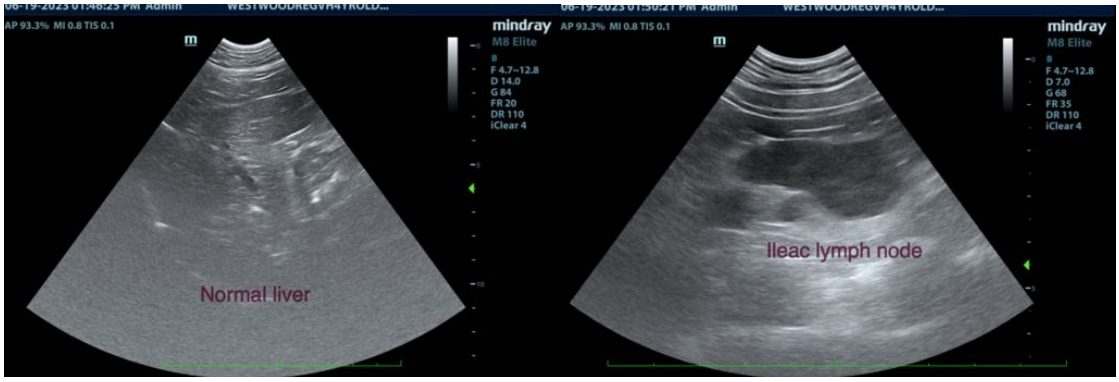

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com