



PATIENT

Sanson Torrellas
Ferrari

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

8 years

WEIGHT

110 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ortiz

INVOICE

42250

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Presented for a recheck focal abdominal u/s of the masses noticed on medial iliac area bilaterally. Last focal was done on 10-12-22. Recheck recommended by oncologist. Previously noticed: heterogenous lymph node is observed on the left side. In addition, a 5.15 x 2.53 cm rounded, heterogenous lymph node is observed on the right side. The mesentery surrounding the nodes is mildly hyperechoic. Another aspirate was done today, but when evaluated the cytology prior to submission it did not exfoliate any major or abnormal cells, but some adipose tissue was present. It was not submitted for pathologist evaluation. As O does not want to pursue exploratory surgery we are monitoring the mass to see if it is growing. Please compared to the previous 2 abdominal ultrasound studies.

Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur grade 3/6 Previous FNA results from Nov 2022. FNA cytology: The evaluated scans are of low cellularity and good quality. The evaluated scans contain rare aggregates of well-differentiated adipocytes admixed with a moderate amount of blood and proportional leukocytes on a lightly basophilic background that contains rare ruptured cells. No atypical cells, lymphoid tissue, or microorganisms are identified. Scant adipose tissue with blood, otherwise open due to low cellularity. There is no overt evidence of lymphoid tissue, malignancy, or inflammation on these scans. Low cellularity slides from a lymph node can result from a cystic or edematous lymph node or, potentially, aspiration of omental fat surrounding the node. Respiration can be considered however histopathology may ultimately be required to obtain a diagnostic sample.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

12 still images and 15 videos submitted

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The right **kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm. The left kidney was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour and slightly heterogenous. The spleen may have early involvement of the metastatic process.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The visible **gastrointestinal tract** was unremarkable. A mass measuring 4.7 x 4.3 cm was noted and appeared to be in the mesenteric root. This is likely lymph node origin.

Pancreas

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

Free Abdomen

The visible iliac lymph nodes were unremarkable.

ULTRASONOGRAPHIC FINDINGS

Mesenteric lymph node mass. Suspect neoplasia, round cell or metastatic disease.

Minor, heterogenous splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed without complication. Treatment should be based on cytology results. Chronic lymphadenitis versus pre-neoplastic or early neoplastic round cell neoplasia are the primary differentials. Splenic FNA is warranted to assess for similar pathology.



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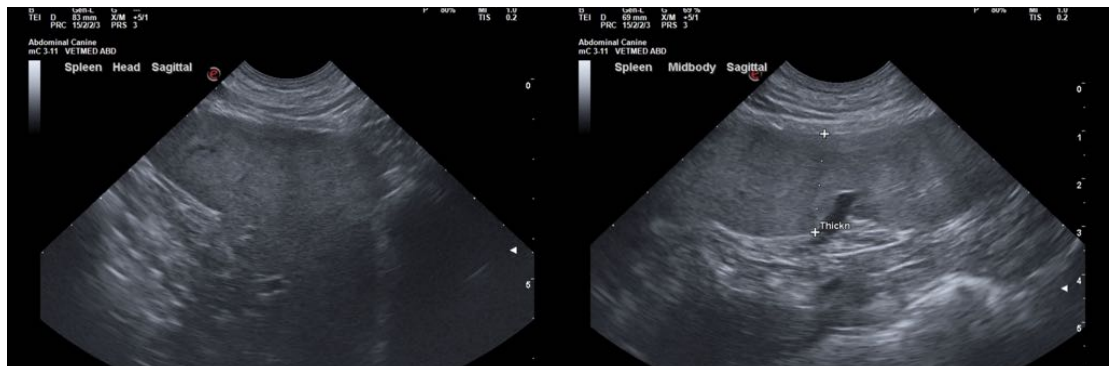
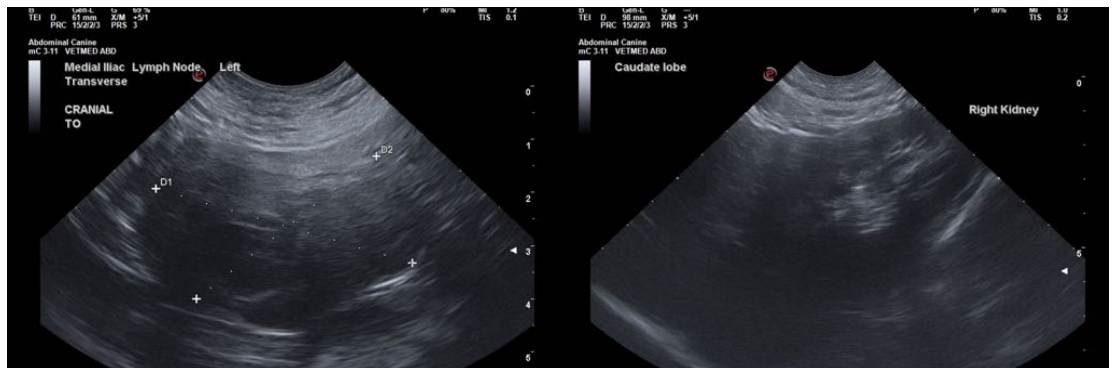
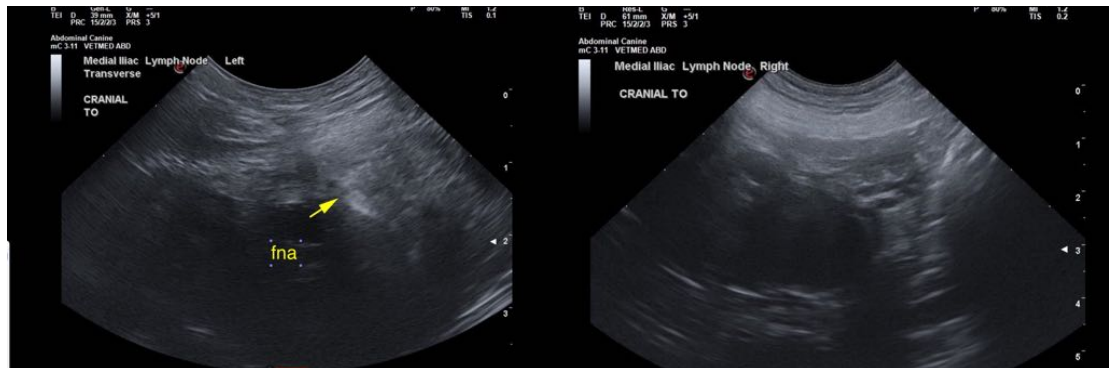
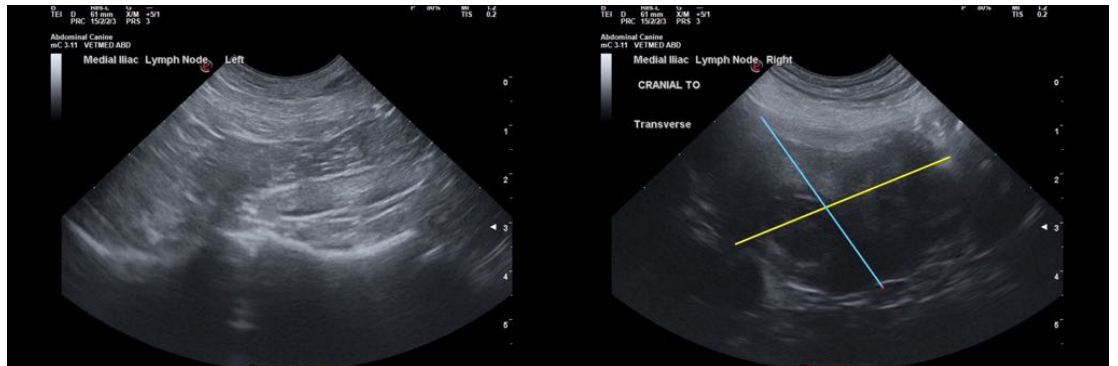
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com