



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Simon Hanson

SPECIES
Canine

Noted changes end of October, some coughing and then snoring. Protruding anal tissue developed later, no issues passing stool. Over Christmas he began coughing more, producing mucous. This progressed to some frank blood. Still eating normal, no other concerns. Patient tested for a number of things, found increased abdominal and peripheral lymph nodes, Anaplasmosis + on 4Dx, increased WBCs on CBC with a UTI and struvite crystalluria. Started Enrofloxacin and doxycycline. Owner reported this week the coughing has improved, not eating, did vomit - advised to d/c the doxycycline.

BREED
Corgi

SEX
Neutered Male

AGE
7 Years

Abnormal PE/Chem/CBC/UA Results: PE: peripheral lymphadenopathy, tartar and gingivitis - noted 3 small sores/masses? in the mouth and on the palate by 108. Small rectal prolapse (improved bloody discharge but still very thickened). Noted red rash on the abdomen and thorax during clipping for US 12/28 CBC: WBC 27.17K, Neut 18.65K, L 5.74K, Mono 2.4K Chem: SDMA 17 Pt/PTT - normal 4Dx - Ap + IDEXX Tick PCR - negative UA: bacteruria, hematuria and pyuria (free cath), struvite crystalluria, non-squams 1-2/hpf, protein 30 mg/dL Urine Culture: Staph. pseudintermedis 50-100K, susceptible to Enro (and lots of others). FNA of peripheral lymph nodes: Lymphoid hyperplasia PARR pending. 1/5/22 Blastomycosis (Miravista) pending CBC: WBC 19.27K, Lym 5.38K, Mono 1.65K Manual cytology: pending Recheck UA: neg bacteria, neg crystals, RBC and WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT
39 Pounds

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.6 cm. The left kidney measured 5.65 cm with slight pyelectasia noted.

Adrenal Glands

IMAGING PERFORMED BY
Dr. Chrissy Krell

HOSPITAL NAME
Paws & Prairie AC

Both **adrenal glands** were 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 left adrenal gland measured 2.03 cm x 0.58 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 2.46 cm x 0.47 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

REFERRING VET
Dr. Chrissy Krell

The **spleen** was enlarged with reticular pattern and swollen contour. Hypoechoic parenchyma.

Liver

INVOICE
44014

The **liver** was swollen, irregular in contour. Hepatic lymph nodes were enlarged and rounded up to 2.0 cm. The gallbladder was unremarkable.

Gastrointestinal

DATE
1/5/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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.

BREED

Corgi

Free Abdomen

Iliac lymph nodes were mildly enlarged, hypoechoic, rounded and irregular. FNA indicated. The largest node measured 1.5 cm x 1.0 cm.

SEX

Neutered Male

The mesenteric and cranial abdominal **lymph nodes** presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

AGE

7 Years

Reactive mesentery noted in the cranial abdomen associated with the lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Multifocal infiltrative pattern involving iliac lymph nodes, spleen, liver, multiple cranial abdominal lymph nodes – round cell neoplasia/lymphoma likely.

WEIGHT

39 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the accessible lymph nodes, spleen and liver indicated to confirm. Immediate chemotherapeutic intervention recommended. Chest radiographs warranted to assess for metastasis/comorbidity.

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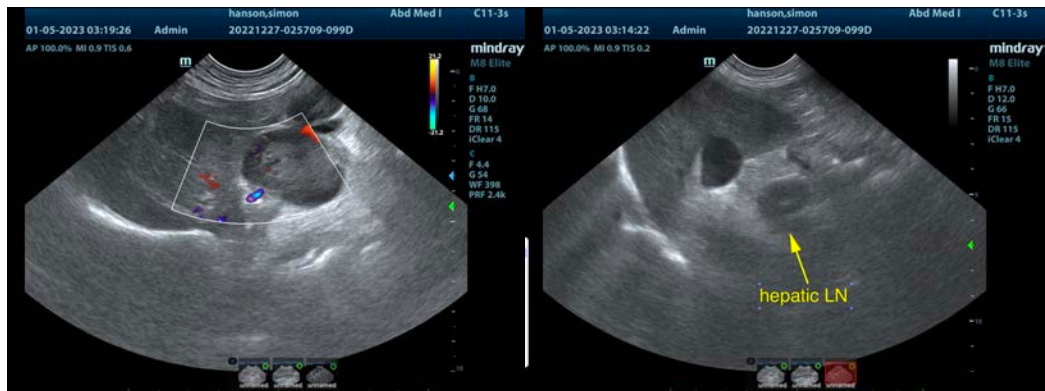
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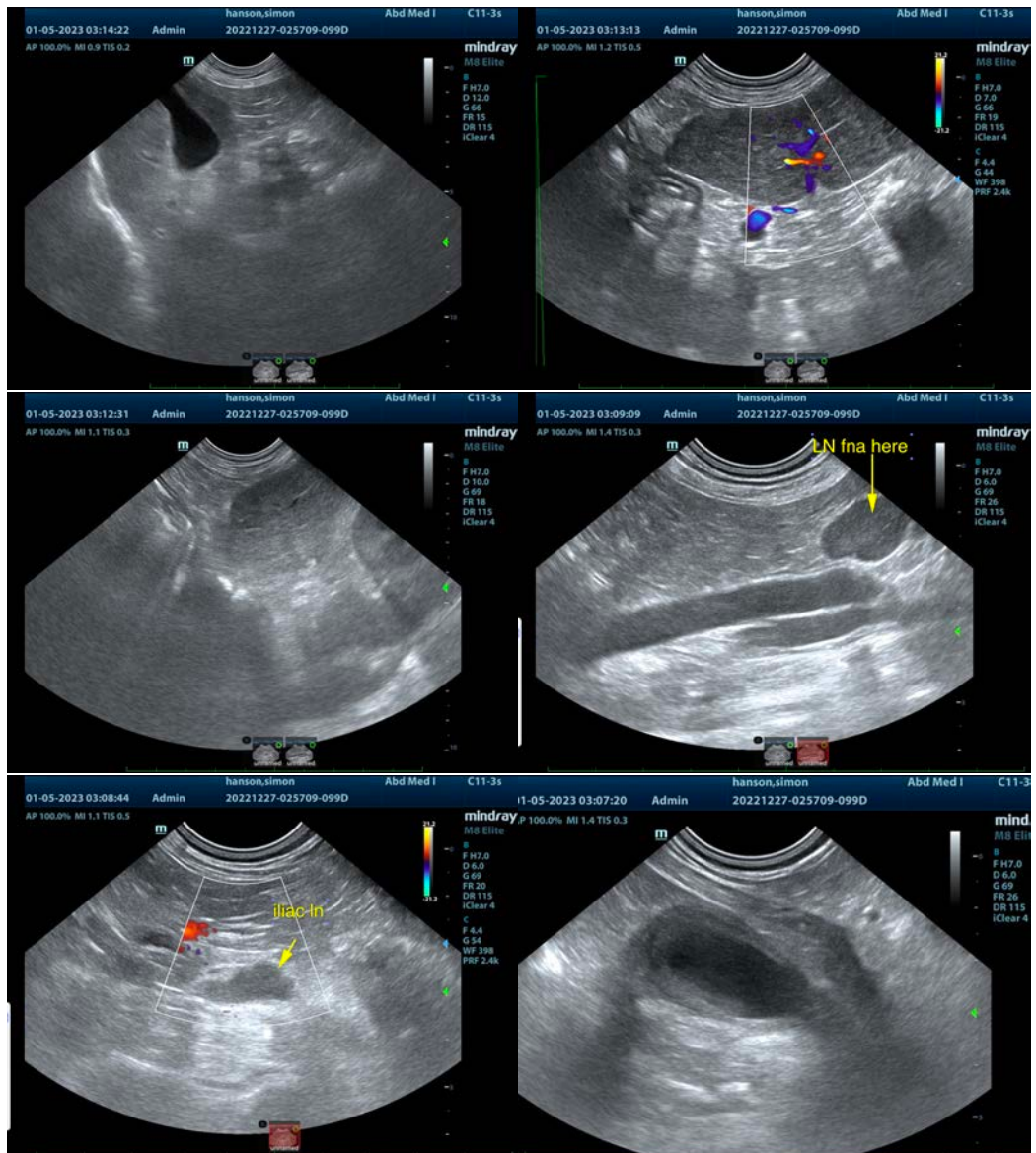
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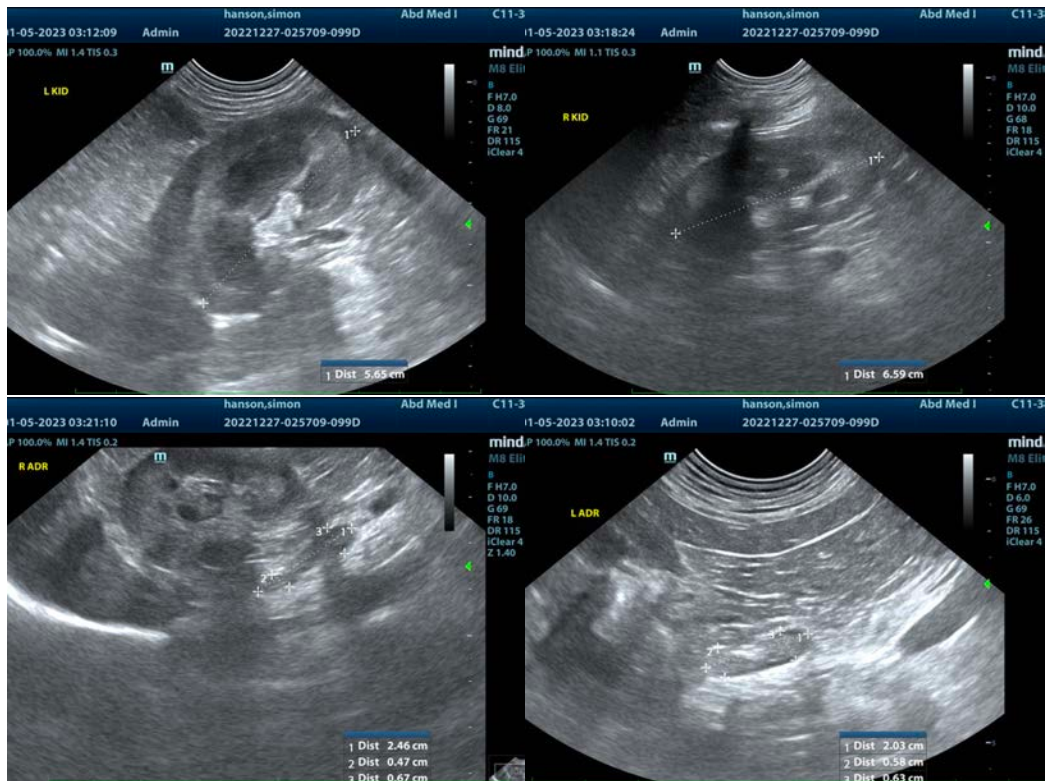
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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