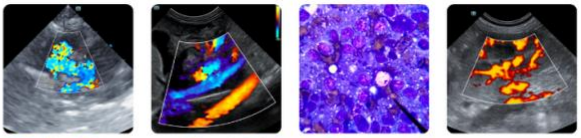

PATIENT

Chester Pearl

SPECIES

Canine

BREED

Fox Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

23.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

35225

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Generalized lymphadenopathy. Clinical Findings: Submand, inguinal, popliteal and distended abdomen. weight loss, R/o lymphoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a moderate change.

The **kidneys** were swollen and mildly irregular in contour with loss of corticomedullary definition. The right kidney measured 6.5 cm. The left kidney measured 5.77 cm. Given the global presentation of the abdomen, I'm concerned for renal involvement.

Adrenal Glands

Both **adrenal glands** were swollen. The left adrenal gland measured 2.34 cm x 0.77 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland was nodular. The right adrenal gland measured 2.33 cm x 1.3 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

The **spleen** was enlarged and irregular with micronodular changes and regional lymphadenopathy. Reactive mesentery was noted.

Liver

The **liver** was swollen with coarse architecture, increased portal markings, and heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable. Pleural effusion was noted through the diaphragm.

Gastrointestinal

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

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.

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Free Abdomen

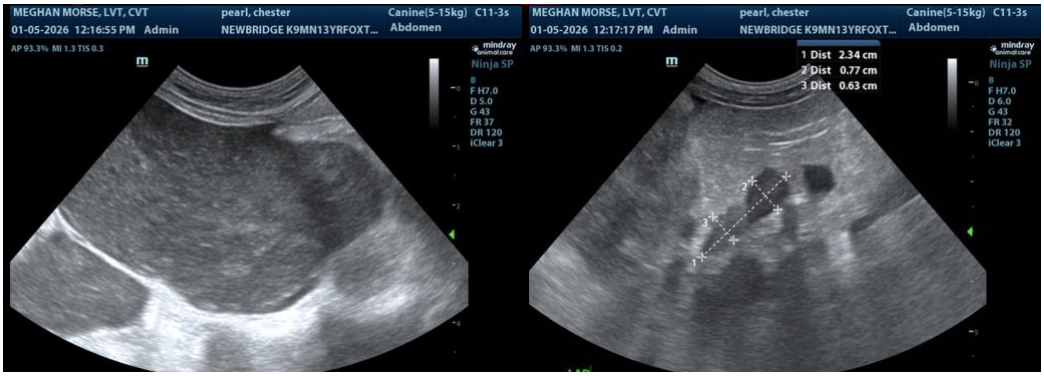
Multifocal **lymph node masses** were noted in this patient, measuring up to 5.0 cm. Reactive mesentery was noted. Free fluid was noted owing to lymphatic obstruction.

ULTRASONOGRAPHIC FINDINGS

- Aggressive multifocal abdominal round cell neoplasia
- Multifocal lymph node masses, reactive mesentery, and free fluid
- Swollen irregular kidneys- given the global presentation of the abdomen, I'm concerned for renal involvement.
- Swollen adrenal glands with nodular right adrenal- given the global presentation, adrenal metastatic disease is possible.
- Enlarged irregular spleen with micronodular changes
- Swollen liver with heterogenous parenchymal changes
- Urinary bladder debris
- Pleural effusion through the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, liver, and lymph and nodes with immediate chemotherapeutic intervention is recommended, however, given the extent and the aggressiveness of the pathology, prognosis long term is poor, especially given the probable dual cavity involvement.



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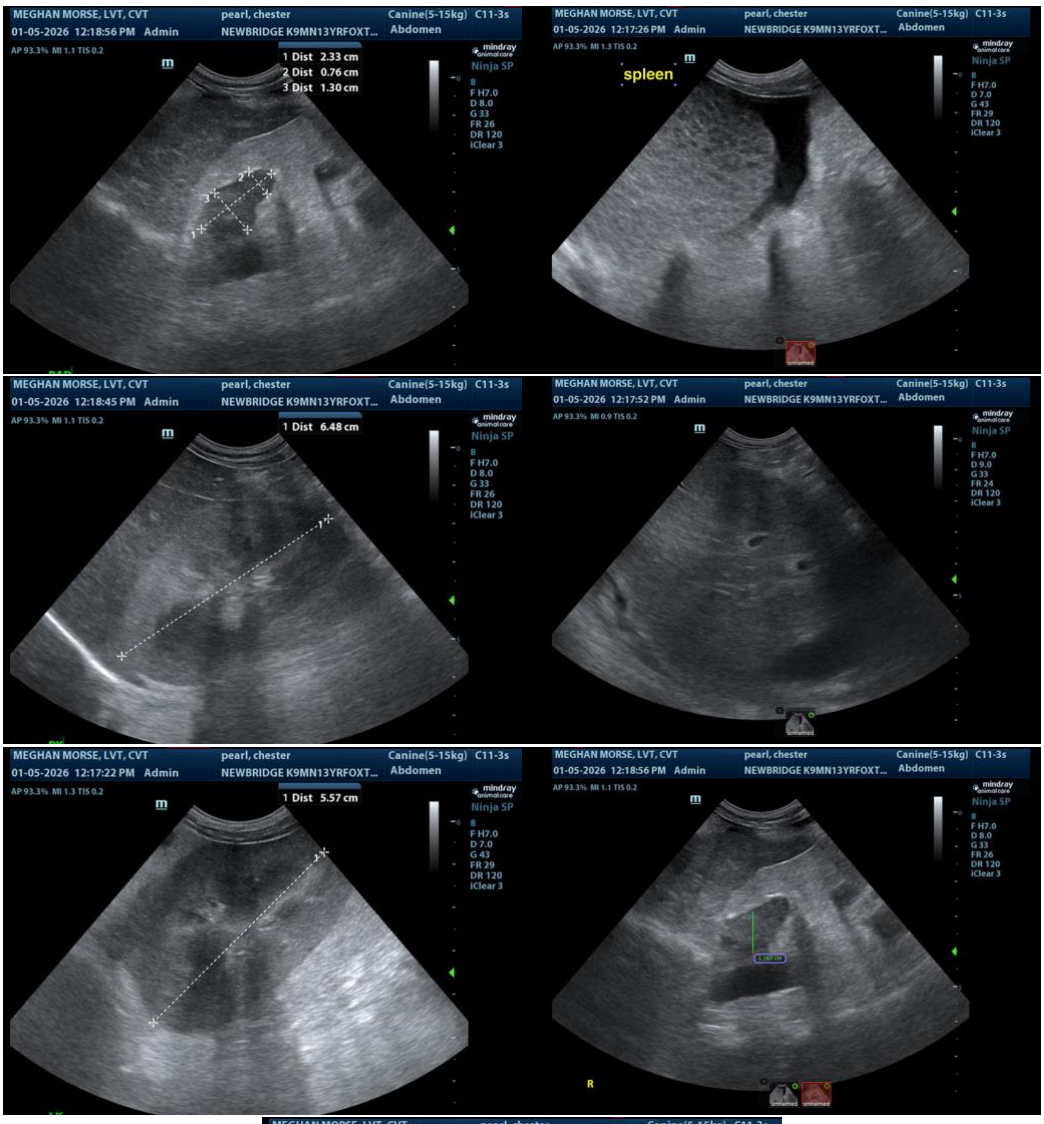
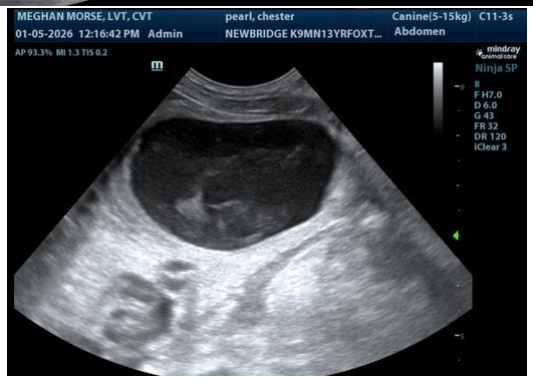
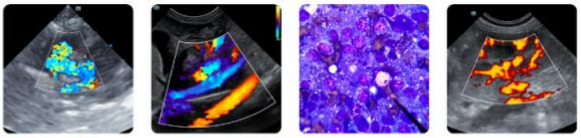




The information and recommendations provided are based on the images presented by the



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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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com