

**DATE PRESENTING CLINICAL SIGNS**

10/1/21

PATIENT

Anya Kalinowski

History: Not feeling well last week. Grade II/VI murmur (known mitral regurg) . Elevated lymphocyte count on CBC (12,400). Clin path review consistent with leukemic phase of lymphoma or lymphoid leukemia. Previously had an echo for mild mitral regurgitation.
 Current Medications: None.

SPECIES

Canine

Lab Results: Lymphocytes = 12,400/uL

Date of Previous IntraPet Ultrasound: 10/13/2020 echo and 9/18/2020 Intrapet abdominal scan at Animal Emergency Hospital.

Sedation: Not needed.

BREED

Rottweiler

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 were noted. Ureteral papillae were normal.

AGE

2013

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.01 cm. The left kidney measured 8.15 cm.

WEIGHT

100 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

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 right adrenal gland measured 3.02 cm x 0.81 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland measured 3.38 cm x 0.66 cm at the caudal pole and 0.6 cm at the cranial pole.

HOSPITAL NAME

Hickory VH

SpleenThe **spleen** was enlarged with scalloping contour and heterogeneous nodular changes.**REFERRING VET**

Dr. Silcox

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

13449

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.

Free Abdomen

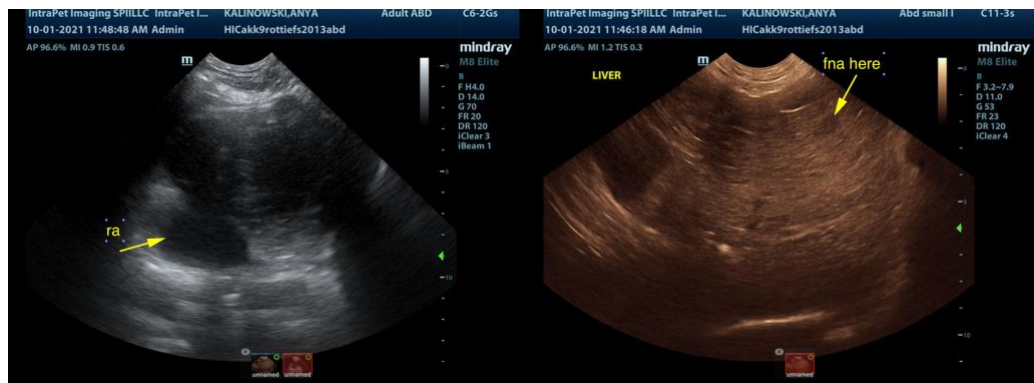
An iliac **lymph node** (3.58 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

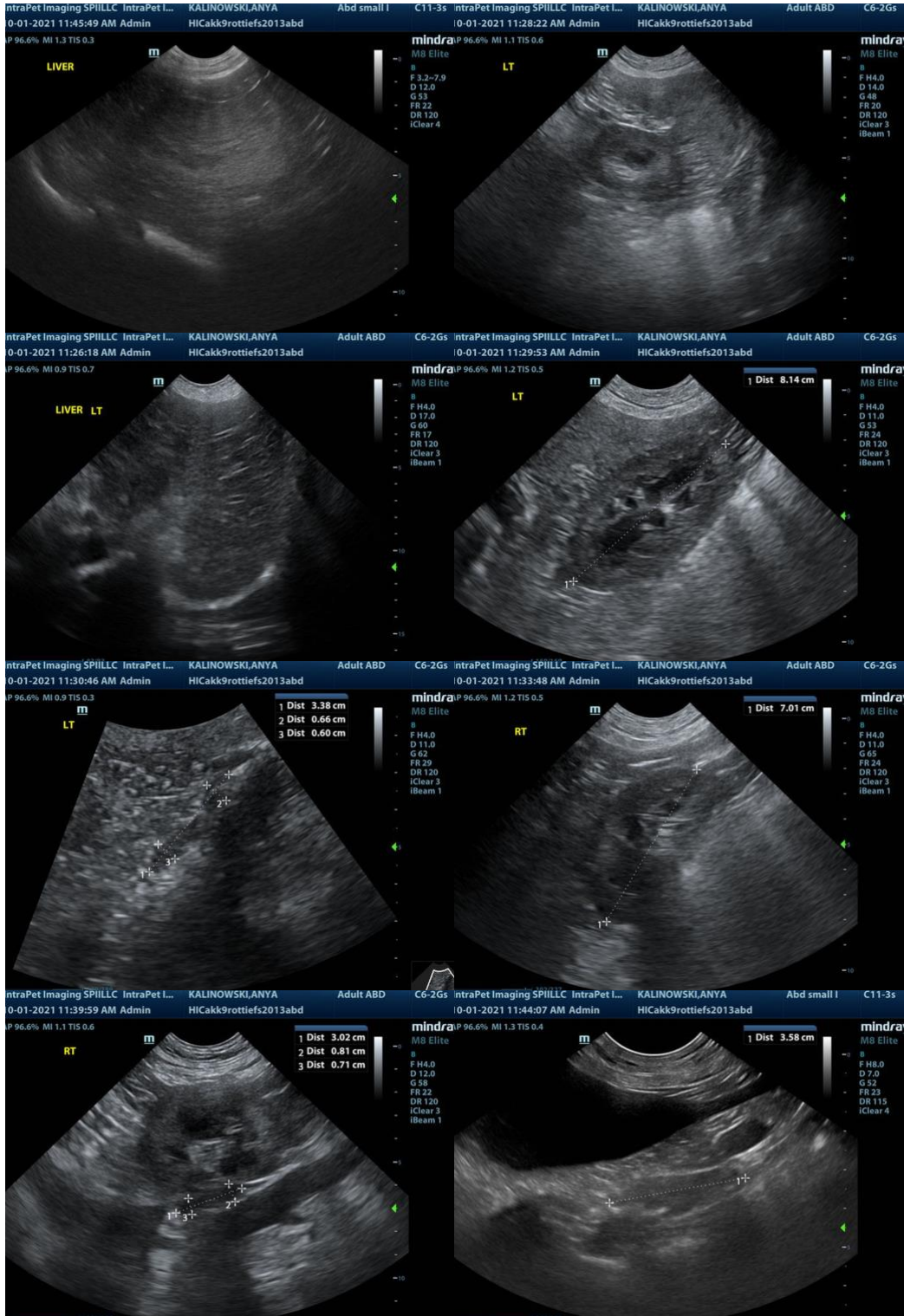
ULTRASONOGRAPHIC FINDINGS

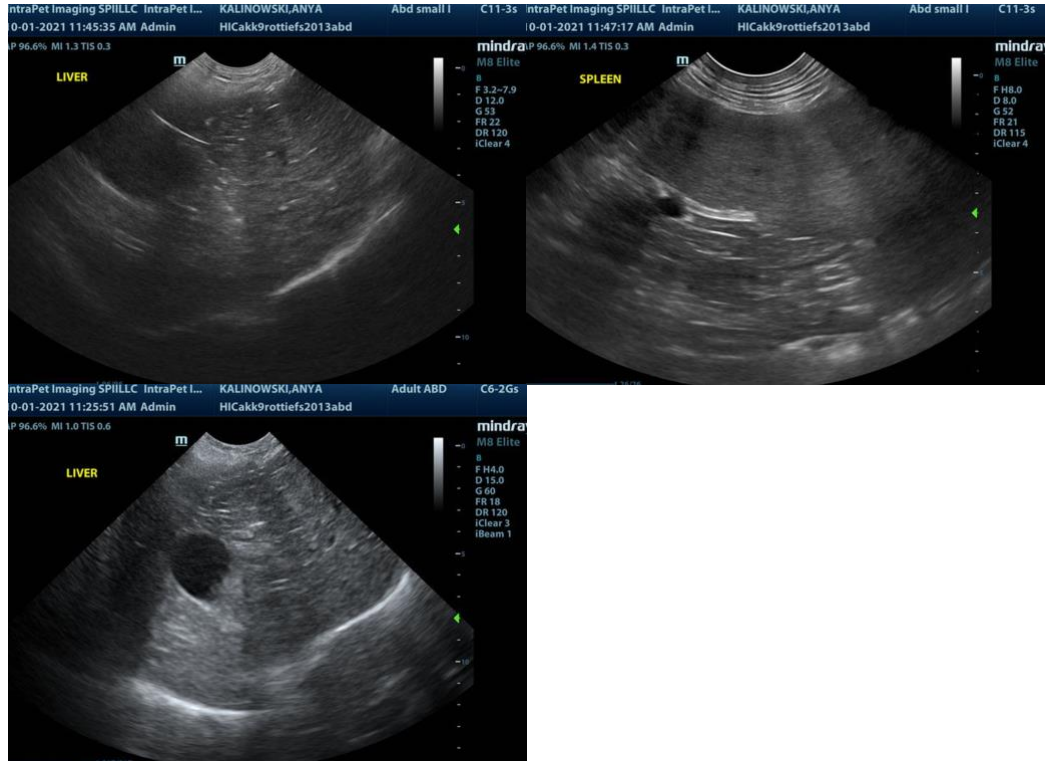
- Hepatic remodeling
- Persistent splenic enlargement with heterogeneous nodular changes
- Minor iliac lymphadenopathy
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients' recent progression of lymphocytosis, I recommend screening FNA of the spleen and liver with CBC path review +/- PCR evaluation for round cell neoplasia especially if any weight loss is an issue. Pronounced nodular hyperplasia and hepatic remodeling possible, however, I am concerned about the systemic lymphocytosis in light of this presentation. However, no significant progression from the prior sonogram is evident.







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