



**PATIENT**

Rudy Boychuk

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

36 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Katz

**INVOICE**

26781

**DATE**

10/30/21

**PRESENTING CLINICAL SIGNS**

Patient anorexic vomiting, painful cranial abdomen, patient has monocytosis lymphocytosis as part of a severe leukocytosis. neutrophils are normal. Mediastinal mass seen on chest x ray. There are 2 separate submissions 40 images for the abdominal scan and 6 images for the mediastinal mass seen. 46 images total.

39 still images and 1 video submitted.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 0.92 cm.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm.

**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 0.54 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 0.62 cm at the caudal pole and 0.4 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour.

**Liver**

The **liver** presented minor increased portal markings. The gallbladder was edematous and present a minor amount of debris without overdistention

**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**

Minor heterogeneous changes noted in the **pancreas**.

**Free Abdomen**

A reactive sublumbar lymph node was noted, measuring 0.87 cm. Slight mesenteric lymphadenopathy noted up to 1.0 cm, slightly rounded.



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**Other**

The cranial mediastinum in this patient revealed a 5.4 cm x 2.8 cm hypoechoic mass deriving from the cranial mediastinal lymph nodes. Regional inflammation noted. This appeared clearly separate from the heart. The heart revealed normal volume and contractility subjectively.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor mesenteric lymphadenopathy
- Cholangitis/cholangiohepatitis liver pattern
- Cranial mediastinal lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA indicated. Suspect round cell neoplasia (systemic and cranial mediastinal).

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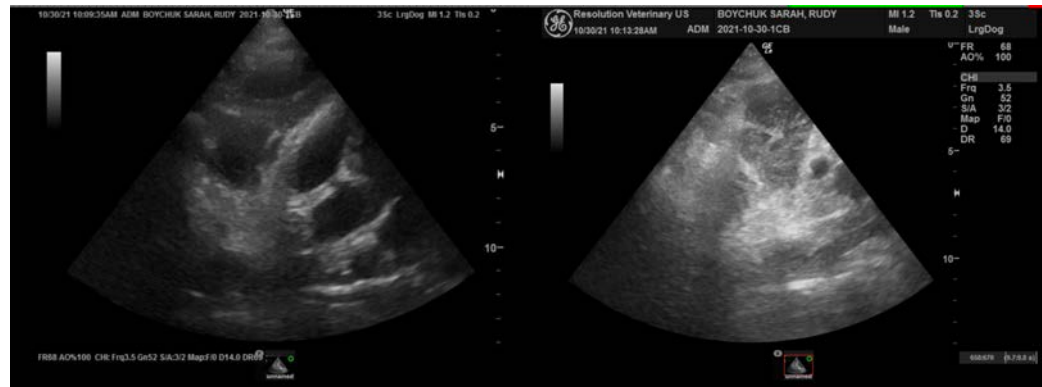
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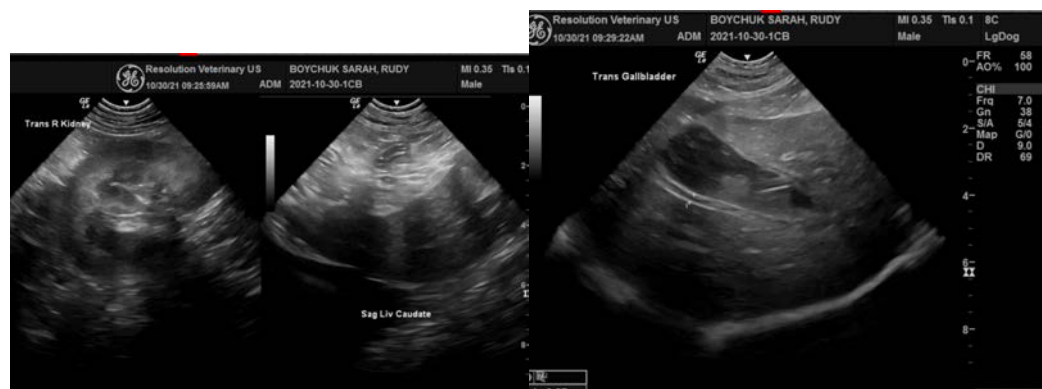
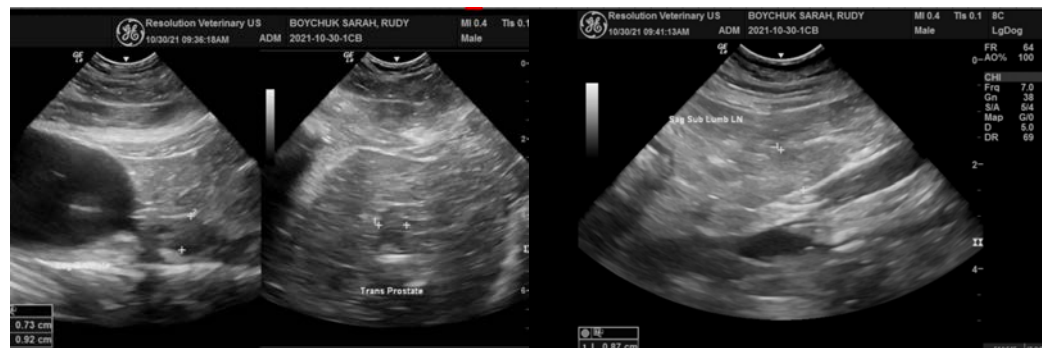
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)