

PATIENT

Ruby Nguyen

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

5 years

WEIGHT

78.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Heritage AH

REFERRING VET

Dr. Jarrett

INVOICE

92142

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Seen over the weekend for vomiting twice. ADR. Now completely inappetent. Getting IV fluids, Denamarin, metronidazole, amoxicillin, mirtazapine Still not eating.
ALT 986, AST 215, ALP 664, GGT 16, Tbili 1.9

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 was noted. Ureteral papillae were normal.

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 7.45 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 2.51 x 0.44 cm at the caudal pole and 0.5 cm at the cranial pole. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

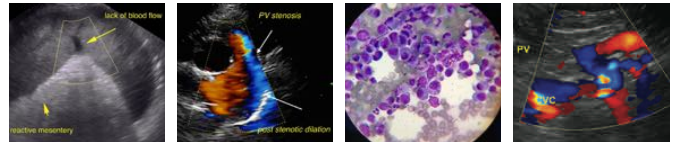
The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was swollen. Aortic trifurcation revealed iliac lymphadenopathy at 4.4 x 1.54 cm. Lobar swelling was noted in various areas of the liver. The gallbladder was bright and echogenic.

Gastrointestinal

The **gastrointestinal tract** revealed minor, variable gastrointestinal thickening. Regional lymphadenopathy is also present. Jejunal lymph nodes are enlarged, hypoechoic and irregular. The lymph nodes measured 6.65 x 1.73 cm.



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Pancreas

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The **pancreas** revealed mixed echogenic changes in the right limb. Secondary inflammation extending to the pancreas is likely. This is not a primary issue.

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Free Abdomen

Reactive mesentery was noted throughout the cranial abdomen owing to various infiltrative patterns regarding the spleen and liver. A slight amount of free fluid was noted adjacent to the liver. This is likely owing to lymphatic obstruction.

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ULTRASONOGRAPHIC FINDINGS

Hepatosplenic infiltrative pattern with multi-focal, lymphadenopathy including hepatic lymphadenopathy, secondary inflammation.

AGE

5 years

Gastrointestinal thickening, minor.

Secondary inflammation is likely extending to the pancreas, not a primary issue.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver and accessible lymph nodes is all indicated to confirm the suspicion of round cell neoplasia. This is particularly an aggressive presentation. Immediate chemotherapeutic intervention is recommended. Chest radiographs are warranted to assess for concurrent thoracic pathology. The prognosis is poor long term; however, the patient may have some response to chemotherapeutic intervention.

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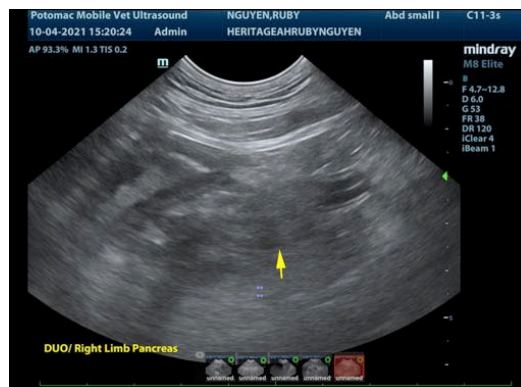
Dr. Jarrett

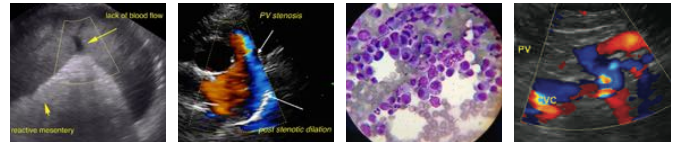
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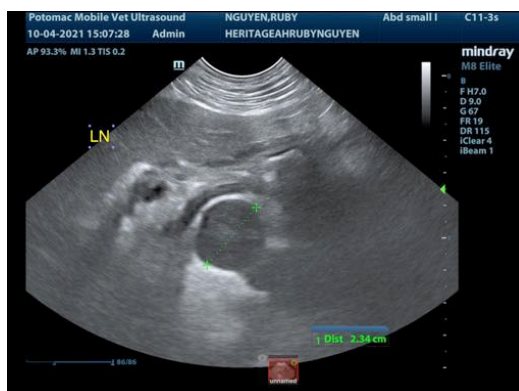
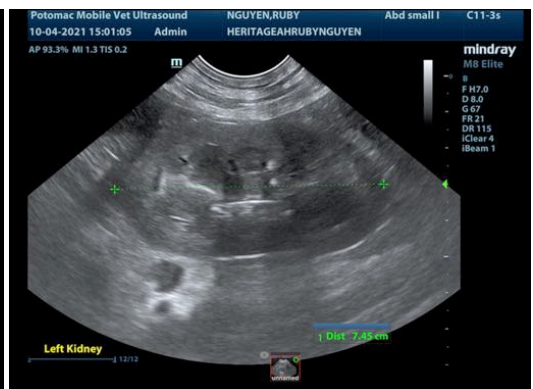
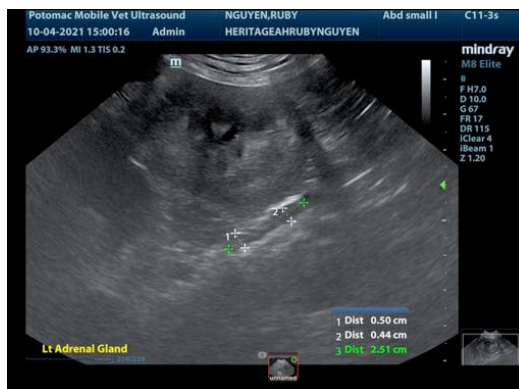
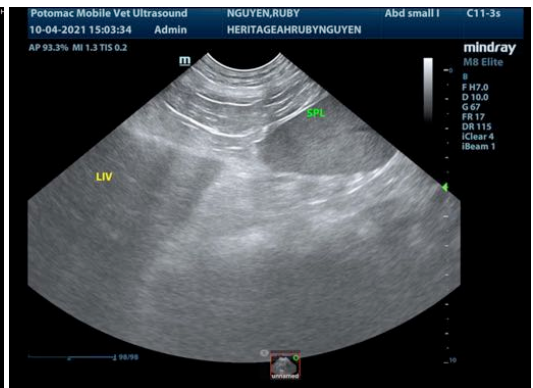
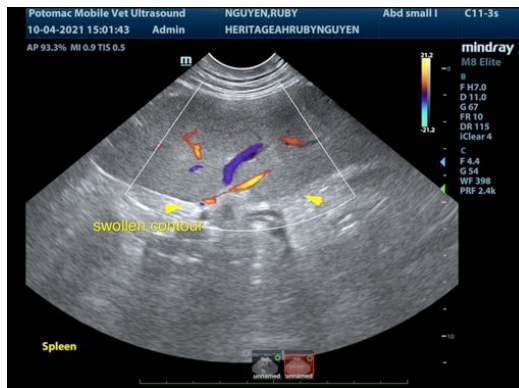
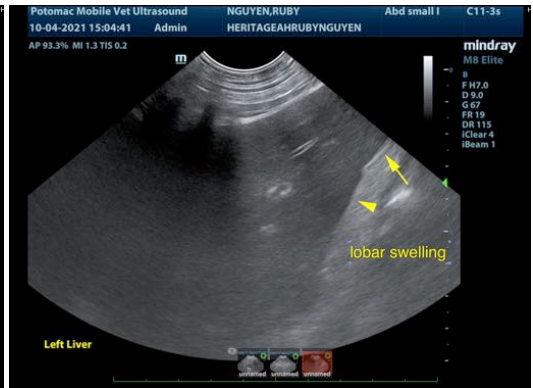
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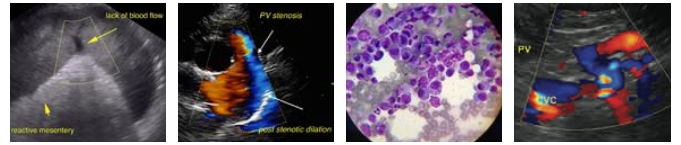
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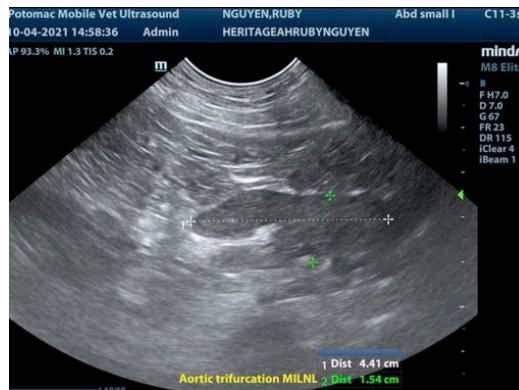
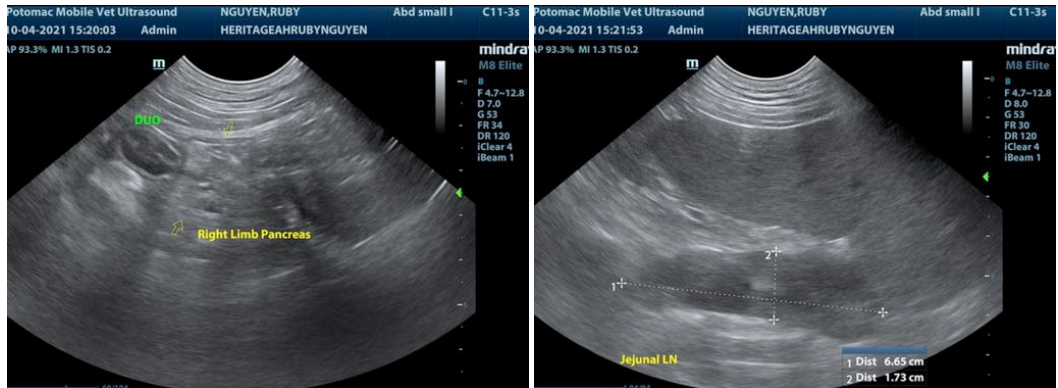
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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