



PATIENT

Sheba McGlew

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

7 Years

WEIGHT

75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

17609

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Diarrhea, decreased albumin. Current meds: Metronidazole 500mg bid

Abnormal PE/Chem/CBC/UA Results: Albumin 1.8, Amylase 1397, Cpk 1581, wbc 17,900 (PMN's = 15, 394) u/a-usg 1.030, bili 2+

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 **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 6.91 cm. The right kidney measured 6.6 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 3.20 cm x 1.18 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 3.92 cm x 0.67 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule, measuring 0.94 cm x 0.89 cm in the mid body.

Liver

The **liver** presented increased portal markings and heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. A minor amount of stasis was noted in the cecum and colon. Some reactive mesentery was noted. One portion of intestine in particular was thickened, measuring up to 1.0 cm in wall thickness with some loss of mural detail.

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.

SPECIES

Canine

Free Abdomen

A sublumbar **lymph node** was enlarged and hypoechoic with enhanced surrounding mesentery, strongly suggestive for infiltrative disease, measuring 4.5 cm x 2.15 cm.

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The mesenteric **lymph nodes** were enlarged, hypoechoic, irregular and peripherally inflamed.

SEX

Spayed Female

- Sublumbar and mesenteric lymphadenopathy
- Concerning splenic nodule
- Increased portal markings in the liver
- IBD pattern

AGE

7 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric lymphoma pattern involving the lymph nodes, likely spleen and possibly liver and GI tract at an early phase. FNA of the lymph nodes, spleen and liver indicated with immediate chemotherapeutic intervention. Chest radiographs with focus on cranial mediastinum indicated.

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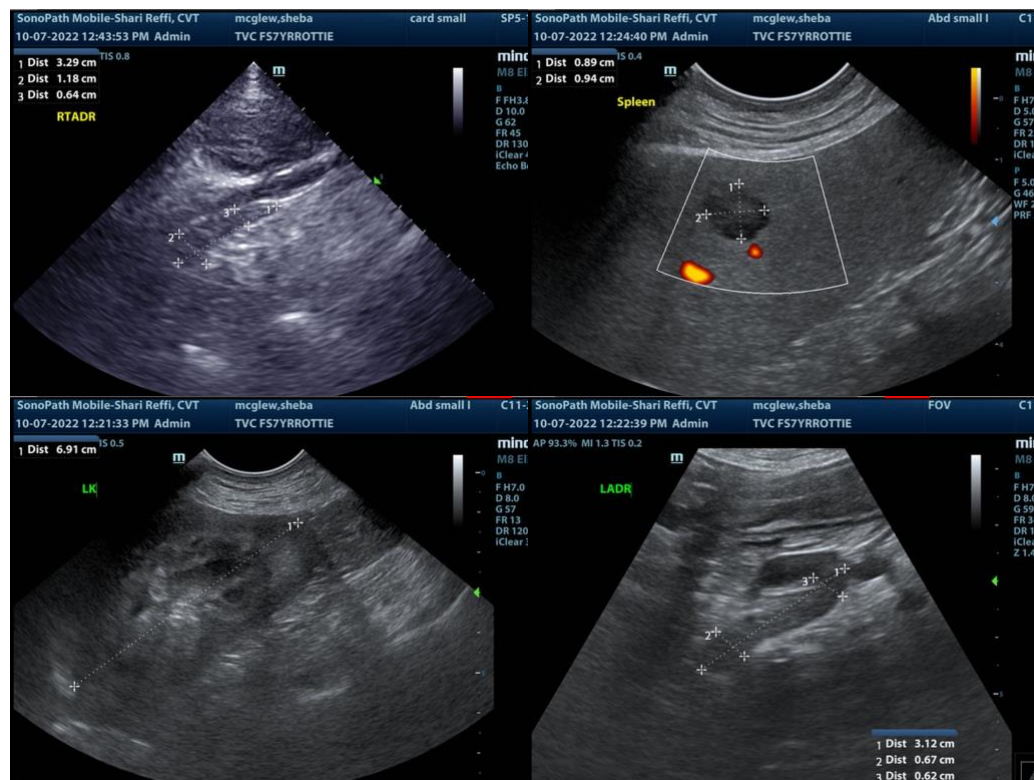
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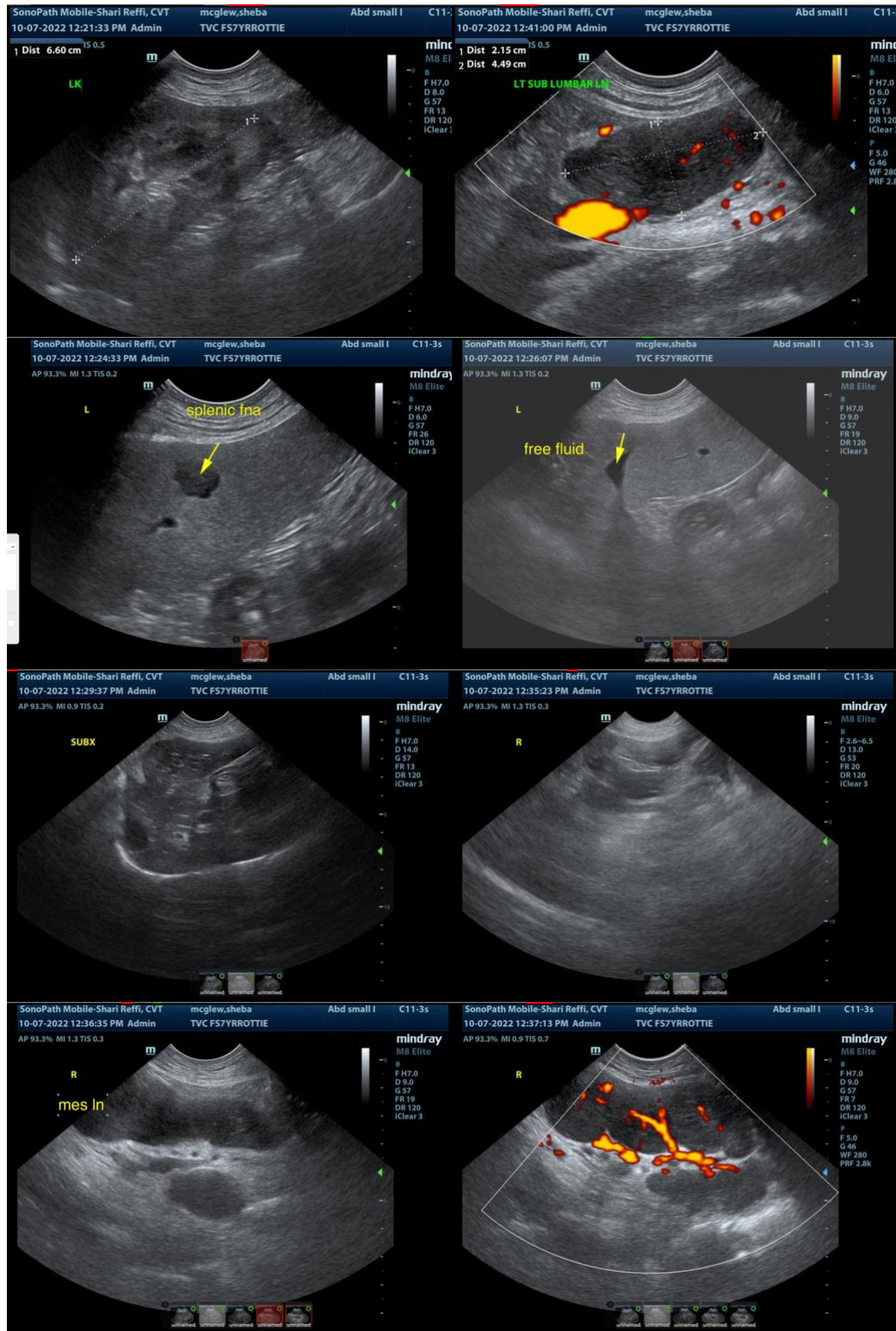
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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