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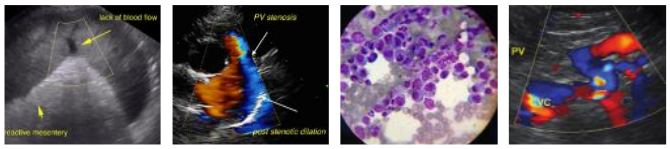
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Don Henley Buono

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

5 Years

WEIGHT

92.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal General

REFERRING VET

Dr. Castimore

INVOICE

12534

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: intermittent anorexia and lethargy for the past 60 days; vomited today; low platelet count; icteric. Had been on course of doxy, reglen, pred 45 days ago

Abnormal PE/Chem/CBC/UA Results: HCT 25.8%, RBCs 4.05 low, HGB 9.1 low; platelets 15 K/ul (148-484), elevated monocytes, WBC 15.5,

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. The bladder was overdistended. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was was slightly dilated and tapering yet no overt obstruction noted to the level of 1.0 cm past the post prostatic urethra. Catheterization recommended given the overdistention. The residual prostate measured 1.0 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 7.64 cm. The right kidney measured 7.23 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 left adrenal gland measured 3.06 cm x 0.58 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 3.41 cm x 0.62 cm at the caudal pole and 1.22 cm at the cranial pole.

Spleen

The **spleen** was enlarged with scalloping contour. Lacey micronodular changes with enhanced surrounding mesentery and localized free fluid noted.

Liver

The **liver** was swollen with increased portal markings. Severe hepatomegaly noted. Diaphragmatic deviation noted. Hepatic lymphadenopathy present. Compressed gallbladder owing to parenchymal impingement.

Gastrointestinal

Some **gastric** stasis was present. The small intestine and colon were unremarkable.

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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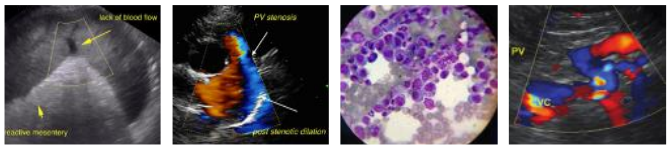

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Free Abdomen

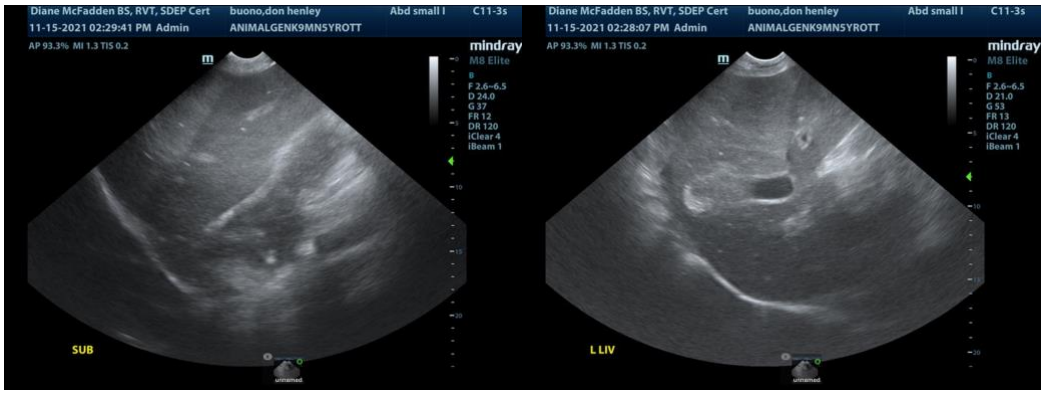
Free fluid noted in the cranial **abdomen**.

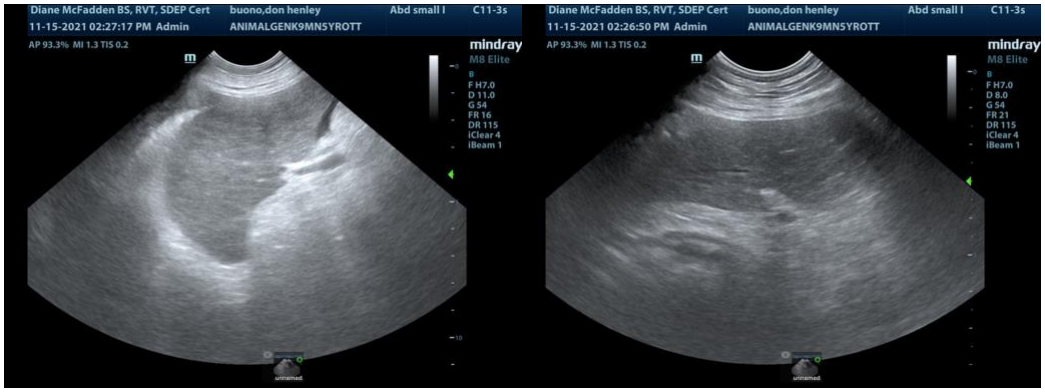
ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenohepatic pattern, round cell neoplasia suspected
- Free fluid in the cranial abdomen
- Gastric stasis
- Overdistended urinary bladder- catheterization recommended
- Pelvic urethra slightly dilated

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver recommended to confirm strong suspicion of round cell neoplasia/lymphoma.





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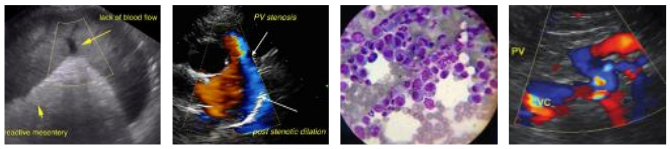

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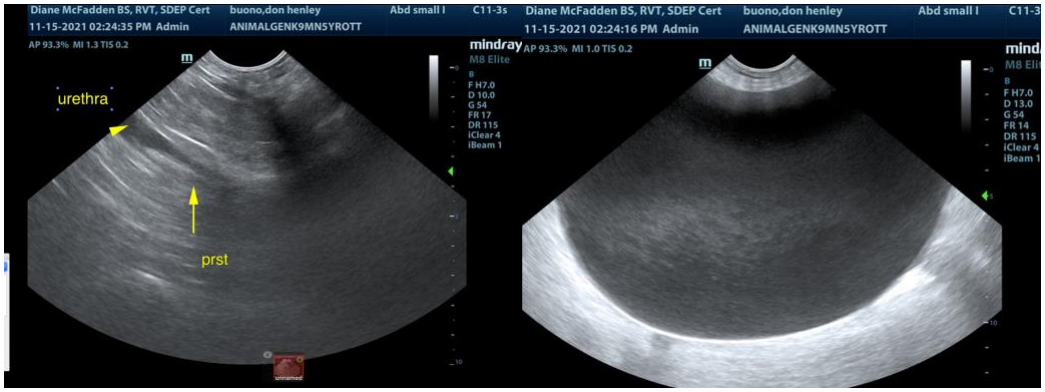

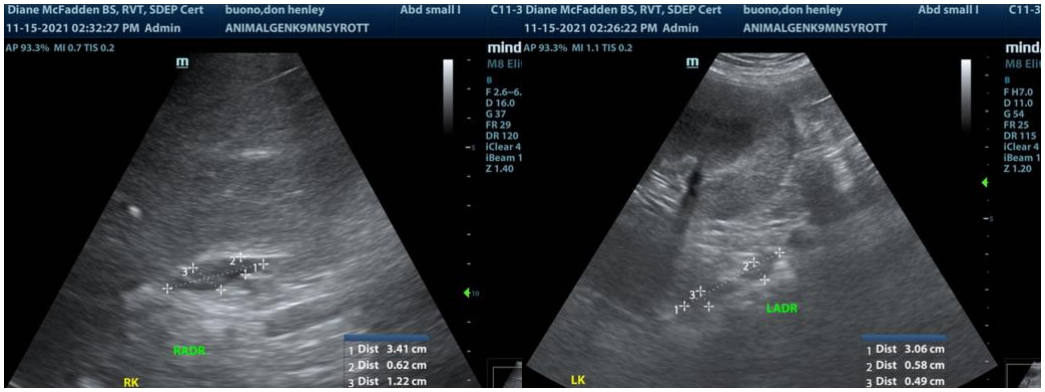

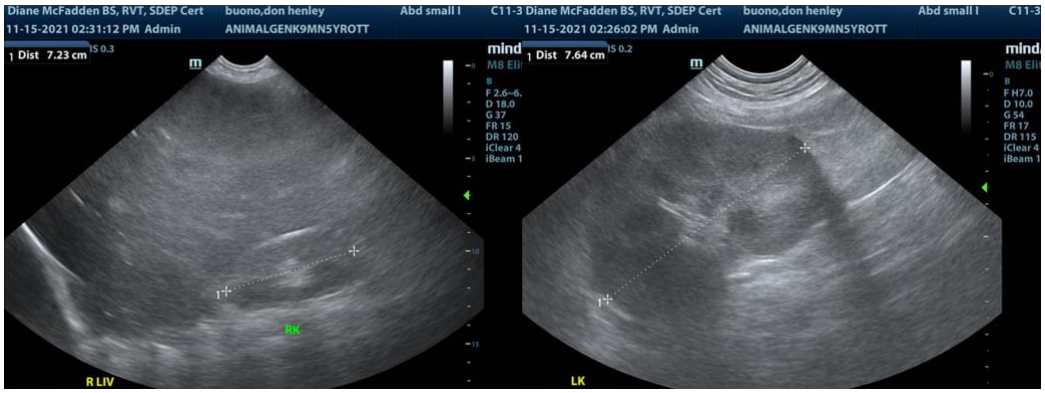

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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