



PATIENT PRESENTING CLINICAL SIGNS

Ruby Perez Dx 3/22 w/ T zone leukemia/lymphoma on routine bloodwork. Previous AUS wnl. Maintaining weight, but all lymph nodes plump.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **urinary bladder** presented normal thicknesses and normal tone. The pelvic urethra presented significant dilation up to 7.0 mm with poor tone. Assessment for urinary incontinence indicated. No evidence of masses or obstruction. 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.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 7.33 cm.

AGE

10 Years

Adrenal Glands

The **right adrenal gland** was flattened and isoechoic, measuring 3.01 cm x 0.65 cm.

WEIGHT

The **left adrenal gland** was visualized from the right approach, measuring 2.77 cm x 0.84 cm, flattened.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **spleen** presented a subtle micronodular reticular pattern with honeycomb type appearance a focal hypoechoic, expansive nodule at the splenic hilus along with other nodular changes. The splenic hilus nodule measured approximately 1.0 cm and is consistent with partial remission of round cell neoplasia. FNA would be necessary for further definition.

Liver

IMAGING PERFORMED BY

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The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

HOSPITAL NAME

Basking Ridge AH

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.

REFERRING VET

Dr. Rotella

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.

DATE

11/2/22



PATIENT

Ruby Perez

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

10 Years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

- Micronodular spleen – concern for quiescent or partially suppressed round cell neoplasia.
- Poor urethral tone – suspect incontinences
- Subjectively benign hepatopathy
- Flattened adrenal glands – likely owing to Prednisone therapy.
- Age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment should be based on oncology consult.

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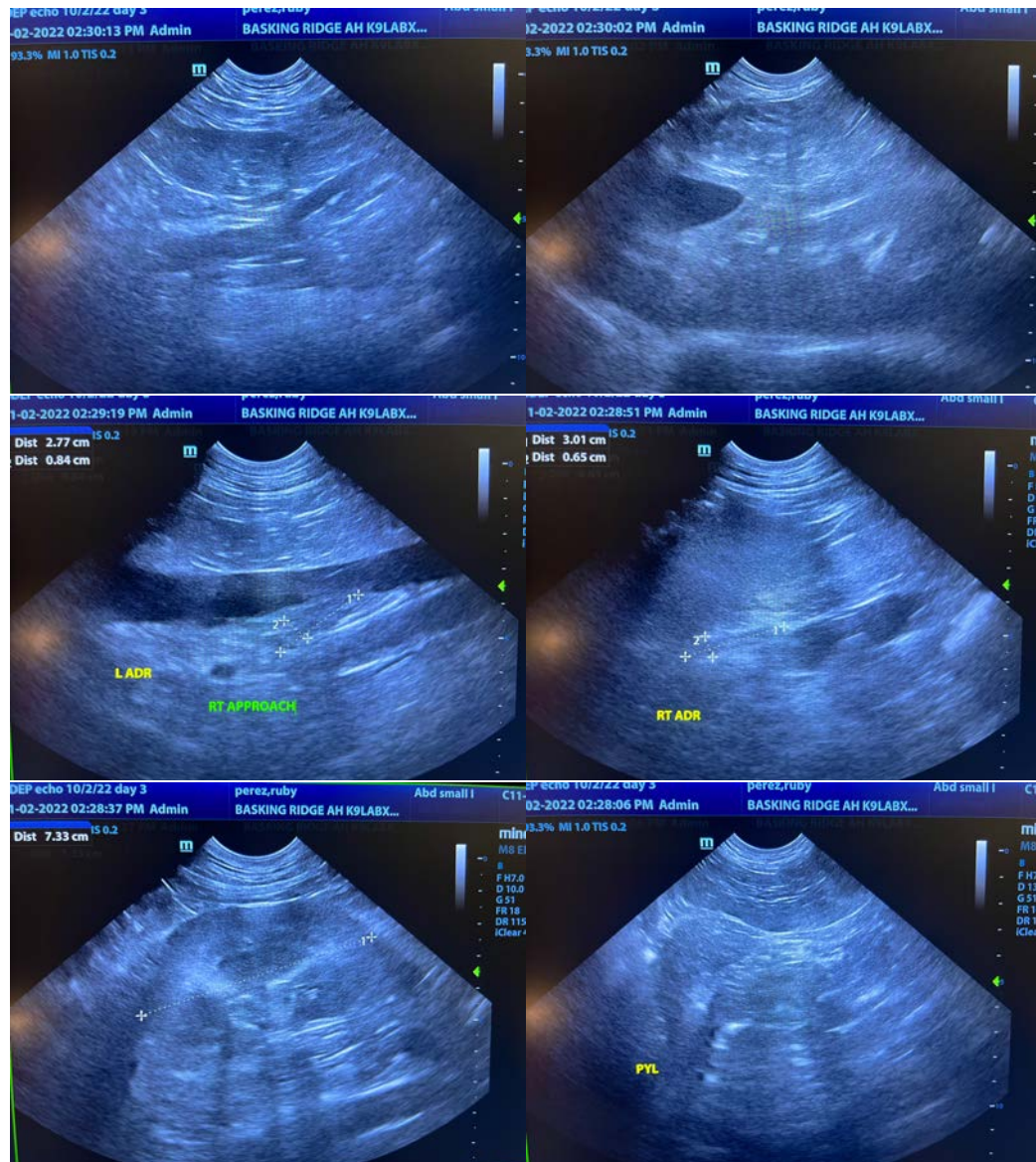
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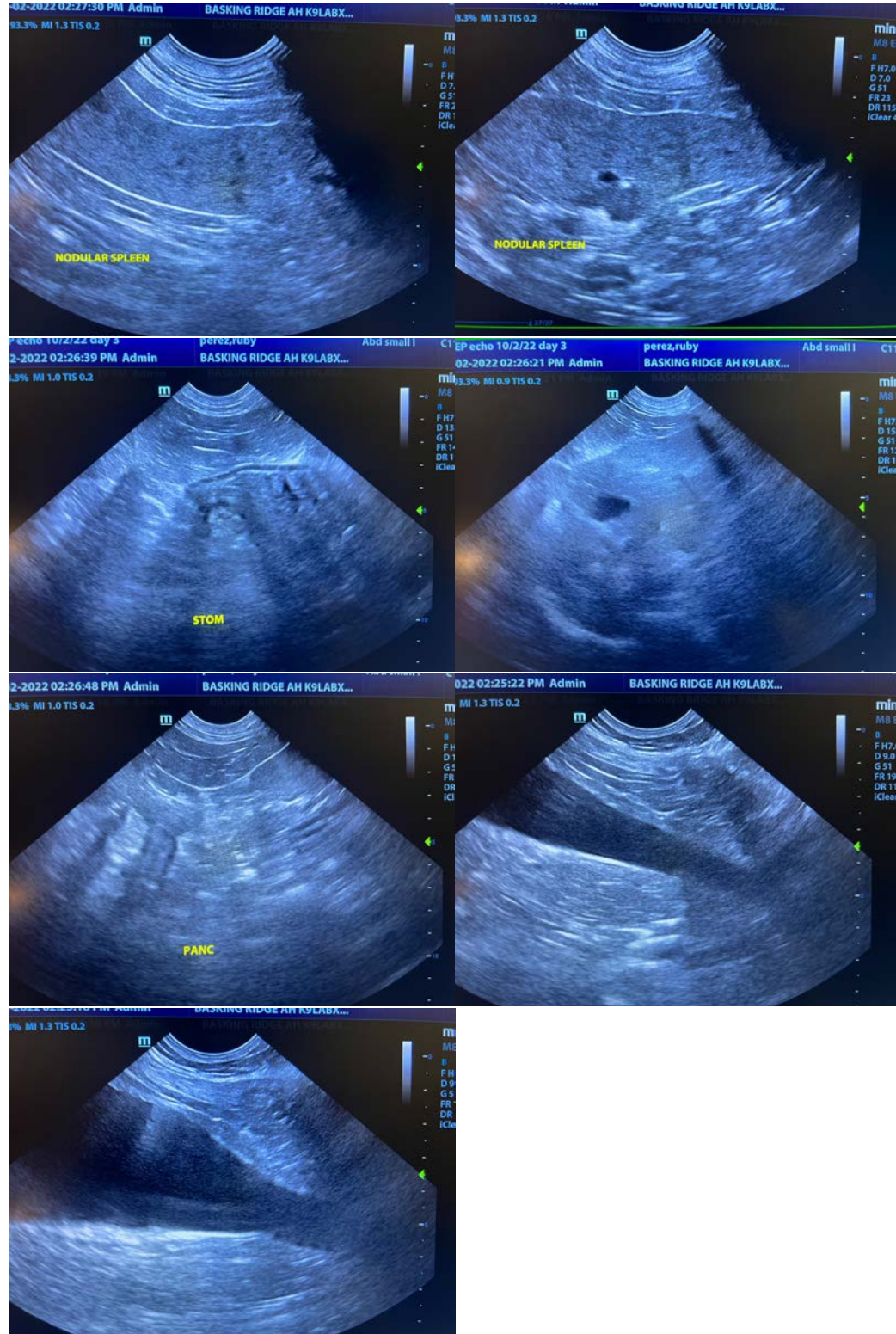
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PATIENT

Ruby Perez

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

SPECIES

Canine

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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