



PATIENT

Roxy VanderGriend

SPECIES

Canine

BREED

Doodle

SEX

Spayed female

AGE

11 years

WEIGHT

15 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

42691

DATE

11/25/22

PRESENTING CLINICAL SIGNS

History: Presented for lethargy and inappetence, no history health issues
Abnormal PE/Chem/CBC/UA Results: Enlarged right prescap lymph node; prominent submandibular nodes, with associated swelling enough to cause some stertorous breathing as evening progressed
Temp 106.1 Chems normal CBC: WBC 29.7K, lymphocytosis and monocytosis PCV: 24% , spherocytes, neg for agglutination PLT 17K (confirmed low on manual) Aspirates were taken from the prescap node; given the thrombocytopenia, did not elect any internal aspirates at this time

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 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 7.0 cm. The left kidney measured 6.7 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 0.48 cm.

Spleen

The **spleen** was enlarged with subtle micronodular changes. The contour was swollen and irregular. The spleen was folded upon itself cranially.

Liver

The **liver** presented an infiltrative pattern with swollen, irregular contour and enhanced mesentery. Increased portal markings were also present. The gallbladder was edematous.

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.



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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.

Free Abdomen

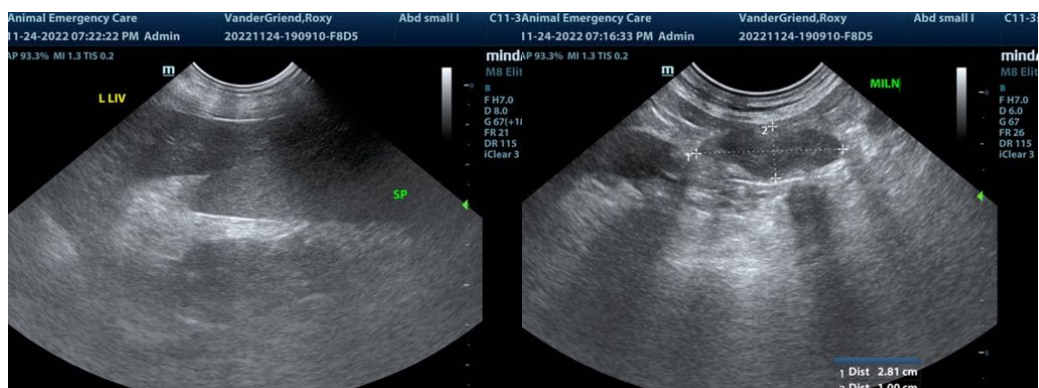
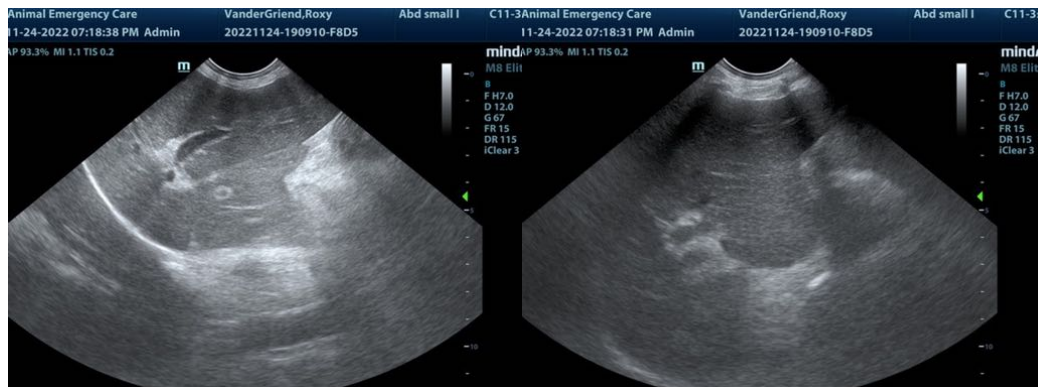
The iliac lymph nodes were enlarged, hypoechoic and irregular measuring 2.8 x 1.0 cm. The length to width ratio was maintained. Enhanced mesentery was noted around the spleen.

ULTRASONOGRAPHIC FINDINGS

Infiltrative splenohepatic patterns with enhanced mesentery and iliac lymphadenopathy. Strongly suggestive for round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is indicated.





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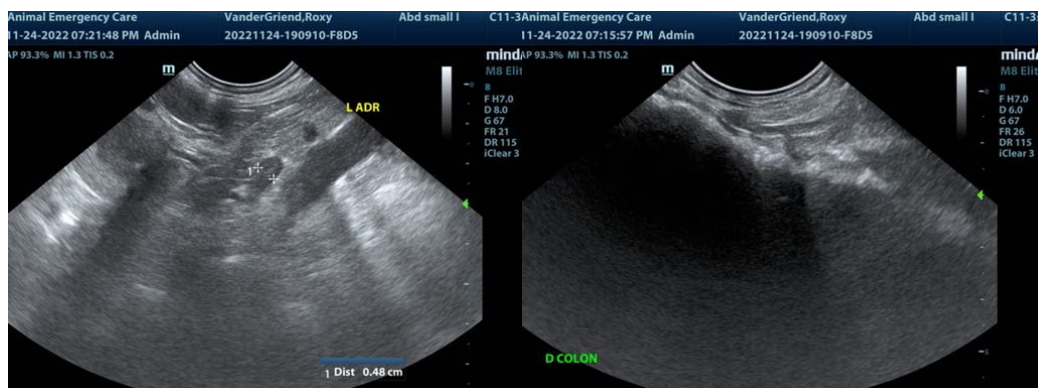
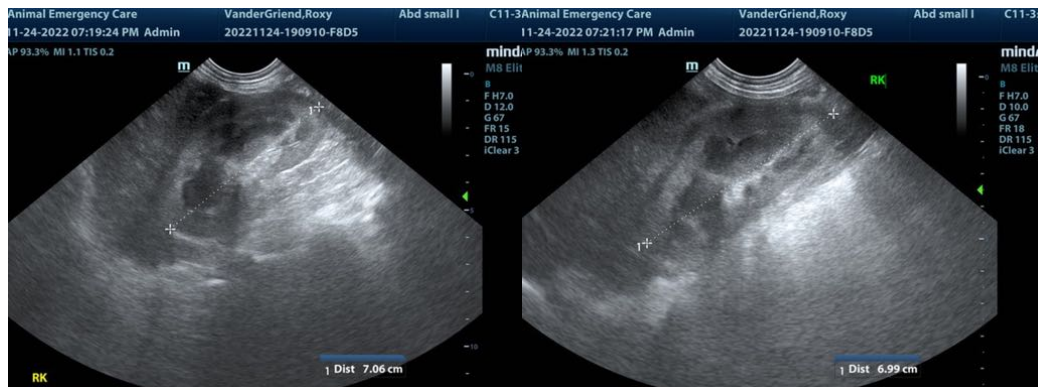
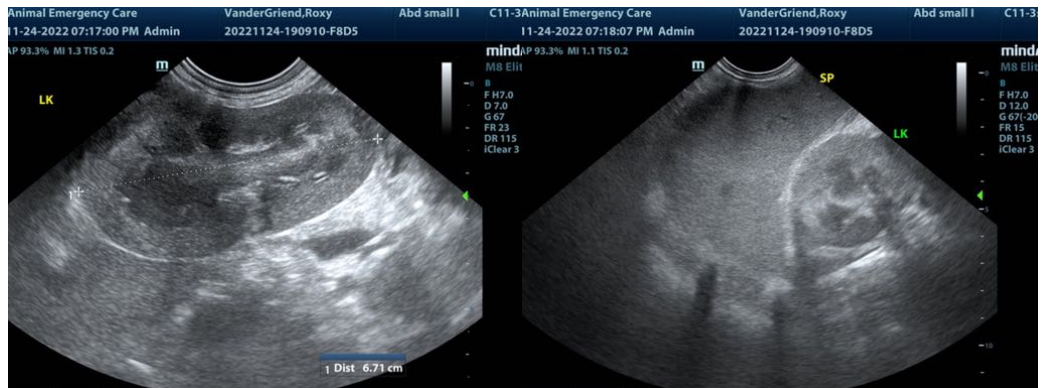
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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