



PATIENT

Hank Cummings

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

32 kg

PRESENTING CLINICAL SIGNS

Presented at our hospital for repeat AUS. Had AUS here in September, dx with lymphoma (large cell B). Treated with chemo, Levertia. Has been doing well with the treatments until this past weekend. Now lethargic, NE, some loose stool. Treatment is twice a week, the last treatment was last Friday. Owner would like another AUS to determine if the lymphoma is worse compared to the last scan to determine if they will continue treatment. Previous Health Concerns: no Current Medications: Prednisone, Levertia, Cerenia prn Appetite/When did they eat last: a little hamburger this morning
Abnormal PE/Chem/CBC/UA Results: Abdominal: mild tense, cranial organomegaly noted

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. The capsules were acceptably uniform without significant irregularities. The right kidney revealed pyelectasia with echogenic debris. The right kidney measured 7.72 cm with generalized enlargement. The left kidney measured

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was flattened and expected for a patient under chemotherapy with Prednisone. The left adrenal gland measured 2.41 x 0.35 cm at the cranial pole and 0.34 cm at the caudal pole.

IMAGING PERFORMED BY

Erin Wicks

Spleen

The **spleen** was enlarged and irregular with a subtle honeycomb type appearance. The contour was expansive with regional inflammation.

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Liver

The **liver** revealed multi-focal, coalescing, hypoechoic and nodular changes with target type appearance. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The gastric wall was significantly infiltrated creating a concentric gastric mass. The small intestines and colon were unremarkable.



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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.

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Free Abdomen

Cranial abdominal lymphadenopathy was noted. There were slight areas of free fluid noted owing to lymphatic obstruction. Regional inflammation was noted throughout the cranial abdomen around the spleen, liver, stomach and lymph nodes.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Escape from remission round cell neoplasia pattern. Particularly aggressive with significant regional inflammation. Liver diffusely involved.

Right renal swelling, possibly owing to neoplasia and/or infection.

WEIGHT

32 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncological intervention is recommended. Rescue protocol is likely necessary; however, the degree and aggressiveness of this presentation is significant.

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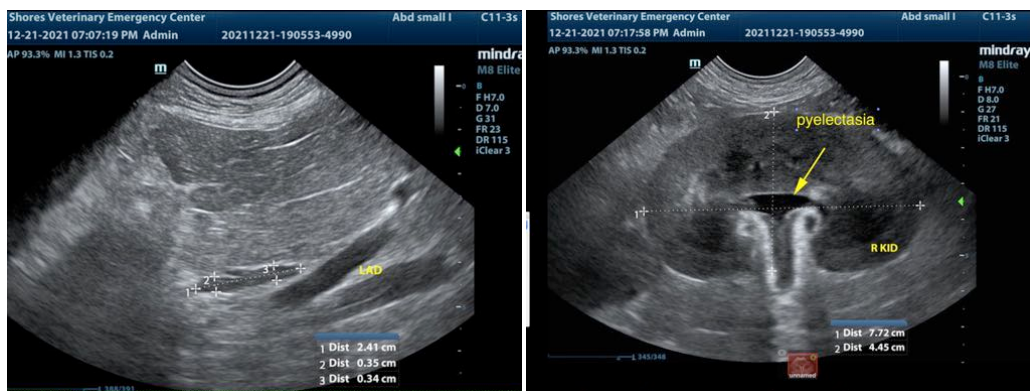
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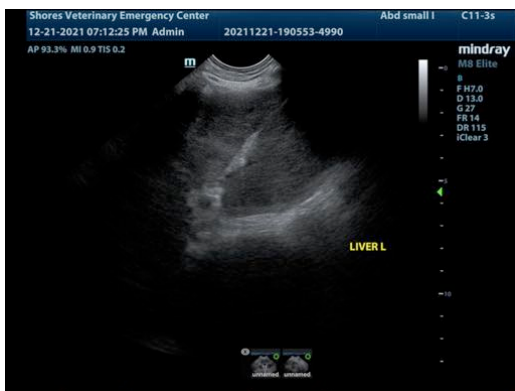
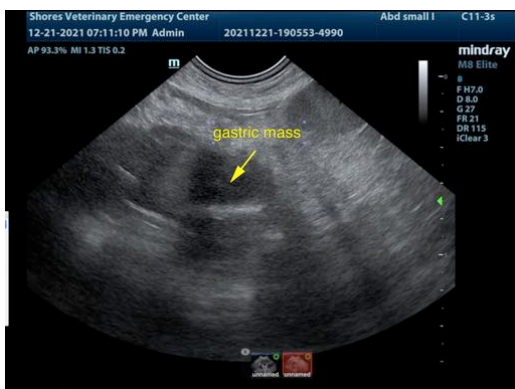
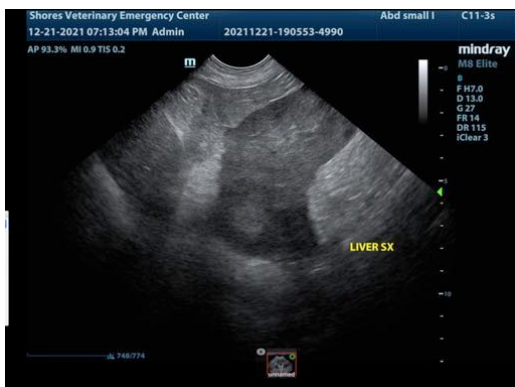
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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