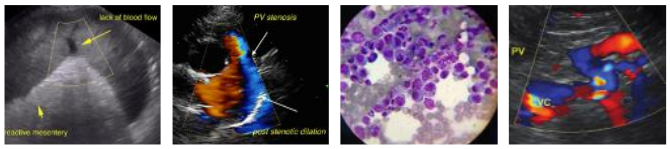
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dylan Watts

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Kyoung Han

INVOICE

21167

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: checking for metastasis, p dx with lymphoma INTERPRETATION: Atypical lymphocytic proliferation, suspect Hodgkin's like lymphoma, with suspected histiocytic infiltration (see comments) Mitotic count: 2 Margins: Neoplastic cells extend to the histologic margins COMMENTS: The lymph nodes contain an atypical lymphocytic proliferation suspected to represent Hodgkin's like lymphoma. Additionally, there is a suspected histiocytic infiltration within the lymph nodes, however these cells may represent neoplastic B cells as part of the Hodgkin's like lymphoma. Additional study via the use of immunohistochemistry is recommended to confirm the suspicion of Hodgkin's like lymphoma. This immunohistochemical testing is available at IDEXX for an additional charge. If you would like for us to perform this testing, please contact Customer Support and they will be able to initiate the process. (For lab use only: use IHC antibodies CD3, PAX5, CD20, Cytokeratin, CD204, Feline, block A, US code 6975, Canada code IHC5) HISTOPATHOLOGIC DESCRIPTION: The lymph node is expanded by an atypical round cell proliferation with abundant cytoplasm and round to irregularly shaped vacuolated nuclei. There is moderate to marked anisocytosis and anisokaryosis of these cells with rare mitoses. These cells are admixed with abundant small lymphocytes and fewer eosinophils. Multifocally within the lymph node are aggregates of suspected histiocytes with indistinct borders and round to polyhedral nuclei.

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 3.4 cm. The right kidney measured 3.46 cm.

Adrenal Glands

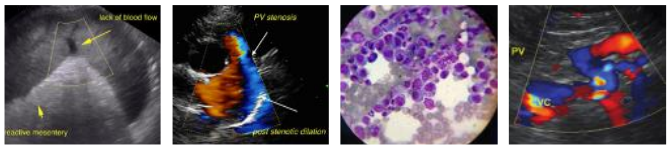
The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.96 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Pancreas

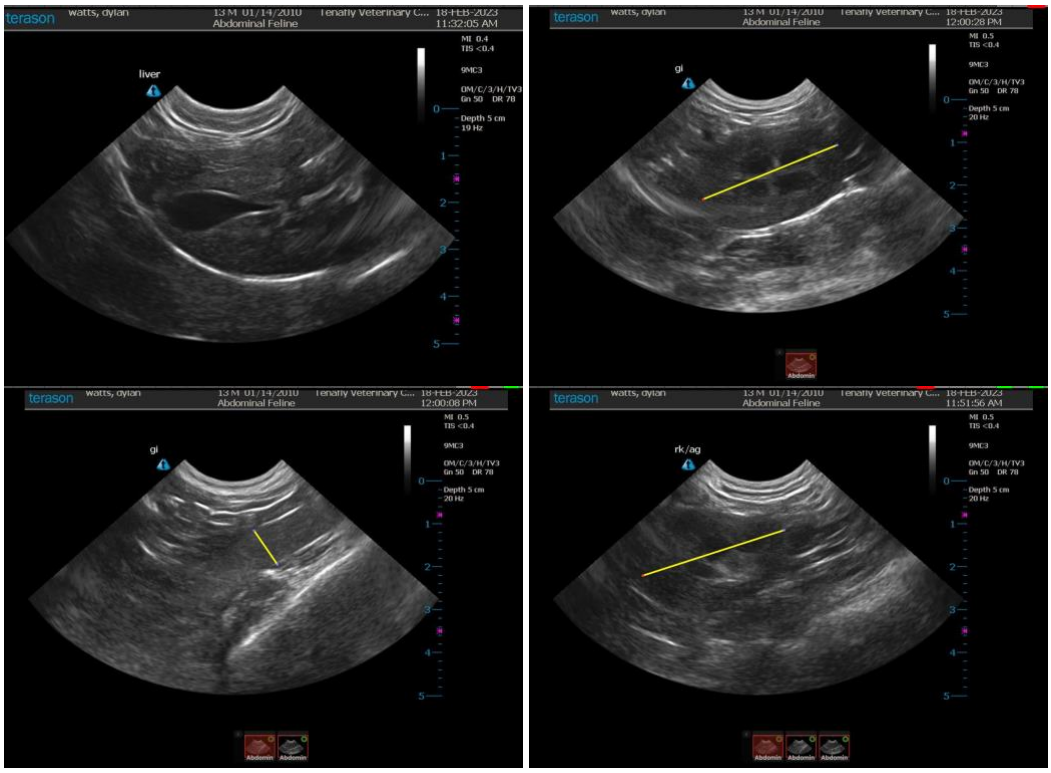
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary or metastatic disease.



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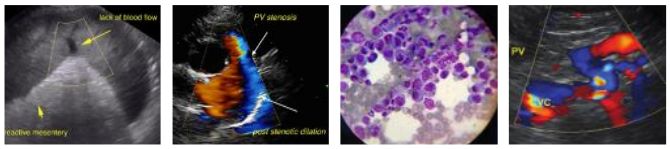

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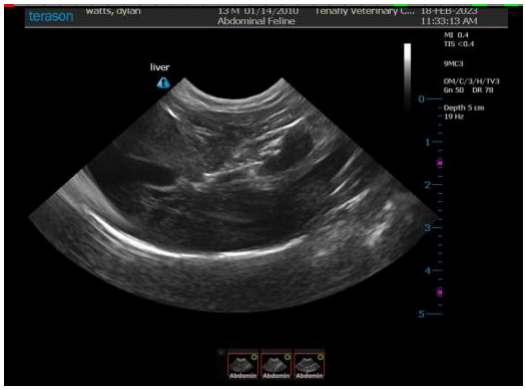

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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