



**PATIENT PRESENTING CLINICAL SIGNS**

Josie Davis

History: Lethargic and anorexic/not drinking. No V/D. No fever. In house labs show thrombocytopenia and mild Alk Phos elevation, WBC count normal but elevated neutrophils and decreased lymphocytes. Originated in Texas. Not on any meds, last vaccines in Oct 2022. Aspirated intra-abdominal LN during US and there are lymphocytes but also a lot of neutrophils (cytology still pending)  
PLT 57 165 - 500 10<sup>9</sup>/L WBC 15.30 6 - 17 10<sup>9</sup>/L LYM 0.43 1 - 4.8 10<sup>9</sup>/L NEU 14.42 3 - 12 10<sup>9</sup>/L ALP 194 20 - 150 U/L

**SPECIES**

Canine

**BREED**

Retriever Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

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.

**AGE**

2 years

The **kidneys** revealed mildly thickened cortices. There was some loss of corticomodullary definition. Given the mesenteric lymph node presentation early renal infiltrative disease is possible. The left and right kidney measured 6.0 cm.

**WEIGHT**

44.4 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.44 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.8 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Jagger

**Spleen**

The **spleen** was enlarged and folded upon itself. The spleen was swollen and revealed uniform parenchyma.

**HOSPITAL NAME**

VCA Parkway AH

**Liver**

**REFERRING VET**

Dr. Jagger

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

**INVOICE**

42546

**DATE**

2/2/23



**PATIENT**

**Gastrointestinal**

Josie Davis

The upper **gastrointestinal tract** was unremarkable. The distal small intestine revealed minor muscularis hypertrophy without loss of mural detail. The mesenteric lymph nodes were enlarged and encompassed the mesenteric artery.

**SPECIES**

Canine

**Pancreas**

**BREED**

Retriever Mix

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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2 years

Mesenteric lymphadenopathy.

Splenomegaly.

Thickened renal cortices.

Minor muscularis hypertrophy in the distal small intestine.

**WEIGHT**

44.4 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA was performed without complication. Early lymphoma is a strong potential. Lymphadenitis and reactive spleen is possible, yet less likely. If neoplasia is not found then culture of the mesenteric lymph nodes are recommended. The prognosis is guarded. Chest radiographs are recommended with focus on cranial mediastinum is indicated to assess for comorbidities.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

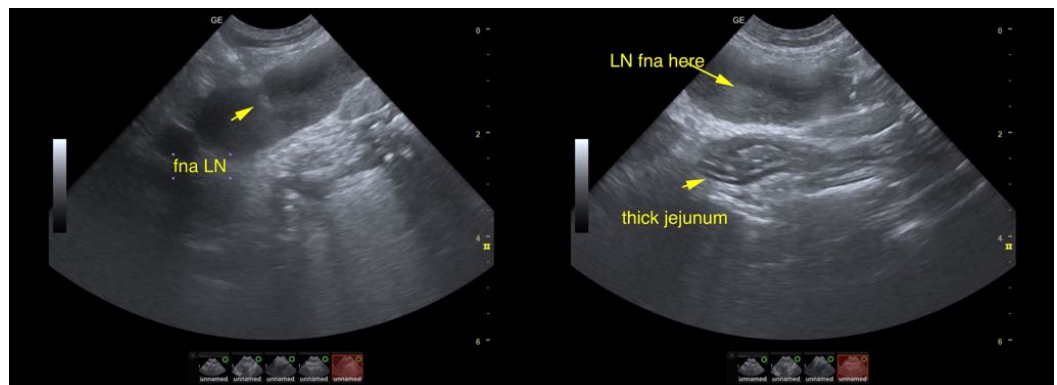
Dr. Jagger

**HOSPITAL NAME**

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**PATIENT**

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**AGE**

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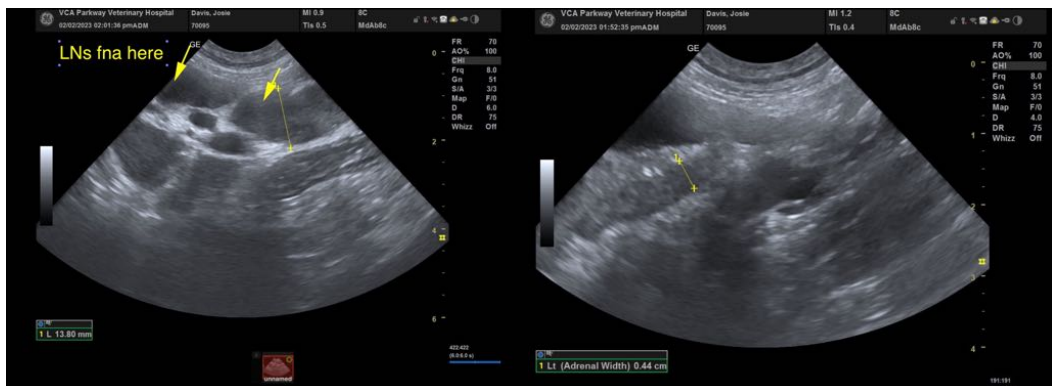
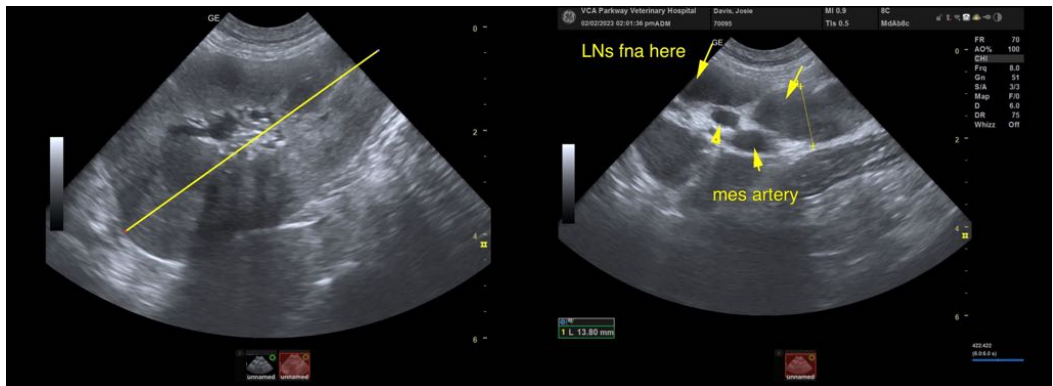
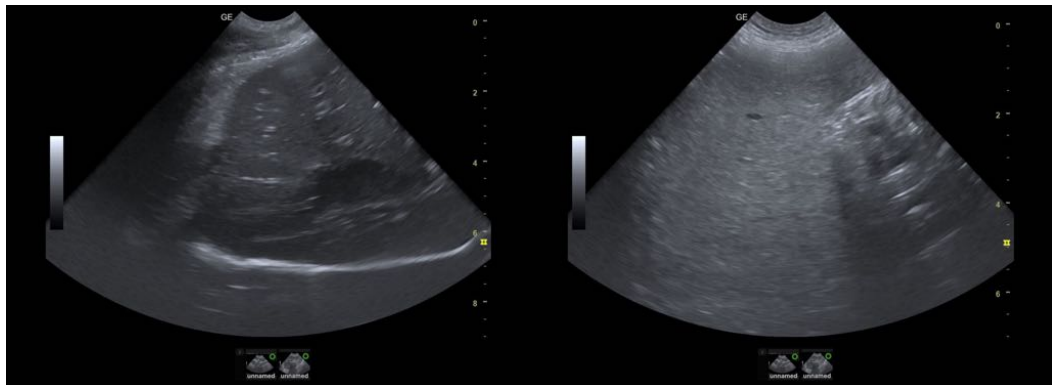
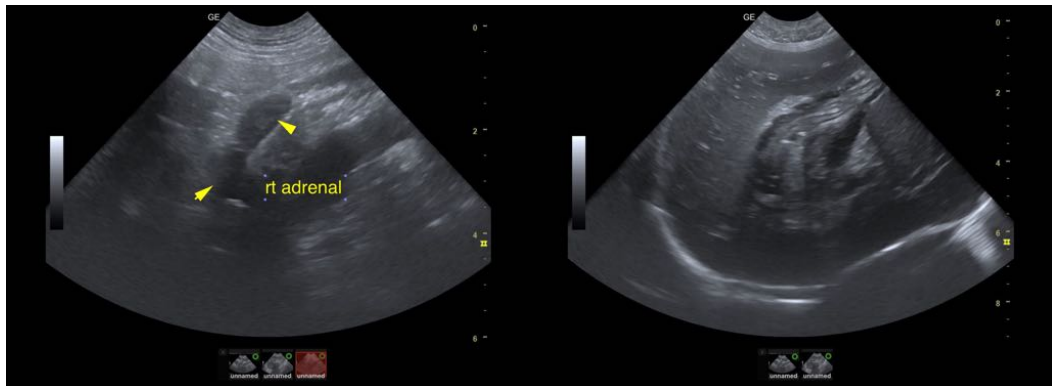
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**PATIENT**

Josie Davis

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.

**BREED**

Retriever Mix

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Spayed female

**AGE**

2 years

**WEIGHT**

44.4 lbs

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