



PATIENT	PRESENTING CLINICAL SIGNS
Quina Wheaton	referred for workup from rDVM with history of occasional vomiting, 3 lb weight loss, diarrhea and inappetence.
SPECIES	Abnormal PE/Chem/CBC/UA Results: SM and Prescapular LN enlargement rDVM labs NSF other than mild hypoalbuminemia Labs today - EPOC LAC 3.1, pCO2 47.3, pH 7.335, tCO2 26.1, HCT 51% - albumin 2.0 - PCV/TS 55%/4.2 FNA of peripheral LN, mesenteric LN and splenic nodule pending
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Retriever	Urinary System
SEX	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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.
Spayed Female	
AGE	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 right kidney measured 6.3 cm. The left kidney measured 6.23 cm.
5 Years	
WEIGHT	Adrenal Glands
66.1 Pounds	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 right adrenal gland measured 3.0 cm x 0.80 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 3.04 cm x 0.60 cm at the caudal pole and 0.47 cm at the cranial pole.
INTERPRETED BY	Spleen
Eric Lindquist, DMV	The spleen presented multifocal nodular changes with target type appearance and distorted architecture, strongly suggestive for round cell neoplastic pattern.
DABVP, Cert. IVUSS	Liver
IMAGING PERFORMED BY	The liver presented slight coarse architecture. Minor gallbladder edema noted. No obvious nodular changes. However, given the splenic and lymph node presentation, micrometastasis is a potential.
Dr. Emily Kalenius	Gastrointestinal
HOSPITAL NAME	Some retention of ingesta was noted in the stomach . The gastrointestinal tract, per se, was unremarkable.
Willamette VH	Pancreas
REFERRING VET	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.
Dr. Emily Kalenius	
INVOICE	
35533	
DATE	
2/9/22	



PATIENT

Free Abdomen

Quina Wheaton

Multifocal hypoechoic distorted lymph node noted in the mid abdomen, a grouping of which measured approximately 5.0 cm with reactive surrounding mesentery. Trace amounts of free fluid noted adjacent to the mesenteric lymph nodes, owing to lymphatic obstruction.

SPECIES

Canine

Reactive mesentery noted throughout the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Suspect lymph node and splenic based lymphoma, possible early hepatic involvement

BREED

Golden Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, lymph node and liver indicated for staging purposes. Round cell neoplasia/lymphoma likely.

SEX

Spayed Female

AGE

5 Years

WEIGHT

66.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Emily Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

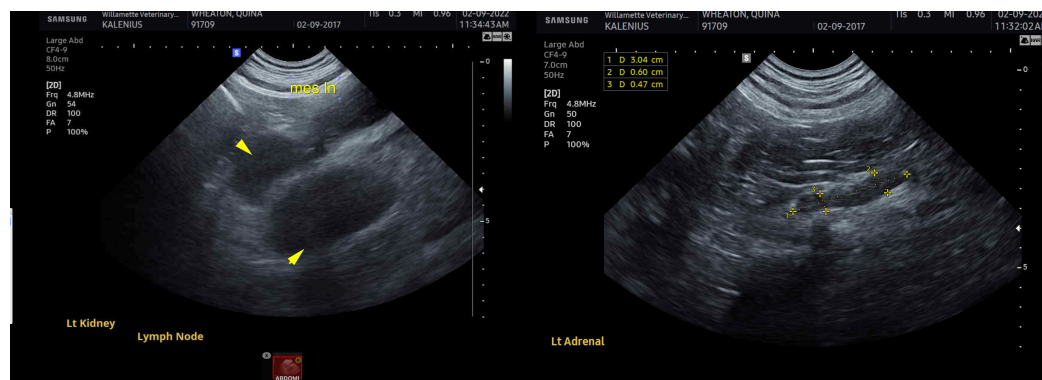
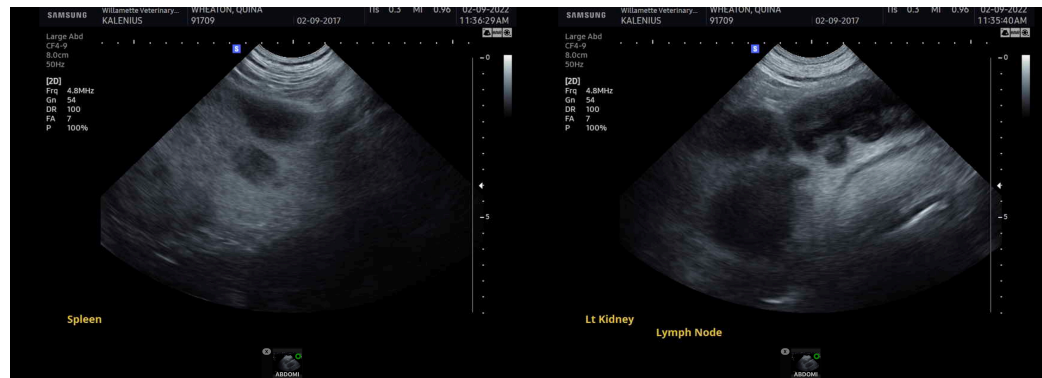
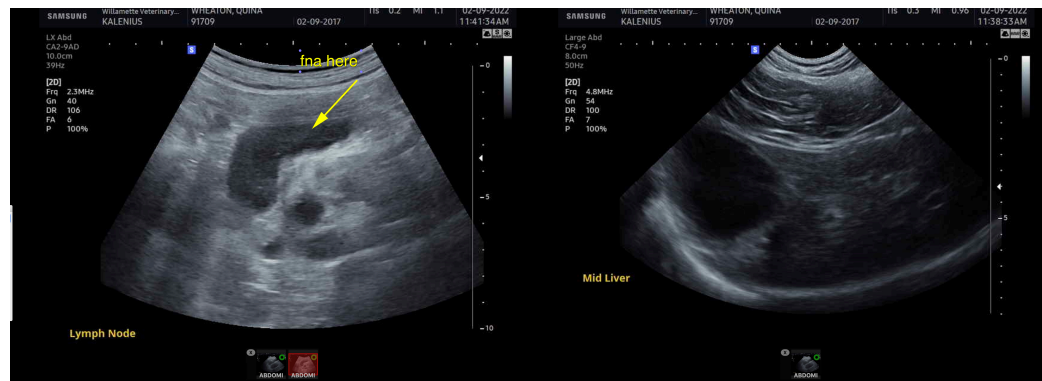
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PATIENT

Quina Wheaton

SPECIES

Canine

BREED

Golden Retriever

SEX

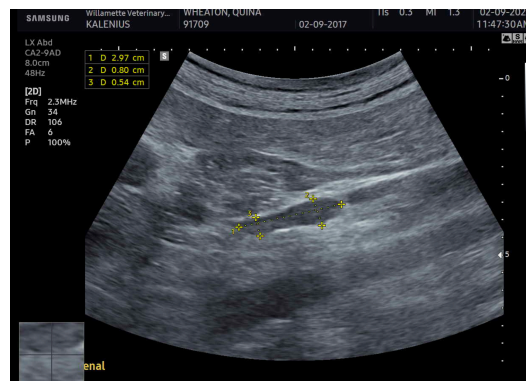
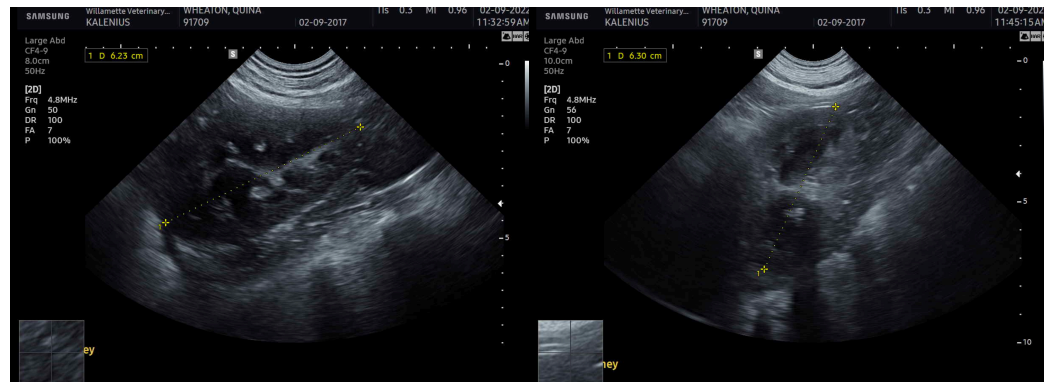
Spayed Female

AGE

5 Years

WEIGHT

66.1 Pounds



INTERPRETED BY

Eric Lindquist, DMV

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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

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