

**DATE PRESENTING CLINICAL SIGNS**

3/10/23 History: Not eating, lost a lot of weight.

PATIENT

Gracie Burgoon

Current Medications: Baytril 136mg BID.
 Lab Results: See attached.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IM sedation utilized.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4/3/16

WEIGHT

73.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Forest Hills Vet

REFERRING VET

Dr. Saad

INVOICE

21568

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 **uterine stump** was mildly thickened in this patient, measuring 1.0 cm in width.

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 measured 7.42 cm. Slight pyelectasia was noted in the right kidney, measuring 0.23 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 right adrenal gland measured 3.04 cm x 0.61 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 3.01 cm x 0.78 cm at the caudal pole and 0.76 cm at the cranial pole.

Spleen

The **spleen** was enlarged with subtle micronodular changes. Caudal folding of the spleen was noted.

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 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 **pancreas** was slightly enlarged, mildly heterogenous and mildly irregular.

Free Abdomen

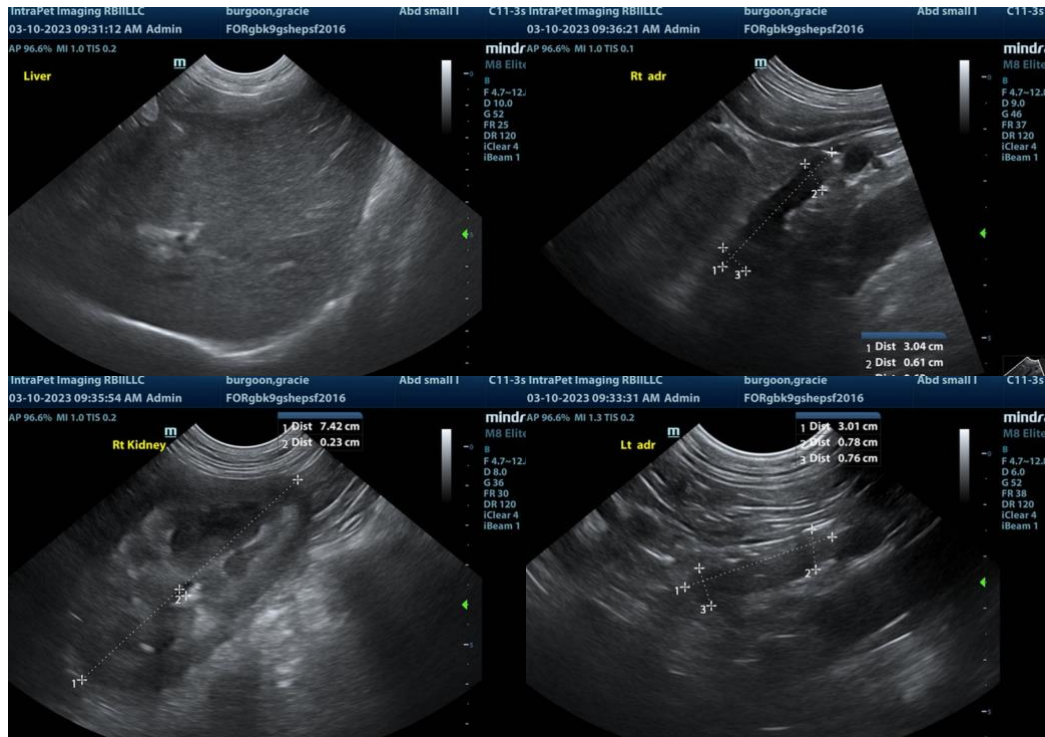
The mesenteric **lymph nodes** were mildly enlarged, uniform.

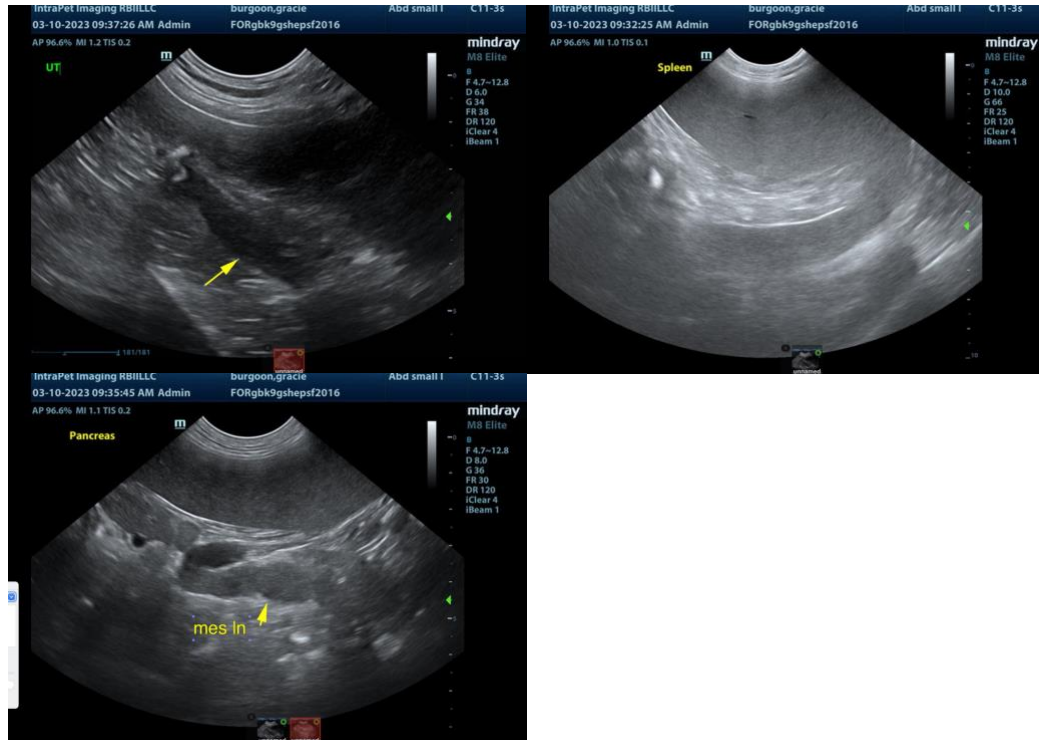
ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement
- Mesenteric lymphadenopathy
- Thickened uterine stump
- Right kidney pyelectasia
- Enlarged, heterogenous, irregular pancreas
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lymphocytosis noted on the CBC, along with the splenic and lymph node presentation, I strongly recommend CBC path review, and splenic and mesenteric lymph node FNA would be ideal. Bone marrow aspirate would also be ideal given the lymphocytosis. Guarded prognosis. Lymphoproliferative or excessive lymphatic response to immune stimulus vs lymphocytic leukemia/round cell neoplasia possible.





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.

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