

## PATIENT

Moose Hardensen

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

73.6 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## HOSPITAL NAME

The Ark VC

## REFERRING VET

Dr. Sangl

## INVOICE NUMBER

14270

## DATE

3/11/22

## PRESENTING CLINICAL SIGNS

History: Acute onset peripheral lymphadenopathy severe r/o infectious immune mediated neoplasia open Inappetance/decreased appetite r/o dietary indiscretion gastrointestinal foreign body infectious (viral, bacterial, parasitic) pancreatitis toxin systemic/metabolic disease inflammatory/IBD

## 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 residual prostate measured 1.29 cm.

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 7.0 cm. The left kidney measured 6.72 cm.

### Adrenal Glands

The **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 2.27 cm x 0.46 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 0.7 cm.

### Spleen

The **spleen** revealed coalescing micronodular early honeycomb type pattern with generalized enlargement, measuring 2.5 cm in width. The splenic vein was free of evident thrombosis. No cavitation pattern, most consistent with infiltrative disease.

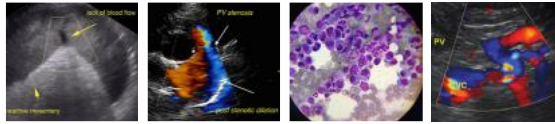
### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation.

### Gastrointestinal

Some retention of ingesta in the **stomach**. The small intestine and colon were unremarkable.

### Pancreas



**PATIENT** 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.

Moose Hardensen

**SPECIES** *Free Abdomen*

Canine The mesenteric and iliac **lymph nodes** were hypoechoic, ill-defined, rounded, peripherally inflamed with enhanced mesentery and disrupted architecture. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted. The largest of which measured 3.16 cm x 1.45 cm. A larger node in the sublumbar area measured 4.25 cm x 2.13 cm.

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The hepatic **lymph node** presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted. The hepatic lymph node measured 3.0 x 2.0 cm.

**AGE**

7 Years

**ULTRASONOGRAPHIC FINDINGS**

- Spleen, micronodular honeycomb type pattern with generalized enlargement
- Retention of ingesta in the stomach
- Mesenteric, iliac and hepatic lymphoma nodes

**WEIGHT**

73.6 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the accessible lymph nodes and spleen warranted with chest radiographs assessing for lung and cranial mediastinal metastasis. Suspect multicentric round cell neoplasia, minor potential for lymphadenitis, splenitis.

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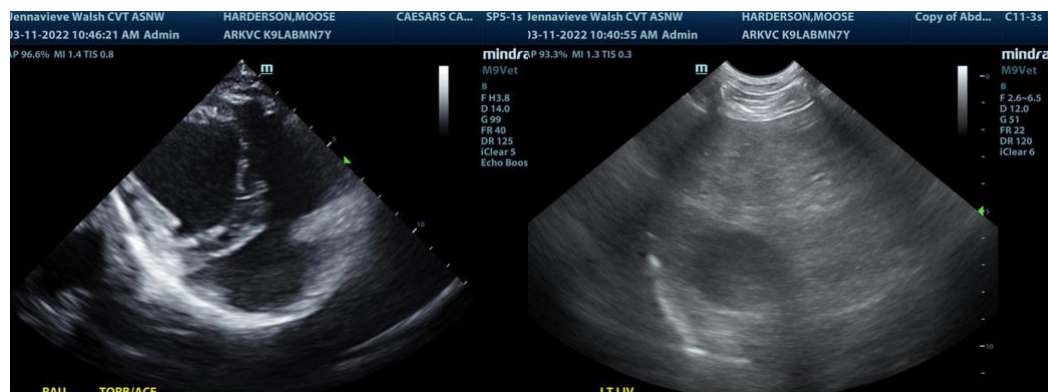
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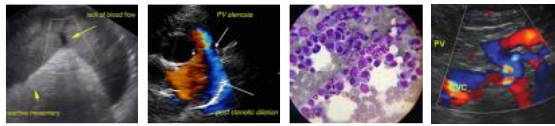


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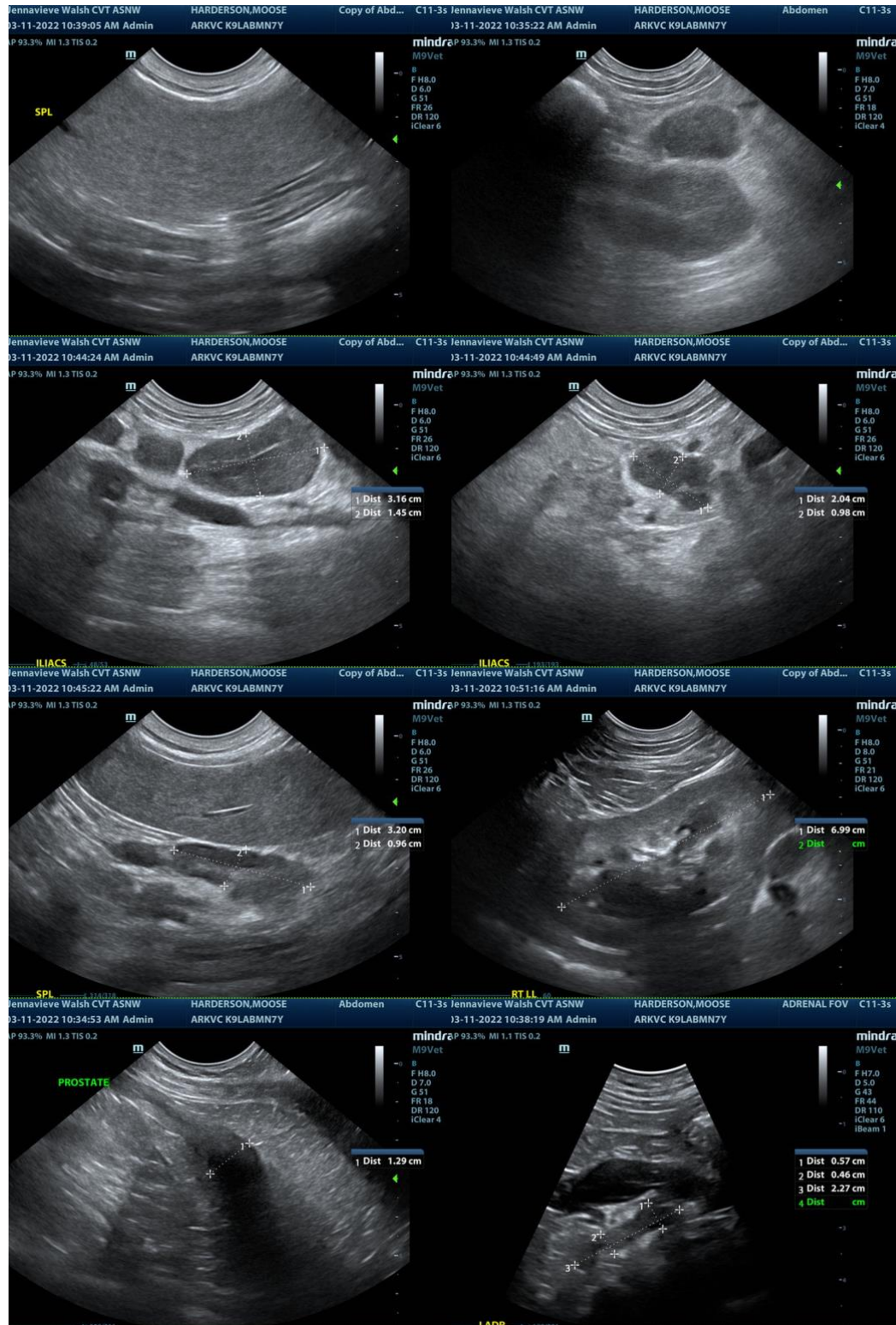
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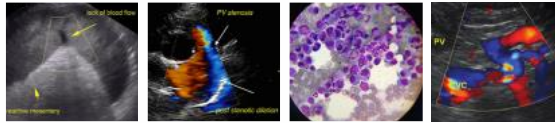
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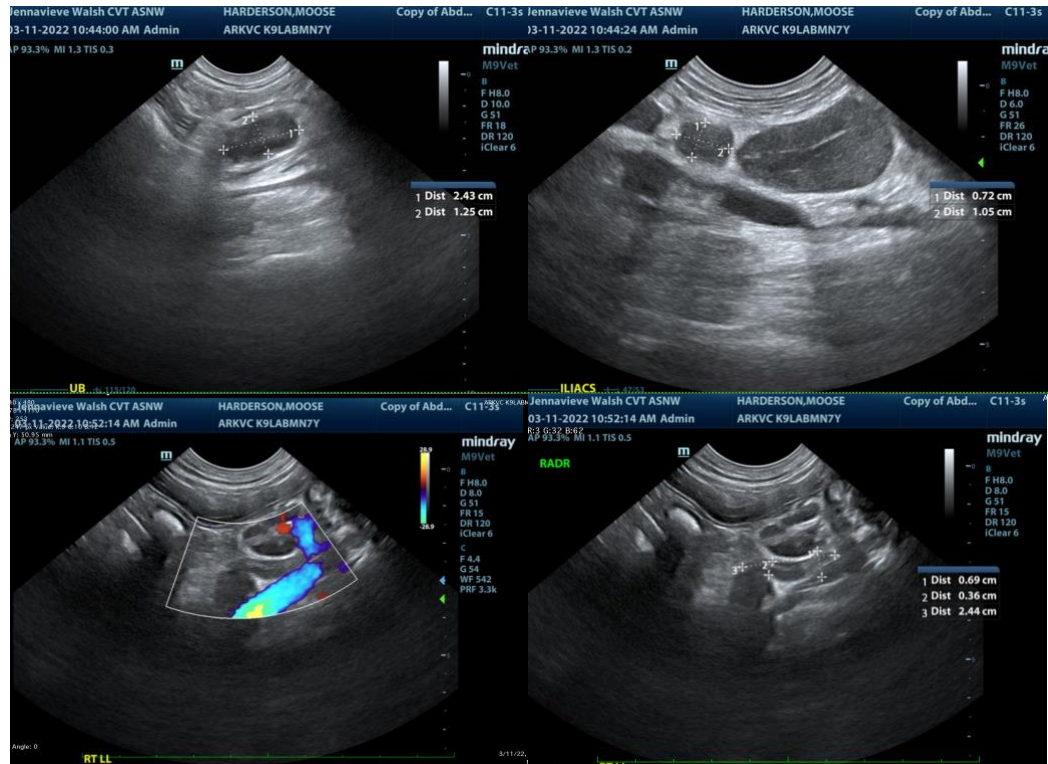
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com