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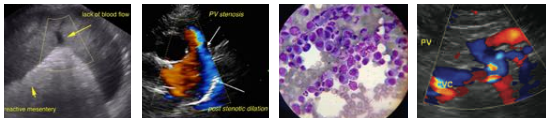


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Charlie Jahn

SPECIES

Canine

BREED

Standard Poodle

SEX

Intact Male

AGE

2014

WEIGHT

49 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

97098

DATE

3/22/22

PRESENTING CLINICAL SIGNS

History: Lethargic, poor appetite Hx Left sub mandibular mass
Abnormal PE/Chem/CBC/UA Results: ER labs unremarkable ~ 3/15/2022 T4 Nov. 2021 - Normal T4 today pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The testicles were imaged and found to be uniform.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. The prostate measured 5.0 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 7.4 cm. The left kidney measured 7.68 cm.

Adrenal Glands

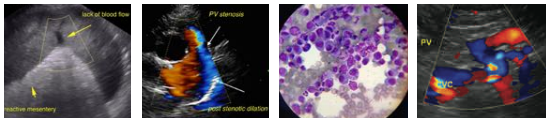
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.79 x 0.46 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 2.0 x 0.3 cm.

Spleen

The **spleen** was uniformly enlarged and mildly heterogenous.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

Neck

The salivary glands were enlarged in this patient and uniform. The right salivary gland measured 3.8 x 1.05 cm.

The right thyroid lobe was clearly visible and appeared unremarkable. The region of the left thyroid lobe was unremarkable. Multiple, irregular nodular heterogenous lymph nodes were noted. I do not believe that the thyroid tissue is involved.

ULTRASONOGRAPHIC FINDINGS

Irregular, nodular and heterogenous lymph nodes.

BPH prostate.

Minor urinary bladder debris.

Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core biopsy of the enlarged lymph nodes with culture and cytology is recommended for further evaluation. If lymphadenitis is present underlying culture may reveal resistant bacterial infection versus emerging lymphoma. Irregular and nodular tissue appears to be too superficial to be involving the thyroid, which is a deeper structure. The heterogenous tissue is suspected to be multi-focal lymphadenitis or possible lymphoma. This appears to be superficial to the carotid artery and not related to the thyroid. Mediastinal imaging is recommended to assess for concurrent lymphoproliferative pathology.

Given the chronic lymphadenitis pattern FNA of the spleen would also be warranted as well as cranial mediastinal imaging to assess for concurrent lymphadenopathy.

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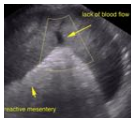
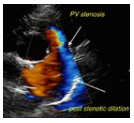
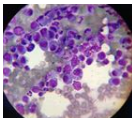
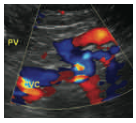

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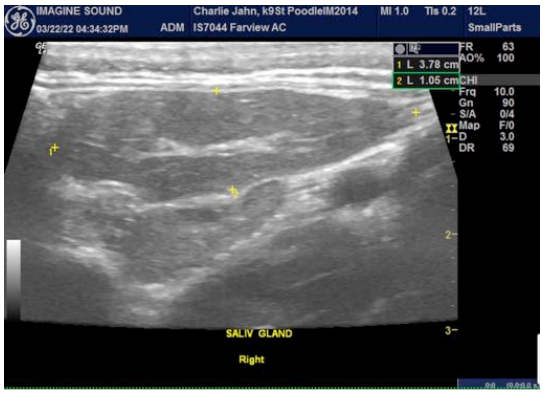

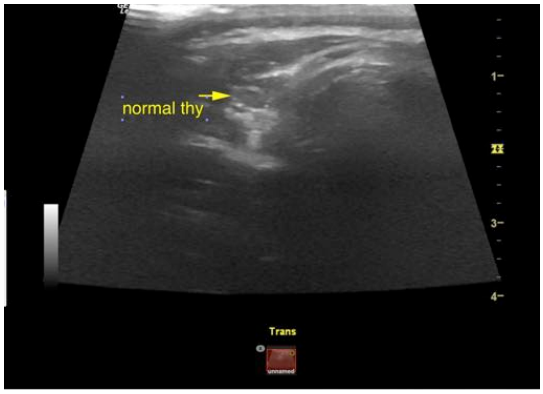

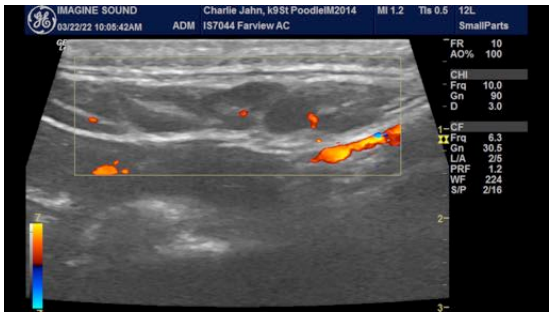

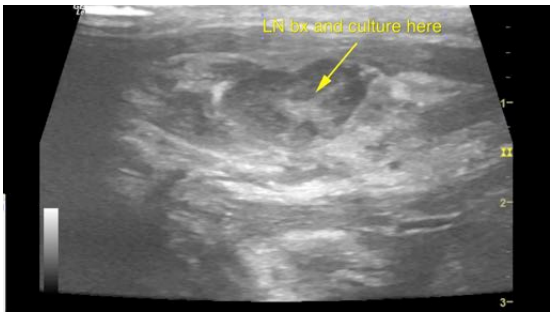

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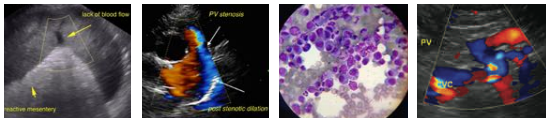

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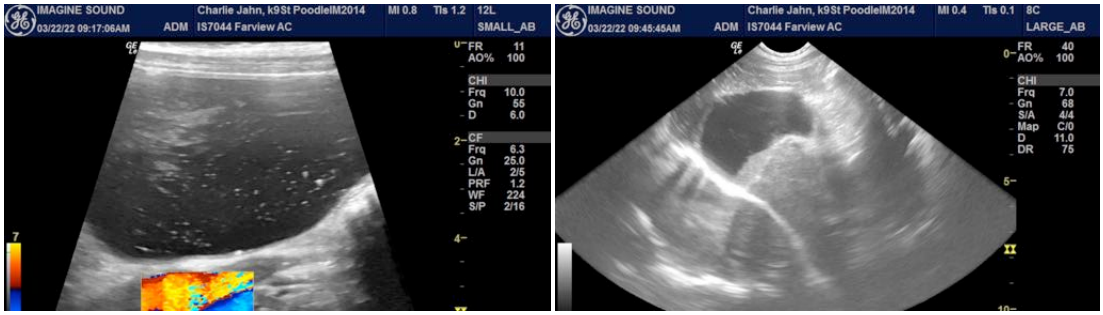

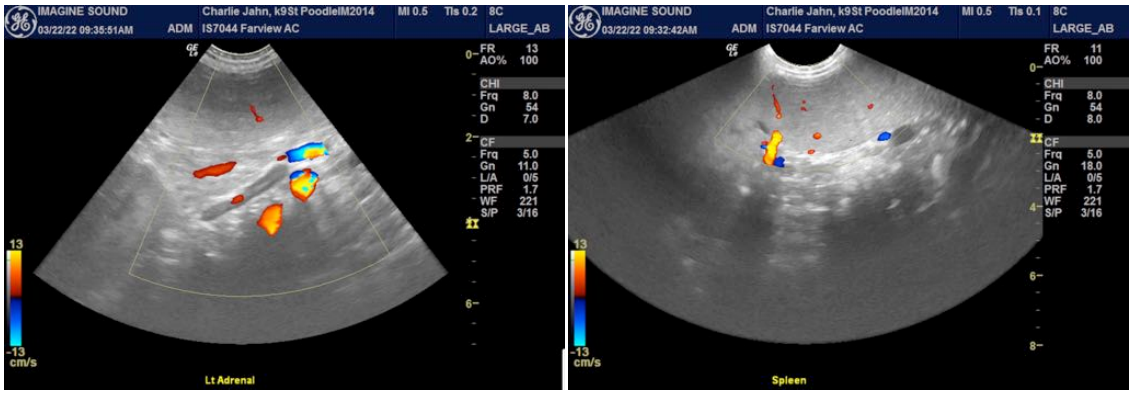

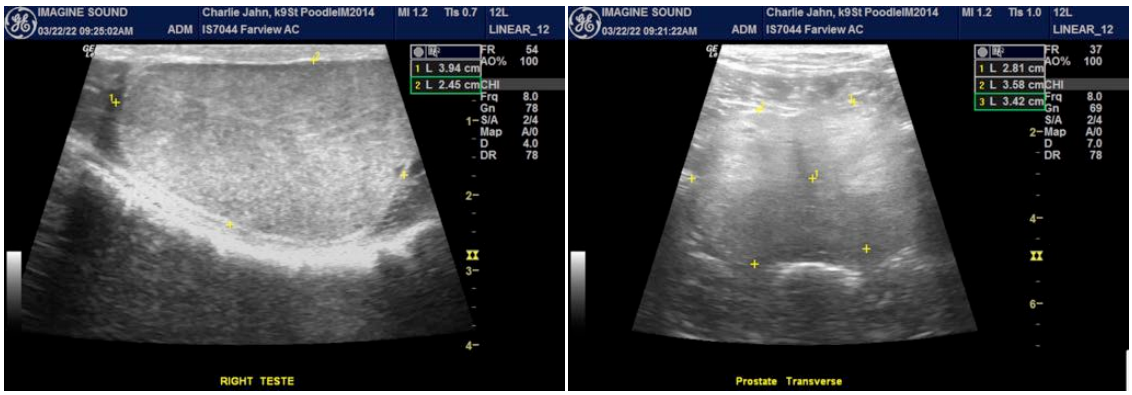

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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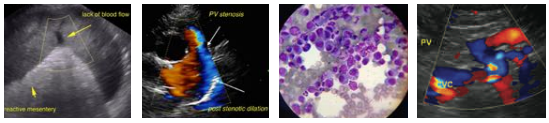

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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