



PATIENT PRESENTING CLINICAL SIGNS

Emma Baird

History: P has history since January of a lump on bottom right jaw. 3/22 exam showed Right submandibular - 2.8x3.0cm ovoid mass at right cranioventral neck in region of right submandibular lymph node. Prior noted additional smaller mass are not overtly palpable and may coalesced with larger mass. Didn't want to eat this morning, stays in bed when C gets up, seems to hurt when she swallows. - Usually takes her 5 mins to eat but recently it takes her an hour to eat - Excessive lip licking and seems nauseas especially when she's laying down, tails tucked, licking her blankets P has history of sclerosis peritonitis diagnosed at specialty hospital, and foreign body removal in Oct 2021.

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

Medications/supplements: Budesonide 4mg/ml: 0.25ml every other day Tylosin: 1/8th of a tsp on each meal Cerenia 24mg: 1/2 tab SID in PM Gabapentin 100 mg: .0.15 mgs SID at night, almost gone - C is tapering Omperazole: SID PM Multiple additional supplements: Silver bullet- 12 drops daily
Abnormal PE/Chem/CBC/UA Results: CBC - Wnl; Chemistry profile - Superchem: wnl except ALP 494 (5-131) BUN 39 (6-31) Ca 11.5 (8.9-11.4) Corrected calcium - normal CPK 54 (59-895); Heartworm test - Neg; PT/PTT - Wnl/wnl; Thyroid hormones - TT4 2 (0.8-3.5); Urinalysis - USG 1.048 pH 5.5 urine chems: wnl urine sedi: nsf MA: 0; Cytology - SOURCE: Fine-needle aspirate of the right submandibular lymph node. 5 slides received for evaluation. **CYTOLOGY IS DIAGNOSTIC NEOPLASIA.CYTOMORPHOLOGY SUGGESTIVE FOR AN UNDERLYING CARCINOMA (SUBTYPE NOT CERTAIN) COMMENTS:** Please note- there is no lymphoid tissue seen on the slides.

AGE

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

15 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney revealed slight pyelectasia. The left kidney measured 4.84 cm. The right kidney measured 5.31 cm.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

Adrenal Glands

REFERRING VET

Dr. Arpaia

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 0.74 cm. The left adrenal gland measured 0.53 cm.

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Spleen

DATE

3/24/22

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



PATIENT *Liver*

Emma Baird 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.

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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. Transit of chyme from the stomach to small intestine appeared normal. 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.

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ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

IMAGING PERFORMED BY

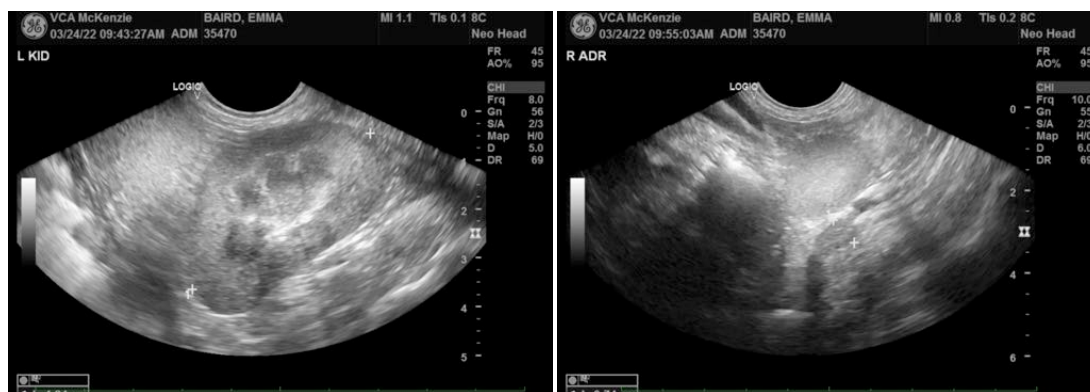
Carly Pate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no of pathology.

HOSPITAL NAME

VCA McKenzie AH



REFERRING VET

Dr. Arpaia

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3/24/22



PATIENT

Emma Baird

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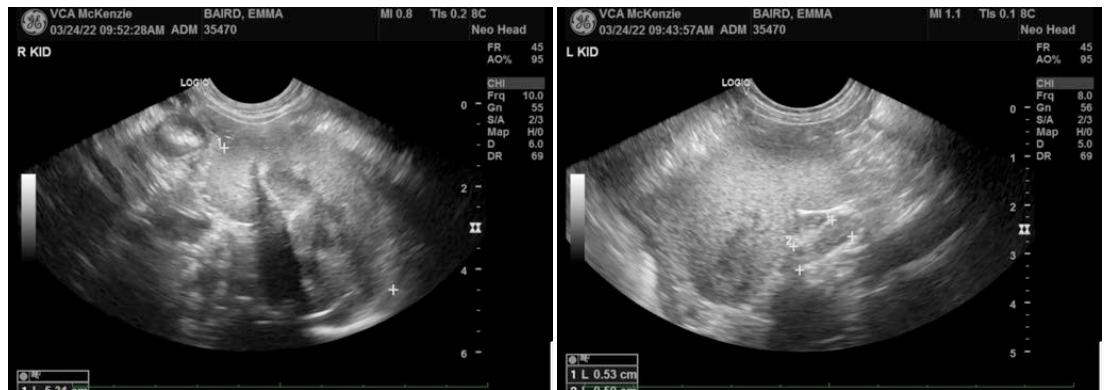
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3/24/22

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.

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