

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE PRESENTING CLINICAL SIGNS

3/3/22 One month duration of sporadic vomiting, diarrhea and anorexia with 10lb weight loss in that time.

PATIENT Current Medications: None.

Lab Results: WNL.

Chevy Harrison

Radiographs: Concern for abdominal mass.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

French Bulldog

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.

SEX

Spayed Female

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 left kidney measured 6.0 cm.

AGE

10/15/14

WEIGHT

50 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.61 cm x 0.78 cm at the caudal pole and 0.70 cm at the cranial pole. The left adrenal gland measured 2.84 cm x 0.93 cm at the caudal pole and 0.75 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Spleen

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 were noted.

HOSPITAL NAME

Alexander AH

Liver

REFERRING VET

Dr. Alexander

The **liver** presented slight coarse architecture and increased portal markings. The gallbladder was unremarkable.

INVOICE

35885

Gastrointestinal

An undifferentiated, expansive, disruptive **intestinal** mass was noted, measuring approximately 7.0 cm x 4.0 cm. Regional distorted hypoechoic mesentery lymph nodes were enlarged, the largest measuring 7.7 cm x 3.6 cm with reactive mesentery. FNA of these lymph nodes recommended. Other portions of the gastrointestinal tract were unremarkable.

Pancreas

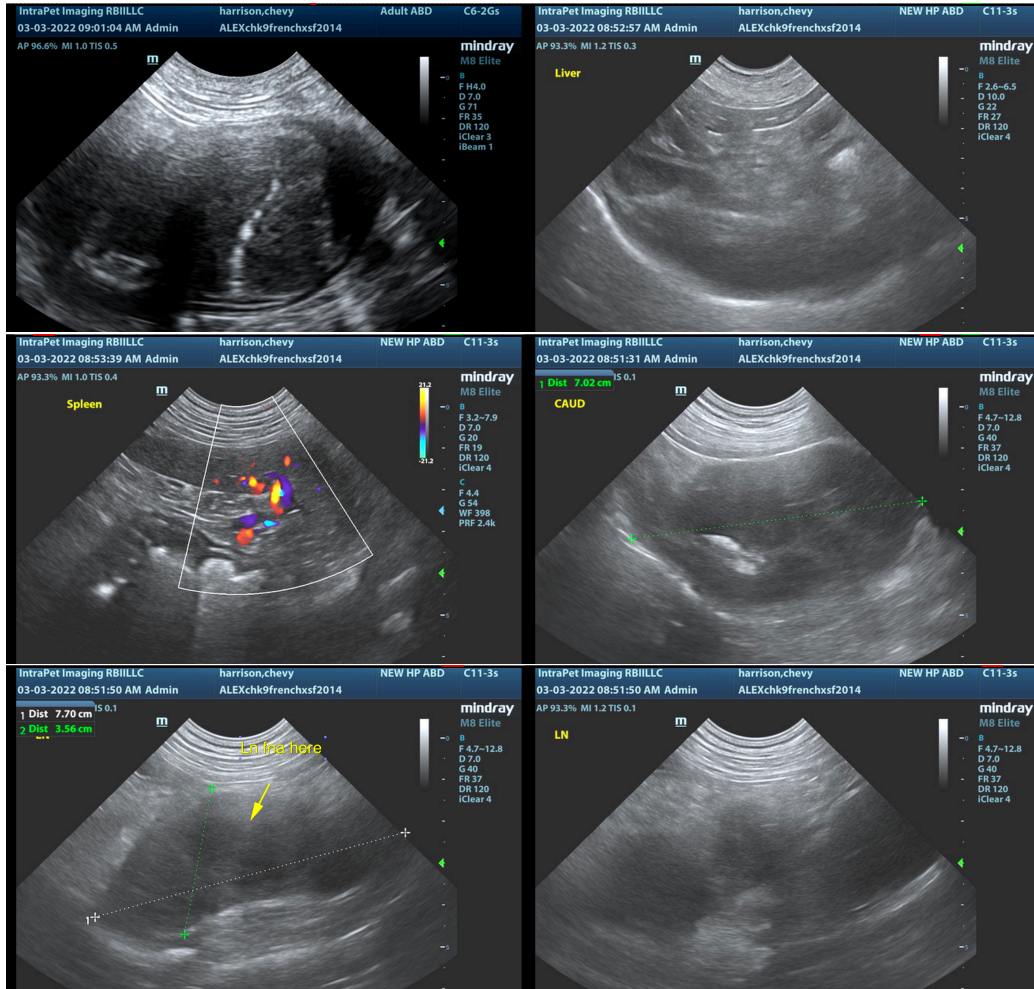
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

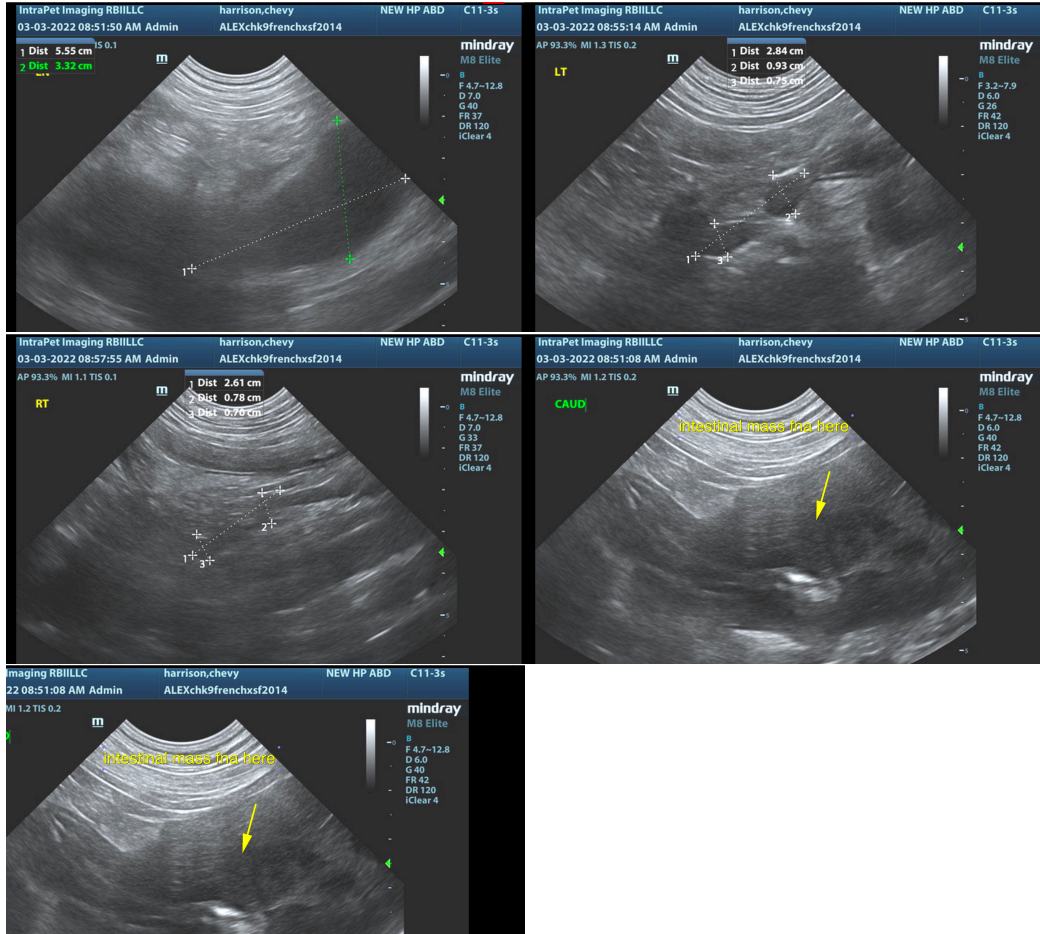
ULTRASONOGRAPHIC FINDINGS

- Aggressive intestinal mass with regional lymphadenopathy and regional inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphoma is suspected. Structurally the pathology appears to be limited to the intestine and regional lymph nodes. FNA intestine and lymph nodes recommended and immediate chemotherapeutic intervention. Chest radiographs with focus on longstanding cranial mediastinum recommended. Pain management, broad-spectrum antibiotics, IV fluid support warranted in the meantime until chemoreduction can occur. Significant inflammation is present.





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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