



PATIENT PRESENTING CLINICAL SIGNS

Gotham Fast

History: P was diagnosed w/ lymphoma on Friday @rDVM. P hasn't eaten anything since Saturday, vomiting a lot (approx 8 times, every couple hours yesterday, twice today). V+ is all liquid. Not drinking water, very lethargic. Enlarged lymph nodes noted, P seen at rDVM Tuesday, FNA done, results received Friday. Abdominal ultrasound is recommended to evaluate the wall of the gastrointestinal tract given the history of lymphoma. Treatment for gastroenteritis is recommended. If the patient is not responding as expected then followup 3 view abdominal radiographs or abdominal ultrasound are recommended. PT/PTT:wnl

SPECIES

Canine

BREED

Border Collie Mix

Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.527 K 3.3 Cl 98 Gluc 125 CBC: HCT 47% WBC 17.32 Neut 13.87 Mono 2.34 Plts 136 (rr 148-484) Chem 17: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

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 was noted. Ureteral papillae were normal.

AGE

5 years

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 4.0 cm. The right kidney measured 5.0 cm.

WEIGHT

30.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

Spleen

The **spleen** revealed an enlarged lymph node that measured 1.0 cm. The spleen was folded upon itself with subtle micronodular changes.

REFERRING VET

Dr. Gardner

Liver

The **liver** revealed uniform enlargement. The gallbladder and common bile duct were unremarkable.

INVOICE

96638

DATE

3/8/22



PATIENT

Gastrointestinal

Gotham Fast

A significant amount of anechoic **gastric** stasis was present. There is shadowing noted in the upper duodenum. I cannot rule out a small foreign body. Upper duodenal thickening was noted and may be playing a role in the delayed outflow pattern. The small intestines and colon were unremarkable.

SPECIES

Canine

Pancreas

BREED

Border Collie Mix

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.

SEX

Neutered male

Free Abdomen

AGE

5 years

A sublumbar lymph node mass was noted in this patient and measured 3.0 x 2.5 cm with micronodular changes and capsular expansion. The cranial abdominal lymph node was enlarged, rounded and hypoechoic measuring 3.0 cm.

WEIGHT

30.4 lbs

ULTRASONOGRAPHIC FINDINGS

Delayed outflow pattern with multi-centric lymphadenopathy and upper duodenal thickening. Most consistent with lymphoma and early splenic infiltrative pattern.

Shadowing noted in the upper duodenum. Unable to rule out foreign body.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

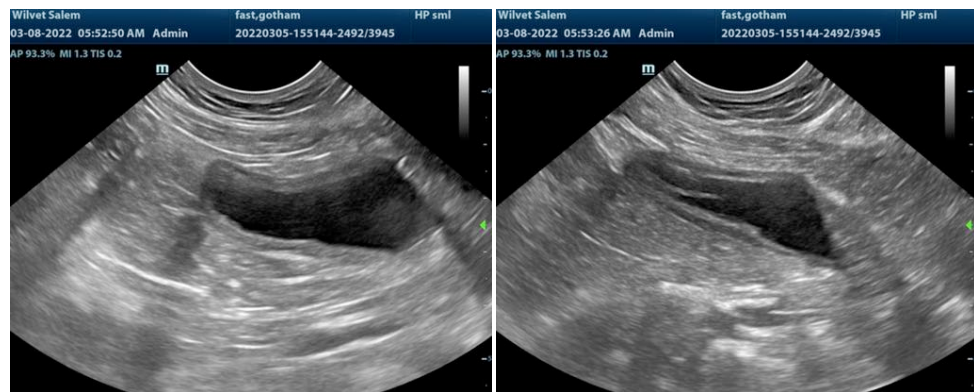
Further imaging is recommended after 24 hour n.p.o. Ultrasound-guided FNA of the regional lymphadenopathy is indicated.

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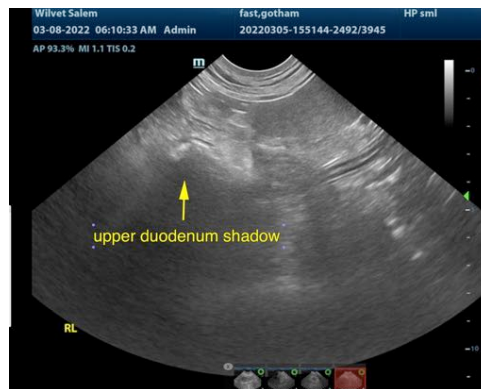
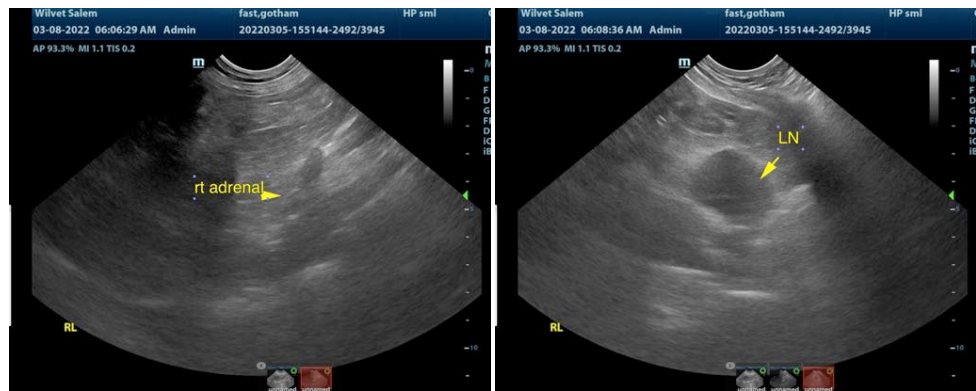
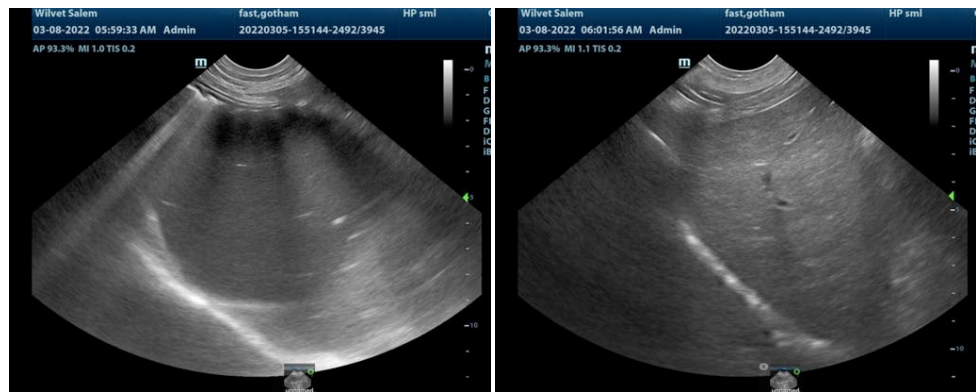
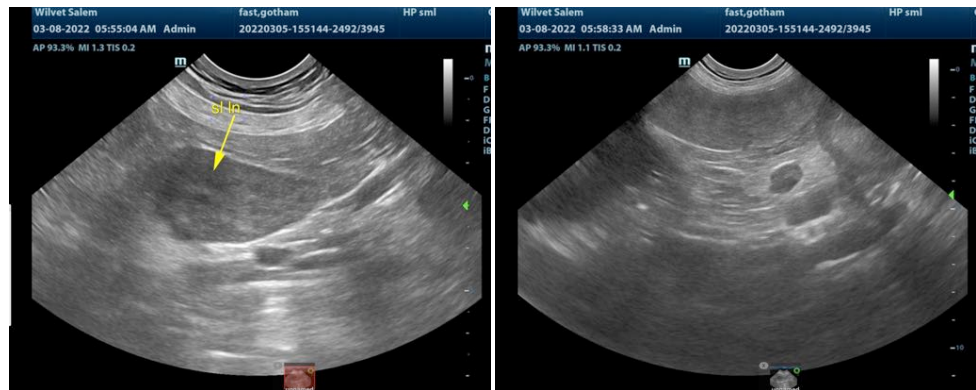
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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