



PATIENT

Chase Ouelette

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

13 Years

WEIGHT

94.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Linell

INVOICE

46537

DATE

4/10/23

PRESENTING CLINICAL SIGNS

ADR and inappetent. Very abnormal CBC with anemia (non regenerative), nucleated RBCs, high number of "unclassified cells", thrombocytopenia. Clin path review done. FNA of spleen parenchyma and splenic mass done.

Abnormal PE/Chem/CBC/UA Results: PE: QAR/depressed, weak in hind legs. CBC (4/3/23): Hct 29%, nucleated RBC 5/100, WBC 17k w/Monos 43%/7.6k. *1.5k Unclassified cells. Clin Path review (attached): morphology of these unclassified cells are suggestive of reactive lymphoid population, hematopoietic blast cells indicative of hematopoietic neoplasia (either primary leukemia or leukemic phase of lymphoma).

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.

Iliac lymph nodes were enlarged, rounded, and hypoechoic, measuring up to 2.0 cm x 1.5 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 left kidney measured 5.84 cm. The right kidney measured 6.55 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 left adrenal gland measured 3.07 cm x 0.76 cm at the cranial pole and 0.70 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** was enlarged, hypoechoic and irregular with scalloping contour, strongly suggestive for lymphoproliferative presentation with a granular type appearance and reactive surrounding mesentery. An overt mass was noted deriving from proliferative parenchyma measuring up to 5.0 cm in the mid cranial abdomen.

Liver

The **liver** was swollen with irregular contour and hypoechoic parenchyma. The gallbladder was slightly deviated. Hepatic lymph nodes were enlarged, largest of which measured approximately 4.0 cm x 3.0 cm.

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.



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Pancreas

Chase Ouelette

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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Free Abdomen

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Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Round cell neoplasia pattern involving the spleen and liver with hepatic and iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA spleen and liver recommended to confirm splenic and hepatic involvement in the lymphoproliferative disease.

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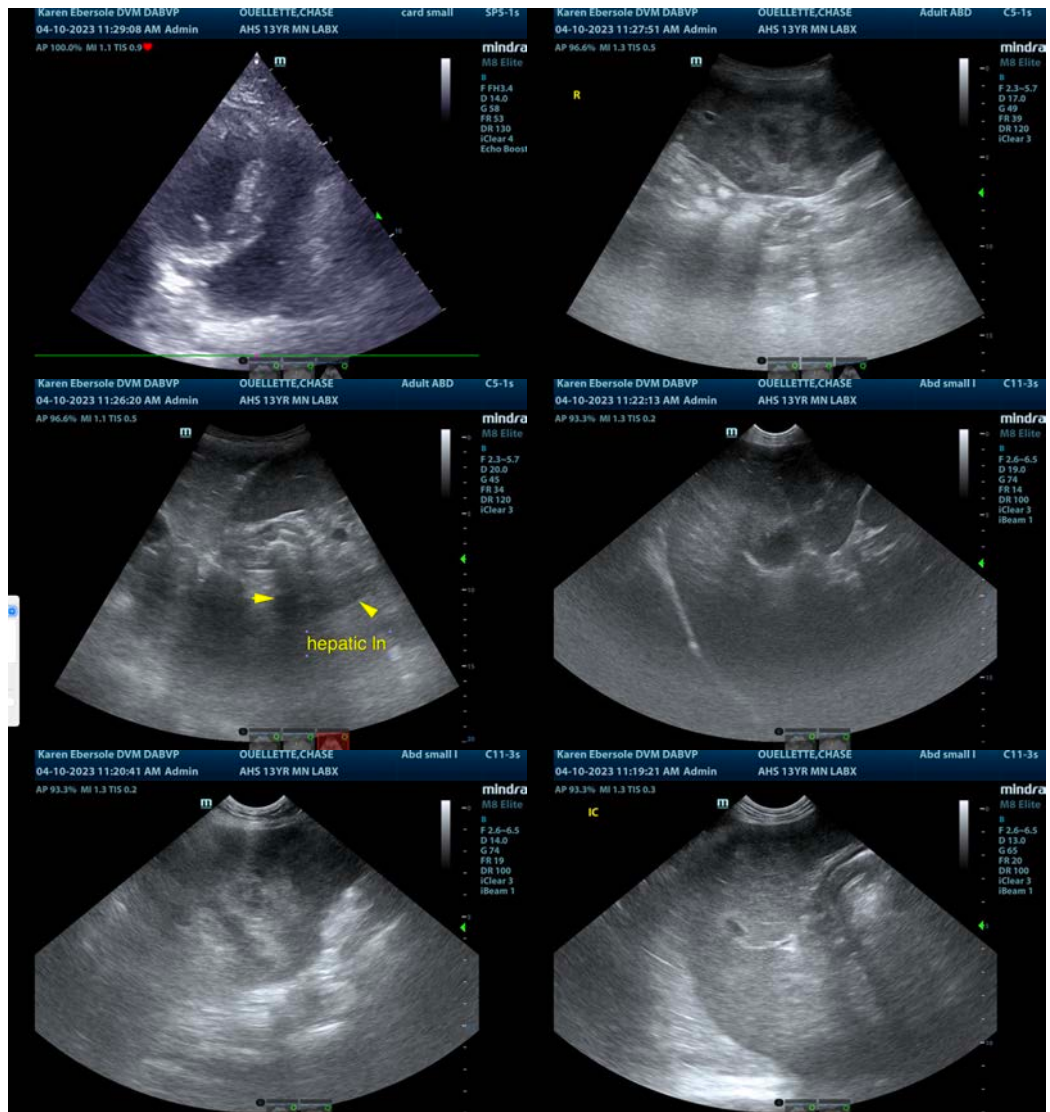
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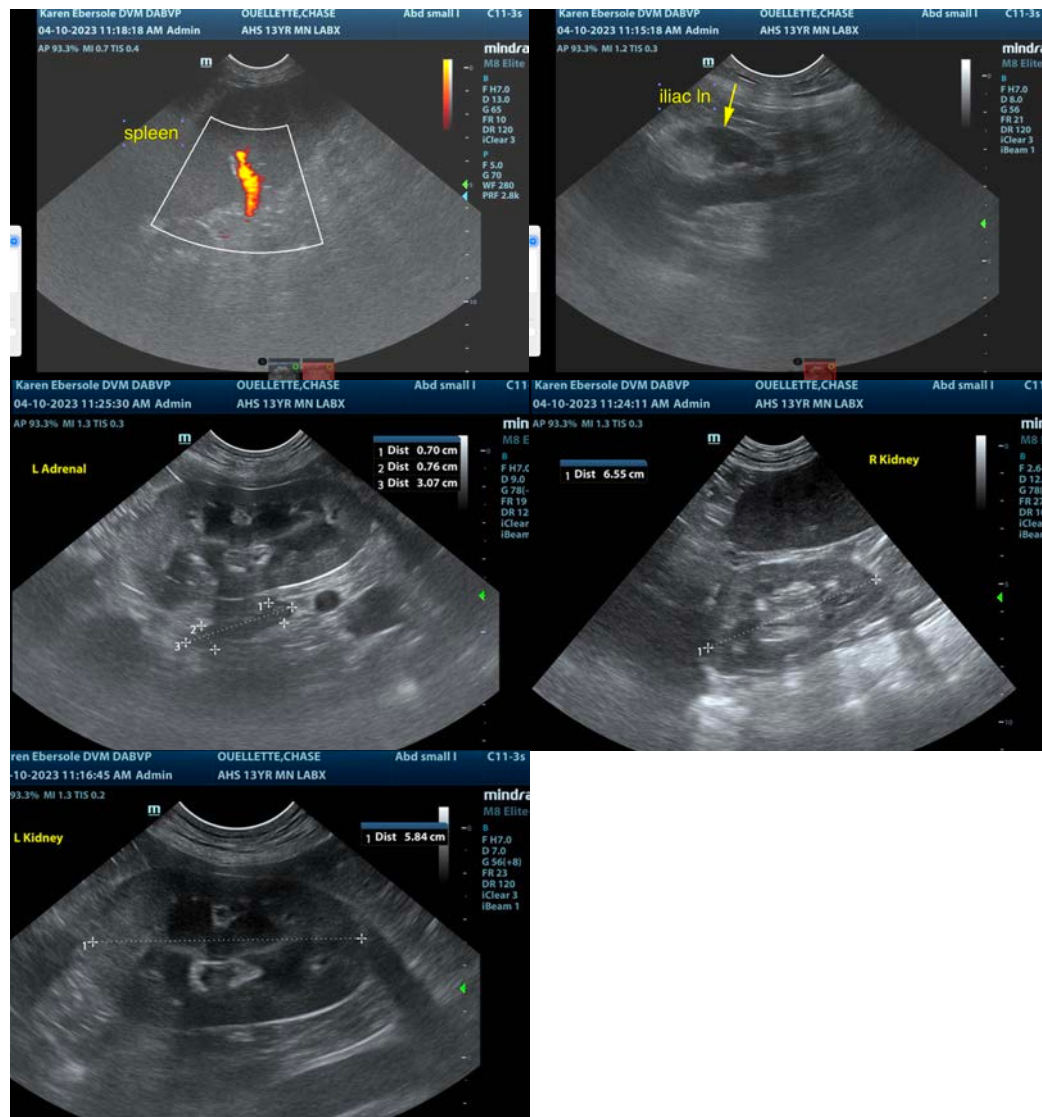
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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