

**PATIENT**

Chubs Calloway

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male

**AGE**

8 Years

**WEIGHT**

29 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amber Goldman, RVT

**HOSPITAL NAME**

Appalachian VU

**REFERRING VET**

Dr. Bilhorn

**INVOICE**

21969

**DATE**

4/13/23

**PRESENTING CLINICAL SIGNS**

History: Mass taken from right rear foot in early March at another practice. (No histopath) Now right popliteal very enlarged and feels like a right inguinal LN is also enlarged. He went to CASE recently and thorax films were done - no suspicious findings. Now he is not eating and has been vomiting

Abnormal PE/Chem/CBC/UA Results: BW Attached

**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.

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 5.5 cm. The right kidney measured 5.52 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 1.0 cm at the cranial pole and 0.58 cm at the caudal pole.

**Spleen**

The **spleen** revealed a mixed hypoechoic (1.12 cm x 0.94 cm) nodule.

**Liver**

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.

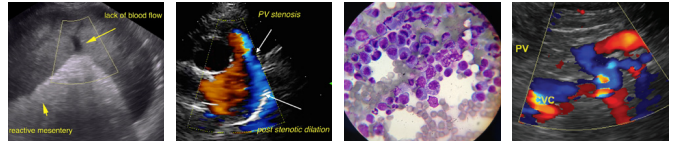
**Gastrointestinal**

The **stomach** was mildly thickened without loss of mural detail, however, given the lymphoproliferative pattern, concern for underlying early infiltrative involvement. The colonic wall was thickened with fluid filled lumen and some loss of mural detail.

**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.

**Free Abdomen**



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Sublumbar/iliac **lymph nodes** were enlarged, hypoechoic and rounded, the largest of which measured 5.0 cm x 2.7 cm. Pericapsular inflammatory pattern was noted. A separate node measured 4.68 cm x 1.97 cm. Popliteal lymph node was also enlarged, rounded and hypoechoic, measuring 6.0 cm with pericapsular inflammatory pattern and edema. Variable sublumbar and mesenteric lymph nodes were mildly enlarged as well.

**Other**

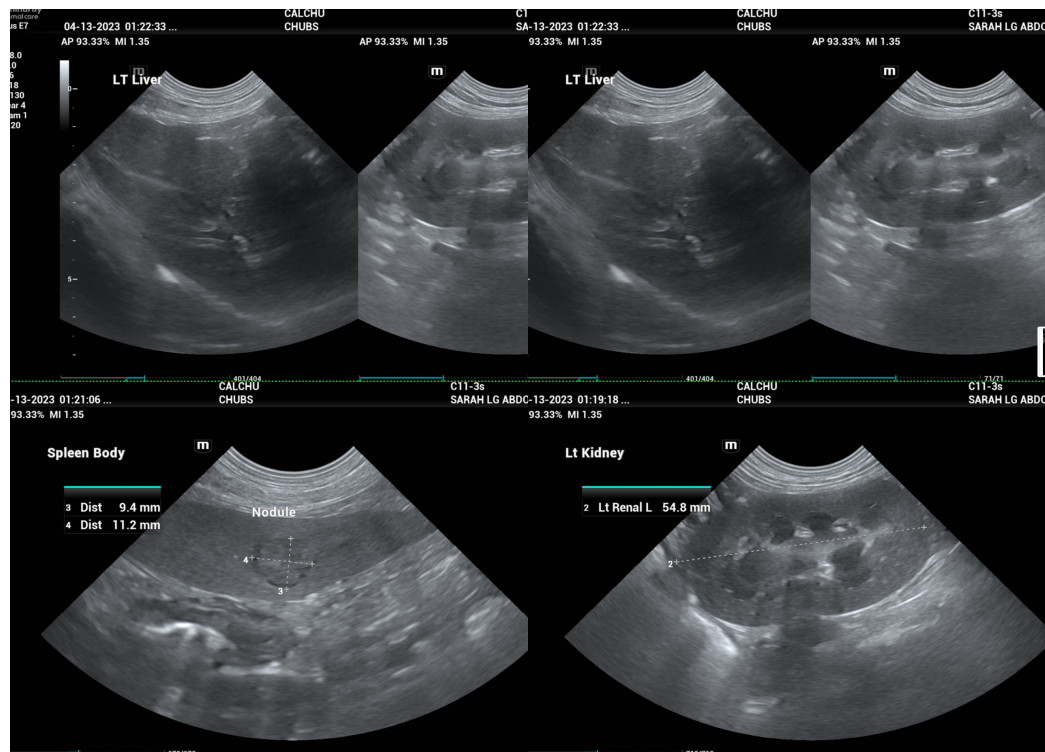
The **testicles** were imaged and found to be uniform with no evident pathology.

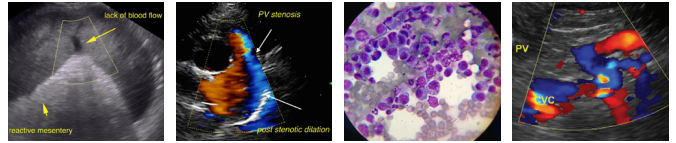
**ULTRASONOGRAPHIC FINDINGS**

- Aggressive multicentric infiltrative pattern
- Enlarged lymph nodes
- Splenic nodule
- Mildly thickened stomach
- Fluid filled colon with thickened wall- colitis vs emerging round cell neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the largest iliac lymph node and splenic nodule is recommended. Sampling and immediate chemotherapeutic intervention is likely necessary in this patient. Chest radiographs are warranted to assess for comorbidity/metastatic disease in the cranial mediastinum or lung fields.





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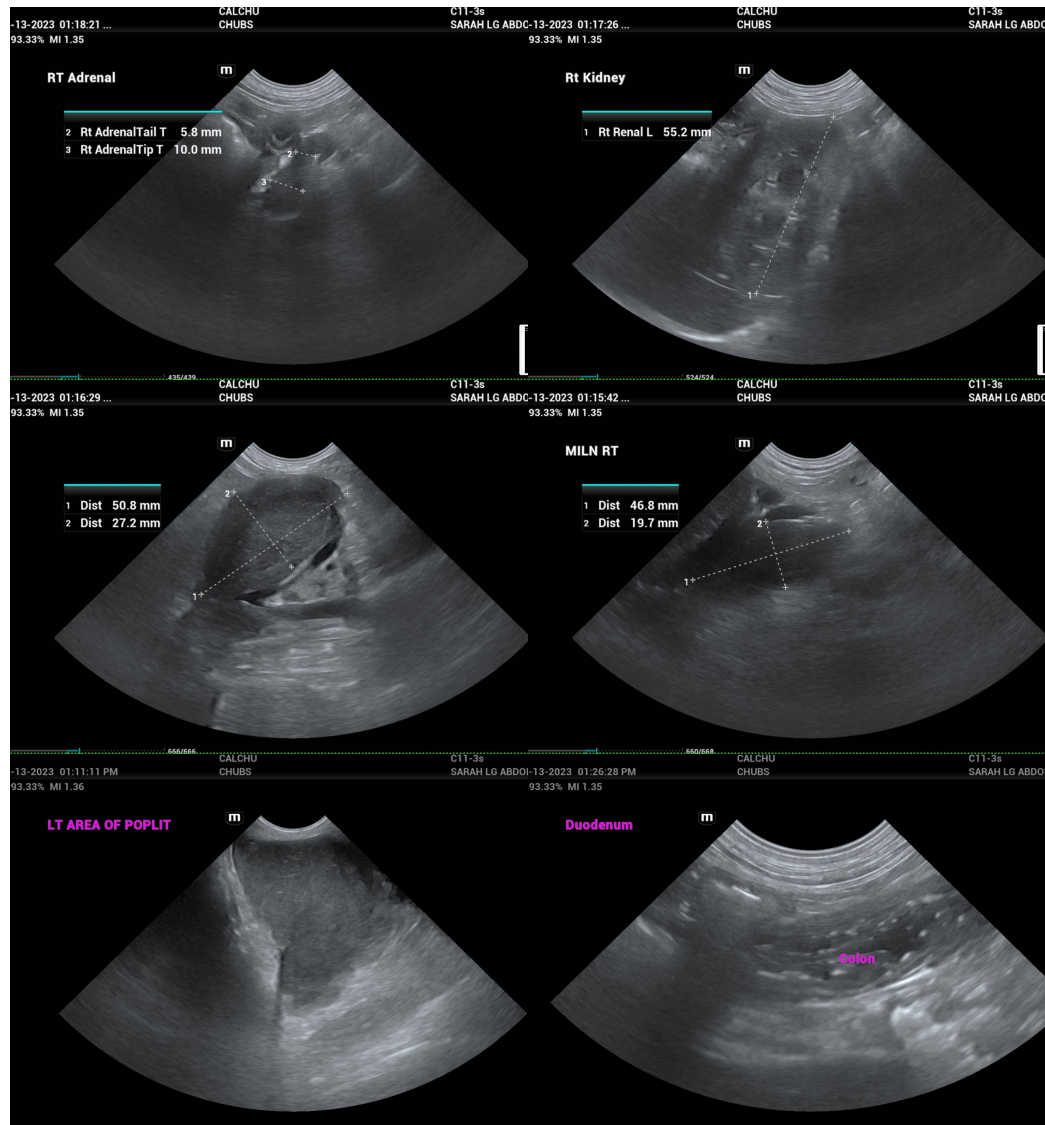
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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