



## PATIENT

Lucy Banfe

## SPECIES

Canine

## BREED

Border Collie Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

56 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Carissa Hayden

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Dr. Allyn

## INVOICE

74370

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

History: -She still won't eat her kibble.

-She'll eat treats and meats but has no interest in eating her food.

-She hasn't ever been a big eater, but he said that after a couple of days, -she'll go back to eating.

-she doesn't seem to be drinking more at night since starting the Ciprofloxacin.

- Recent laboratory results showed elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: PE: Prescapular lymph nodes are enlarged and firm, while other lymph nodes are not involved - Oral examination reveals teeth that are not terrible but not great - Body condition score is 6/9 - Abdomen palpates normally - Previous history of bladder stones/cystotomy CBC: RBC 9.11M/uL, MCV 57fL, MCH 19.5pg, Reticulocyte Hemoglobin 20.6pg, CHEM: IDEXX SDMA 16ug/dL, ALT 227U/L, ALP 1,680U/L, GGT 32U/L, Lipase 256U/L, Spec cPL 311ug/L UA: Specific Gravity 1.030, pH 7.0, Urine Protein 30mg/dL, Blood / Hemoglobin 250Ery/uL, White Blood Cells 13 /HPF, Red Blood Cells >50 /HPF.

## 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. Multiple calculi were noted. A grouping of which measured 2.4 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 5.46 cm. The right kidney measured 6.37 cm.

The iliac lymph node was mildly enlarged, hypoechoic and irregular measuring up to 2.0 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** was mildly enlarged and irregular with a hypoechoic nodule that measured up to 0.7 cm with reticular and micronodular honeycomb type pattern. This is strongly consistent with round cell neoplasia.

### Liver

The **liver** was mildly swollen and slightly heterogenous. The gallbladder and common bile duct were unremarkable.



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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. 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.

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

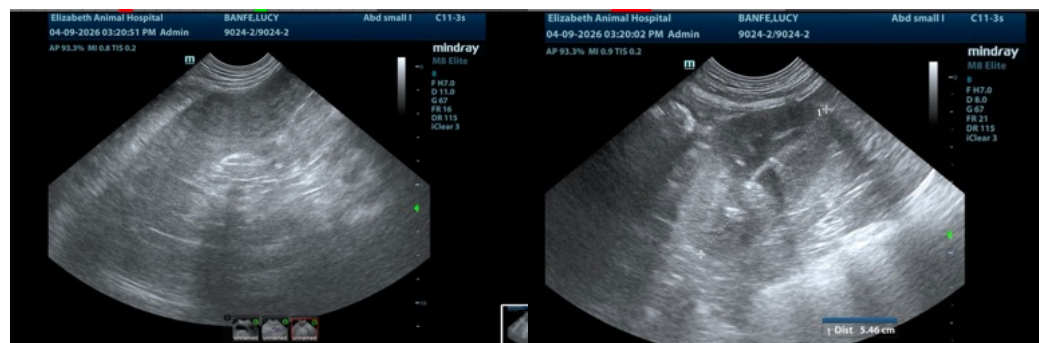
Multi-centric round cell neoplasia, fairly early phase.

Concurrent bladder calculi.

Minor degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the accessible lymph nodes, spleen and liver is all indicated for further definition.





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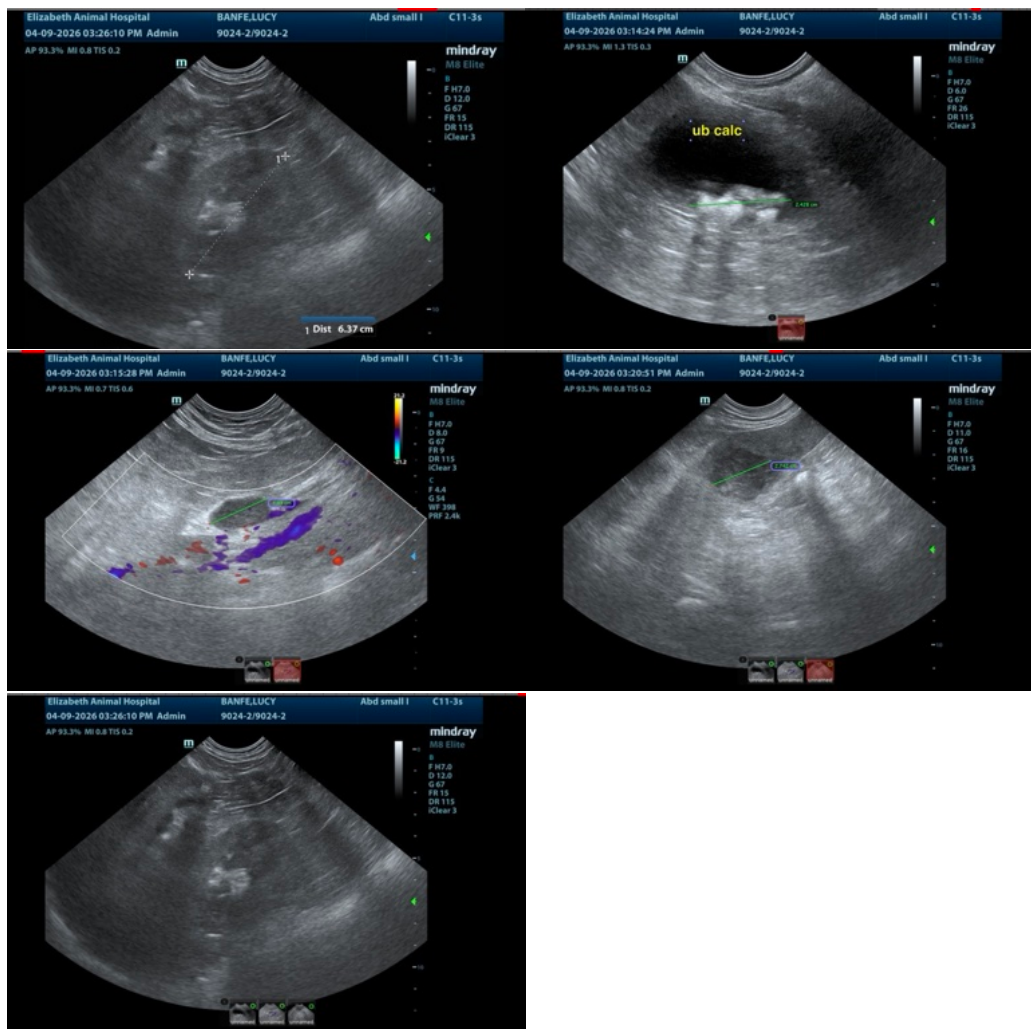
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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