

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Diarrhea and anorexic.

PATIENT

Current Medications: None listed.

Lab Results: NSF.

Pablo Collins

Radiographs: Splenomegaly- unsure if caused by drugs- Propofol, Ace and Torb were given.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: IM dexmedetomidine.

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Pitbull Mix

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.

SEX

Neutered Male

AGE

9/1/15

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 5.87 cm. The right kidney measured 5.87 cm.

WEIGHT

65 Pounds

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 2.87 cm x 0.84 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 2.89 cm x 0.55 cm at the caudal pole and 0.5 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**The **spleen** was mildly enlarged, uniform.**HOSPITAL NAME**Companion Animal
Care Center**Liver**The **liver** was mildly swollen and slightly irregular in contour. The gallbladder and common bile duct were unremarkable.**REFERRING VET**

Dr. Johnston

GastrointestinalThe **stomach** itself was unremarkable. Variable areas of distal small intestine revealed hypertrophy and some loss of early mural detail.**INVOICE**

15183

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

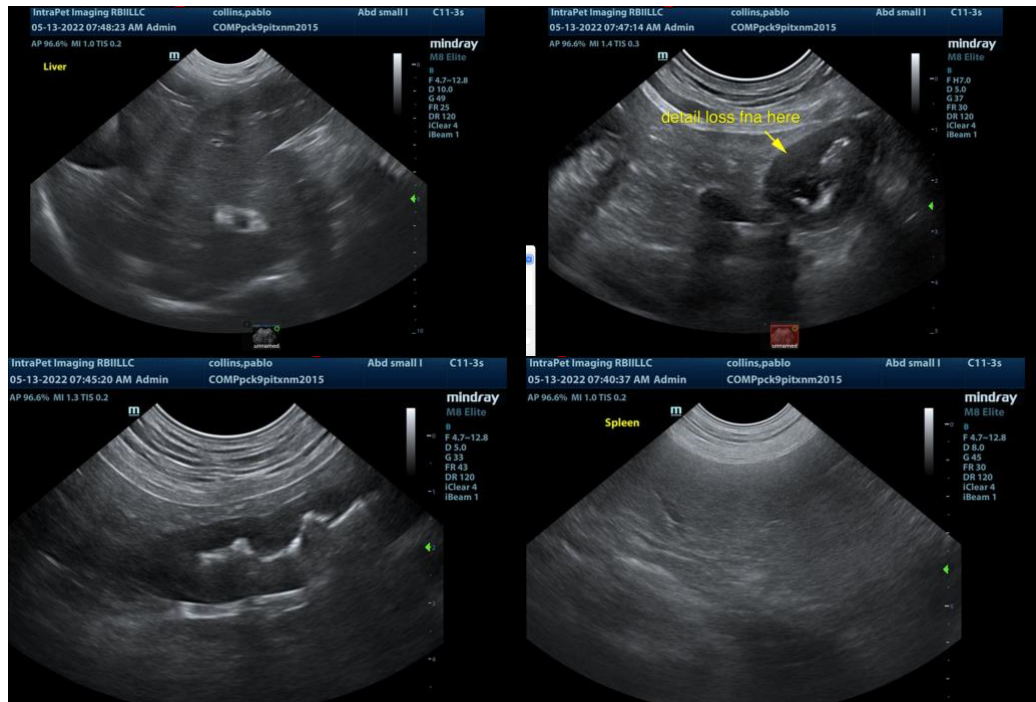
A mesenteric lymph node mass was noted, measuring approximately 8.45 cm x 3.56 cm. A separate distorted hypoechoic peripherally inflamed lymph node measured 6.25 cm x 3.13 cm. The mesenteric lymph nodes were significantly vascular and significantly inflamed.

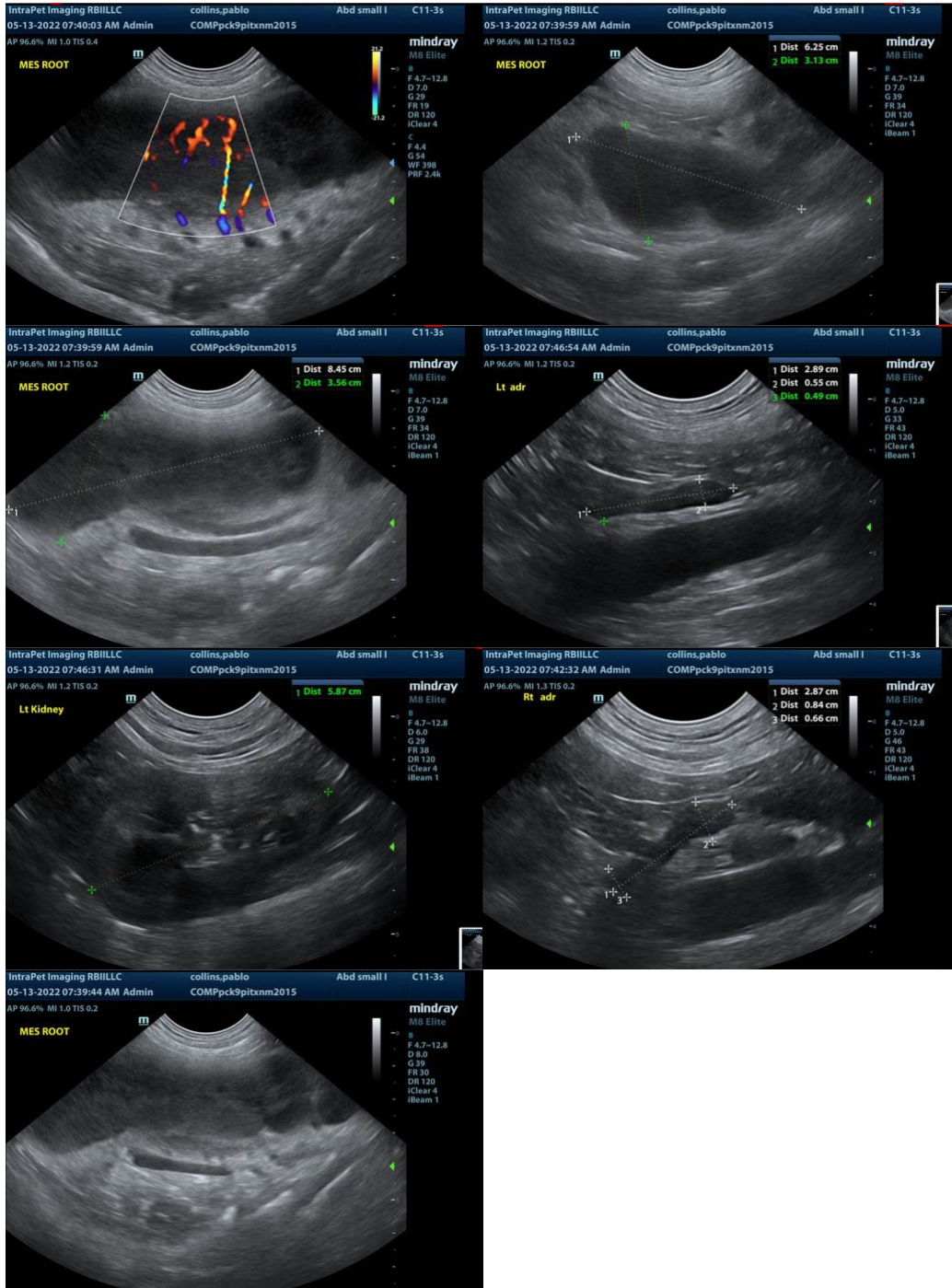
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy, aggressive. Strong concern for round cell neoplasia/lymphoma
- Possible splenic involvement. Mild splenomegaly
- Small intestine, hypertrophy with early loss of mural detail
- Irregular liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes and spleen indicated in this patient and affected portion of the small intestine (if accessible). Round cell neoplasia suspected. FNA of the liver warranted to assess if early metastatic disease to the liver is an issue.





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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