**PATIENT**Fatima Benavides  
50776A**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Female

**AGE**

10 years

**WEIGHT**

28.7 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialist Dr. Manhart**INVOICE**

30675

**DATE**

5/24/22

**PRESENTING CLINICAL SIGNS**

History: Fatima originally presented on 5/17/22 for respiratory distress and cervical swelling. CT performed revealed soft tissue swelling of the larynx. No evidence of a mass. Sedated oral exam was negative for laryngeal paralysis. She was prescribed antibiotics and prednisone and discharged on 5/20. She returned on 5/22 for acute onset of vomiting, regurgitation, diarrhea and inappetance.

Abnormal PE/Chem/CBC/UA Results: mild anemia (PCV 35%) and mild hyponatremia/hypochloremia

**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 was noted. Ureteral papillae were normal.

The right and left ovary were cystic and irregular measuring 2.0 cm in length. The right uterine horn was dilated with fluid and measured up 0.5 cm in width.

The **kidneys** revealed thickened and mildly irregular renal cortices. The kidneys measured 7.0 cm each.

**Adrenal Glands**

The left adrenal gland was enlarged, rounded, hypoechoic and measured 2.0 cm wide x 3.4 cm long. An expansive nodule appeared to be deriving from the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. A hyperechoic nodule was noted in the cranial pole of the right adrenal gland. This is likely lipogranuloma.

**Spleen**

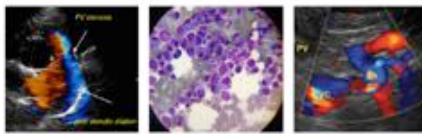
The **spleen** was enlarged and folded upon itself caudally with subtle micronodular changes. An echogenic filling of the splenic vein was noted. This may represent thrombosis. However, power Doppler assessment would be recommended for further definition.

**Liver**

The **liver** was diffusely hyperechoic to the falciform fat. Minor cysts were noted in the left cranial liver as well. The gallbladder and common bile duct were unremarkable.

**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.

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***Pancreas***

Some heterogenous changes were noted around the pancreas. Some level of pancreatitis may be playing a role. However, this may be software related.

***Free Abdomen***

Free fluid was noted in the abdomen.

***Cervical Region***

The salivary glands are uniform with a hypoechoic parenchyma. The submandibular lymph node was hypoechoic and mildly rounded measuring 1.48 x 0.85 cm. A separate iliac lymph node measured 4.2 x 0.87 cm with hypoechoic parenchyma. Right submandibular lymph node measured 2.05 x 0.71 cm. Regional hyperechoic, inflamed fat was noted associated with the lymph nodes.

The right thyroid lobe was uniform and measured 2.4 x 0.83 cm. The left thyroid lobe was uniform and measured 2.58 x 0.3 cm with a hypoechoic 0.64 x 0.34 cm nodule in the mid lobe of the left thyroid. This is consistent with parathyroid enlargement. The parathyroid were visible on the right thyroid lobe.

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric lymphoproliferative pattern.

Retromandibular and submandibular lymphadenopathy with regional inflammation.

Left thyroid lobar nodule.

Free fluid.

Enlarged spleen with macronodular changes.

Left adrenal nodule/mass. Adenoma, adenocarcinoma, pheochromocytoma.

Right adrenal nodule, likely lipogranuloma.

Cystic ovaries.

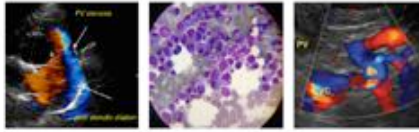
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of accessible lymph nodes and spleen with cytology and culture is recommended. Left adrenal mass/nodule appears resectable.

The laryngeal swelling is likely related to the lymphadenopathy. However, the Prednisone may be suppressing a multi-centric lymphomatous type presentation. Cytology +/- PCR or PARR may be appropriate. Given the mild anemia bone marrow aspirate is also indicated. Blood pressure measurements are warranted. If hypertension is present then left adrenal pheochromocytoma may be playing a role. Supportive care with gastrointestinal protectants and treatment for pancreatitis is warranted given the pancreatic presentation. However, I am concerned about an underlying partially suppressed lymphoproliferative disease.

**IMAGING PERFORMED BY**

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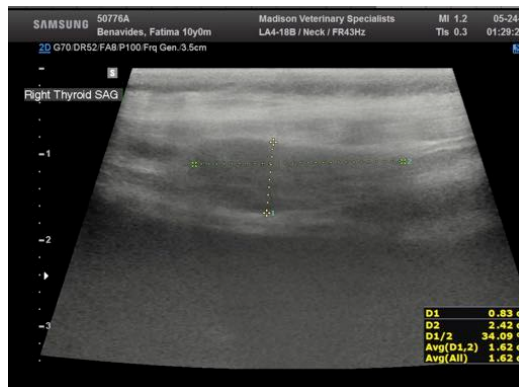
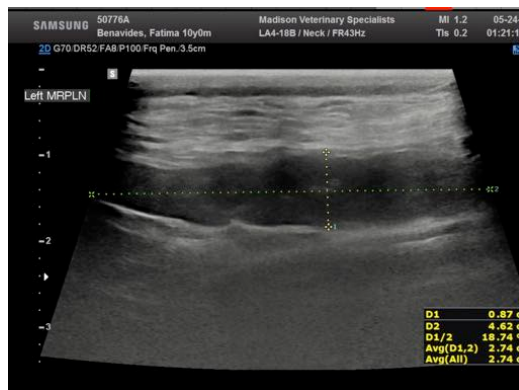
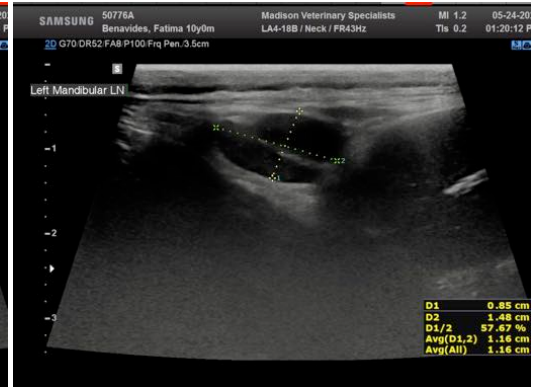
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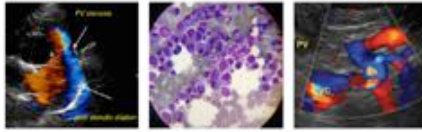
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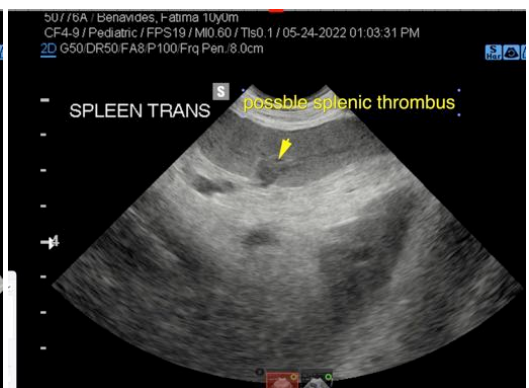
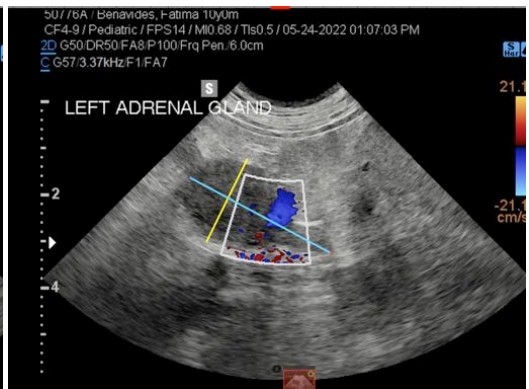
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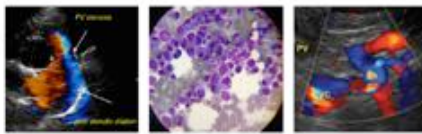
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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