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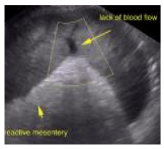

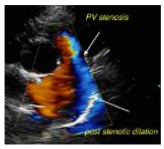

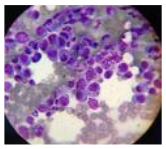
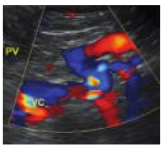

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Andrea Evans

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

10 Years

WEIGHT

21.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug, Technician

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Hannah Mortensen

INVOICE

15759

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: New patient referred to us for abdominal ultrasound. Recently diagnosed with PLE at primary vet. Couple month history of inappetence with loose stool on and off. Got better with low fat foods but then returned. Owner does feed human food if she doesn't eat the dog food.

Abnormal PE/Chem/CBC/UA Results: Tense abdomen - no distinct region painful. Very pale on exam today. Did have positive culture on free catch at primary vet - have since rechecked and cleared up on abx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A minor amount of nonobstructive bladder sand was noted, measuring approximately 7.0 mm. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 4.25 cm. The left kidney measured 4.42 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.47 cm at the caudal pole and 0.38 cm at the cranial pole.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** revealed a focal hypoechoic (0.59 cm x 0.87 cm) nodule with a separate (1.06 cm) nodule. Other smaller nodules were noted throughout the spleen. Strong concern for round cell neoplasia.

Liver

The **liver** was riddled with multifocal hypoechoic nodular changes, mildly disruptive. The gallbladder revealed minor excessive debris and suspended sand, measuring approximately 2.0 cm x 2.0 cm, rounded. Slightly echogenic gallbladder wall noted.

Gastrointestinal

The upper **gastrointestinal tract** was largely unremarkable. Some distal small intestinal thickening was noted with early loss of mural detail.

Pancreas

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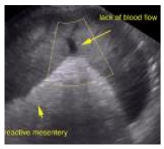
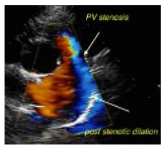
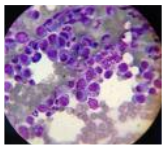
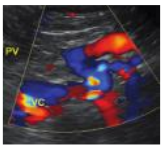

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

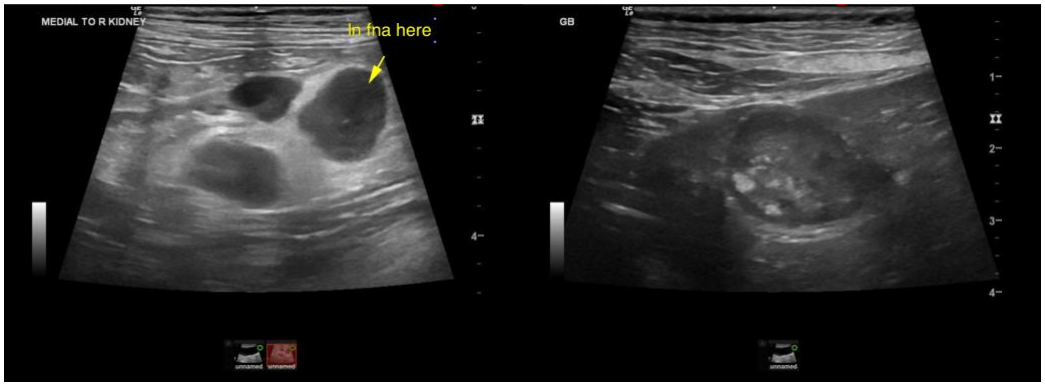
The mesenteric **lymph nodes** were enlarged, irregular, rounded, hypoechoic and peripherally inflamed. The largest lymph node measured 1.5 cm.

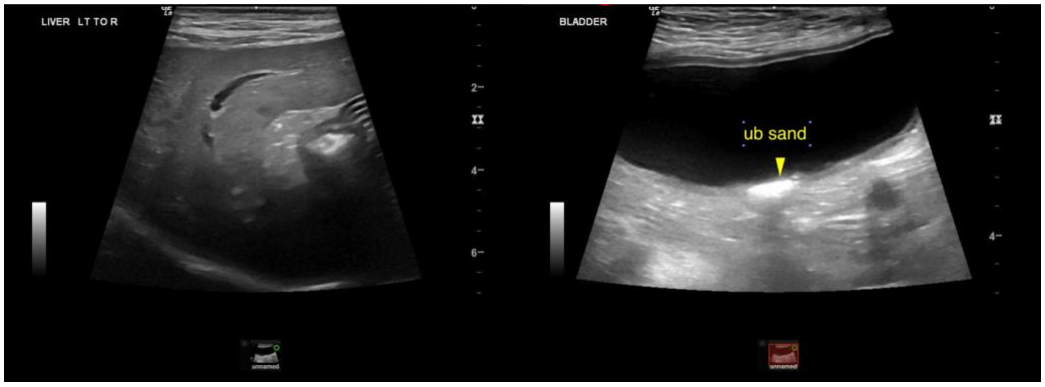
ULTRASONOGRAPHIC FINDINGS

- Multifocal splenic nodules
- Hepatic nodules
- Mesenteric lymphadenopathy
- Age-related urinary bladder changes with nonobstructive bladder sand
- Minor intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for round cell neoplasia. Splenic, lymph node and hepatic FNA strongly encouraged. Lymphadenitis and pronounced nodular hyperplasia possible yet less likely. If the patient has been treated with cortisones, this may be a suppressed presentation. Prognosis is very guarded. Chest radiographs with focus on lung fields and cranial mediastinum indicated to assess for metastatic disease.





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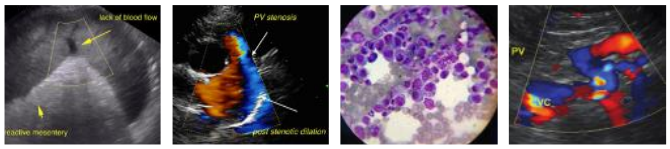

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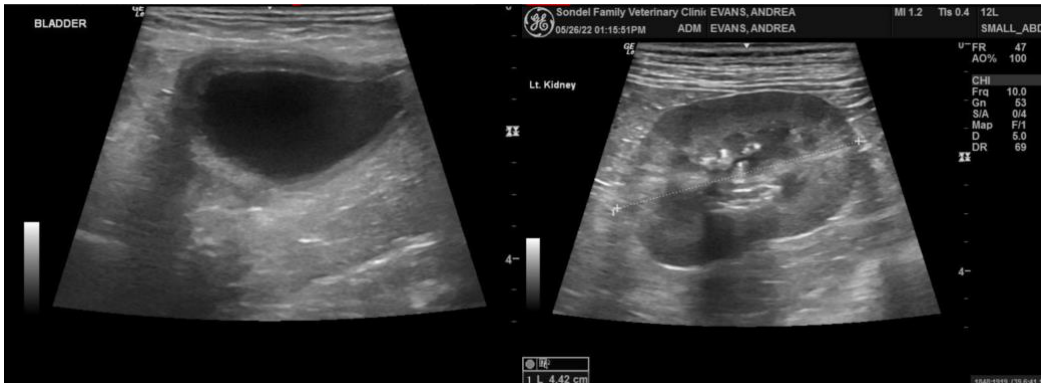

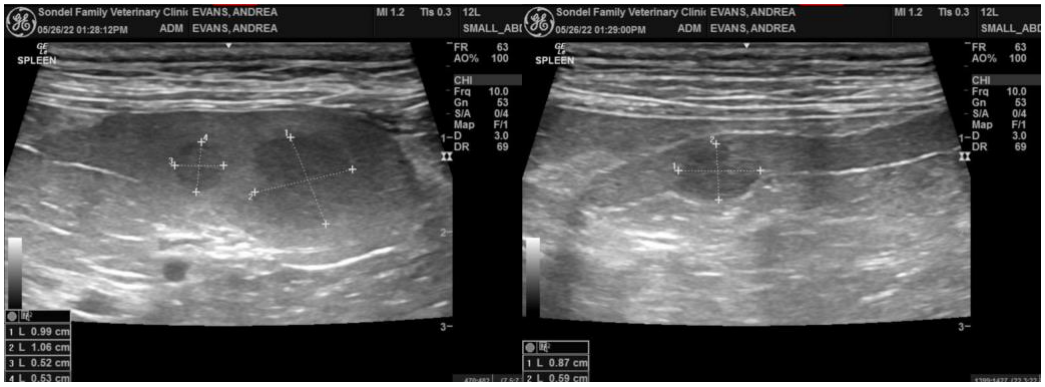

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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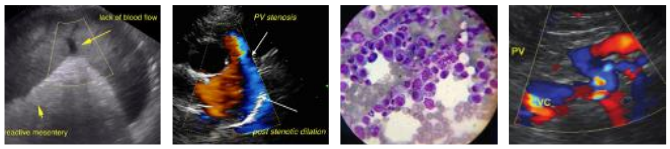

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visible in the image/video clips provided.

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