



**PATIENT**

Macey Rhodes

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

15818

**DATE**

5/30/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for AUS. Started with teeth cleaning in Feb., was dx with collapsing trachea prior to sx, but then after dental she started coughing more and more hacking up bile/phlegm. Started on cough meds, but pet seemed not herself, took back for an exam and found that she was very tender in her abdomen. Sent home with Cerenia. Took back bc lymph node on neck seemed bigger, aspirated, dx with cancer. Rec AUS for cancer spread/check. On prednisone, Cerenia. Cough is improved. Does have known heart murmur. Previous Health Concerns: heart murmur, enlarged LN

Abnormal PE/Chem/CBC/UA Results: Tense on abdominal palpation. 4/6 heart murmur Rdmv bloodwork: 12/2022 ALKP 1658; PLT 436; NEU 58; LYM 32; 4dx negative.

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The right kidney measured 4.05 cm. The left kidney measured 4.04 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 left adrenal gland measured 1.44 cm x 0.32 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a mild change.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## Free Abdomen

Just caudal to the left renal artery, a renal **lymph node** was enlarged, rounded and hypoechoic, measuring 1.5 cm x 1.0 cm.

A cranial abdominal lymph node was also enlarged.

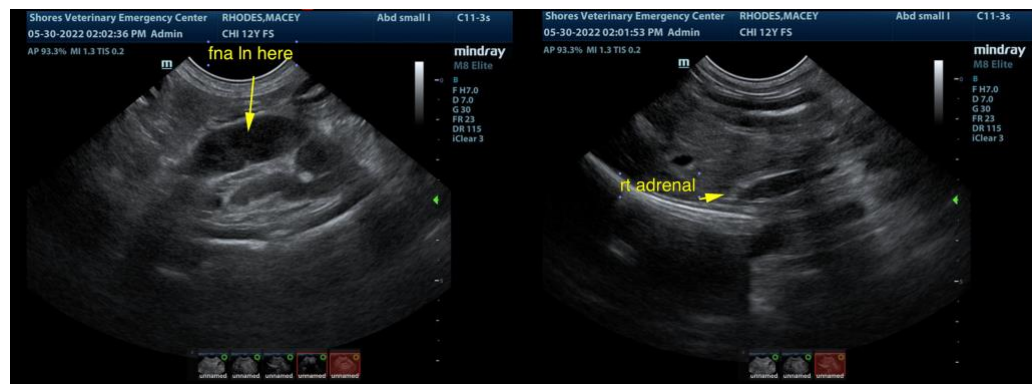
Mesenteric lymph nodes were also enlarged, hypoechoic and irregular, measuring up to 2.0 cm x 1.0 cm.

## ULTRASONOGRAPHIC FINDINGS

- Multifocal lymphadenopathy
- Hepatopathy
- Geriatric abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for partially suppressed lymphoma. FNA with PAR or PCR cytology of the most accessible lymph nodes recommended. Concurrent splenic and hepatic FNA is also indicated, even though structurally they appear benign, as I'm concerned for multicentric occult lymphomatous process or similar. Lymphadenitis possible yet less likely.





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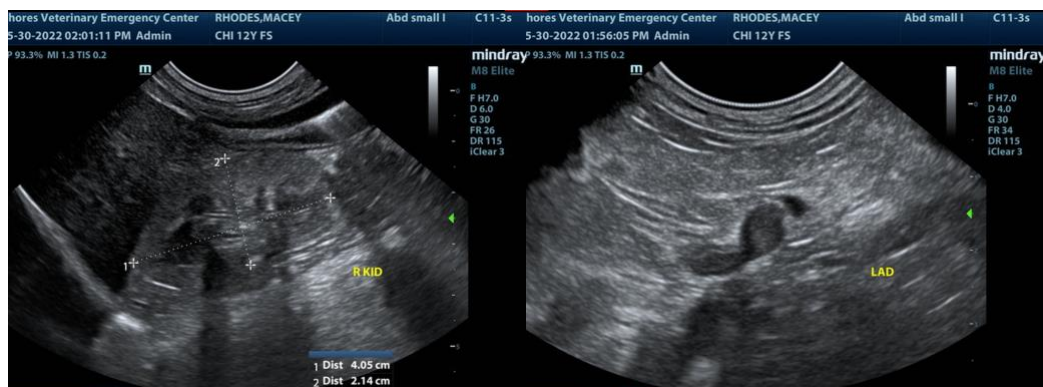
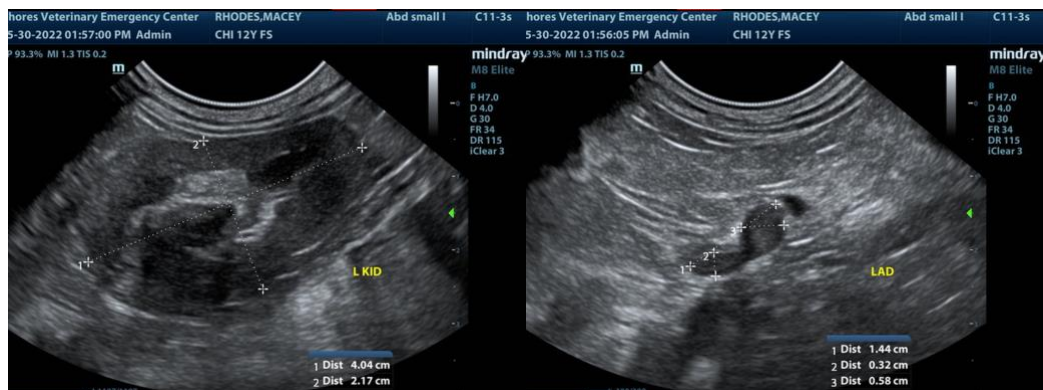
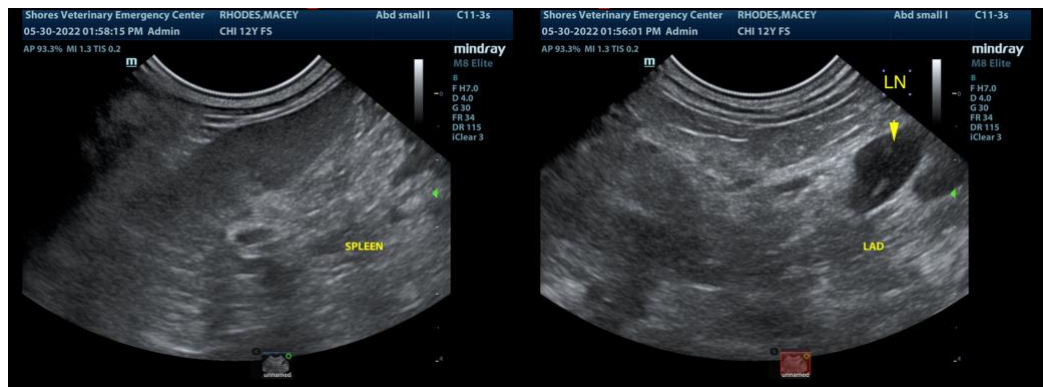
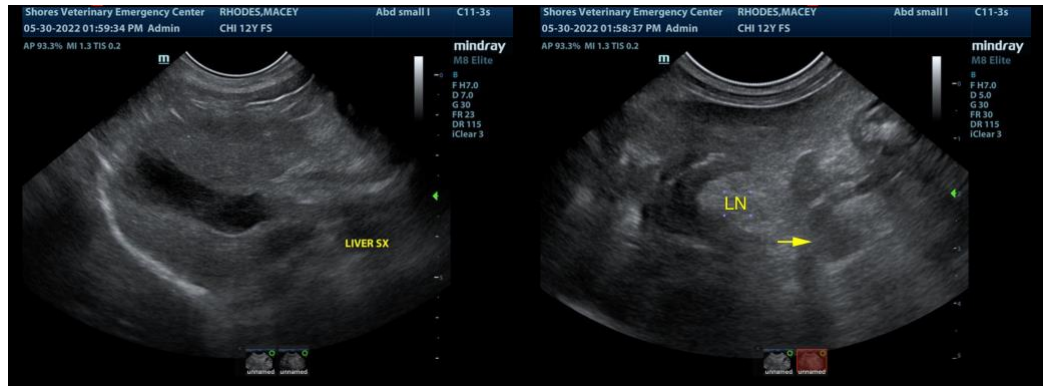
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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info@SonoPath.com

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