

**DATE PRESENTING CLINICAL SIGNS**

5/5/23 History: Presented for lethargy and decreased appetite for 1 week. Lymphadenopathy on PE. Hepato and splenomegaly on rads.

PATIENT

Annabelle Lippa

Current Medications: 5/4/23 Pred 40 mg BID

Lab Results: ALT 147, Tbil 3.3.

Radiographs: Hepato and splenomegaly.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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.

AGE

9/23/12

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 6.88 cm. The left kidney measured 7.07 cm.

WEIGHT

90 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 2.03 cm x 0.88 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland measured 2.72 cm x 0.7 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Hickory VH

Spleen

The **spleen** was severely enlarged with scalloping contour, and reticular micronodular pattern with localized free fluid. Reactive mesentery was noted around the splenic presentation, suggestive for an aggressive process. No evidence of splenic thrombosis noted.

REFERRING VET

Dr. Lyle

Liver

The **liver** was enlarged and mildly heterogenous, with coalescing hypoechoic subtle nodular changes. Trace gallbladder sand was noted, not pathological.

INVOICE

22344

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.

Free Abdomen

The **iliac lymph nodes** were enlarged, rounded and hypoechoic, measuring up to 3.0 cm x 2.0 cm.

Other

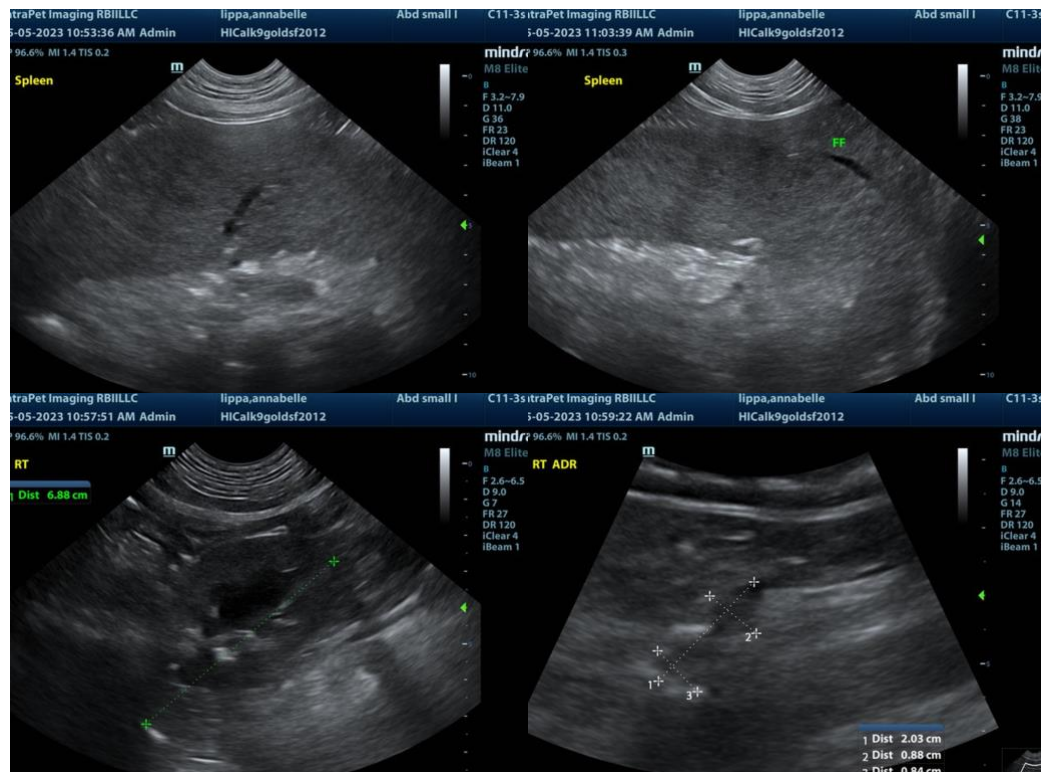
A rapid view of the **heart** revealed no evident pathology. Contractility was normal. The right auricle was clean.

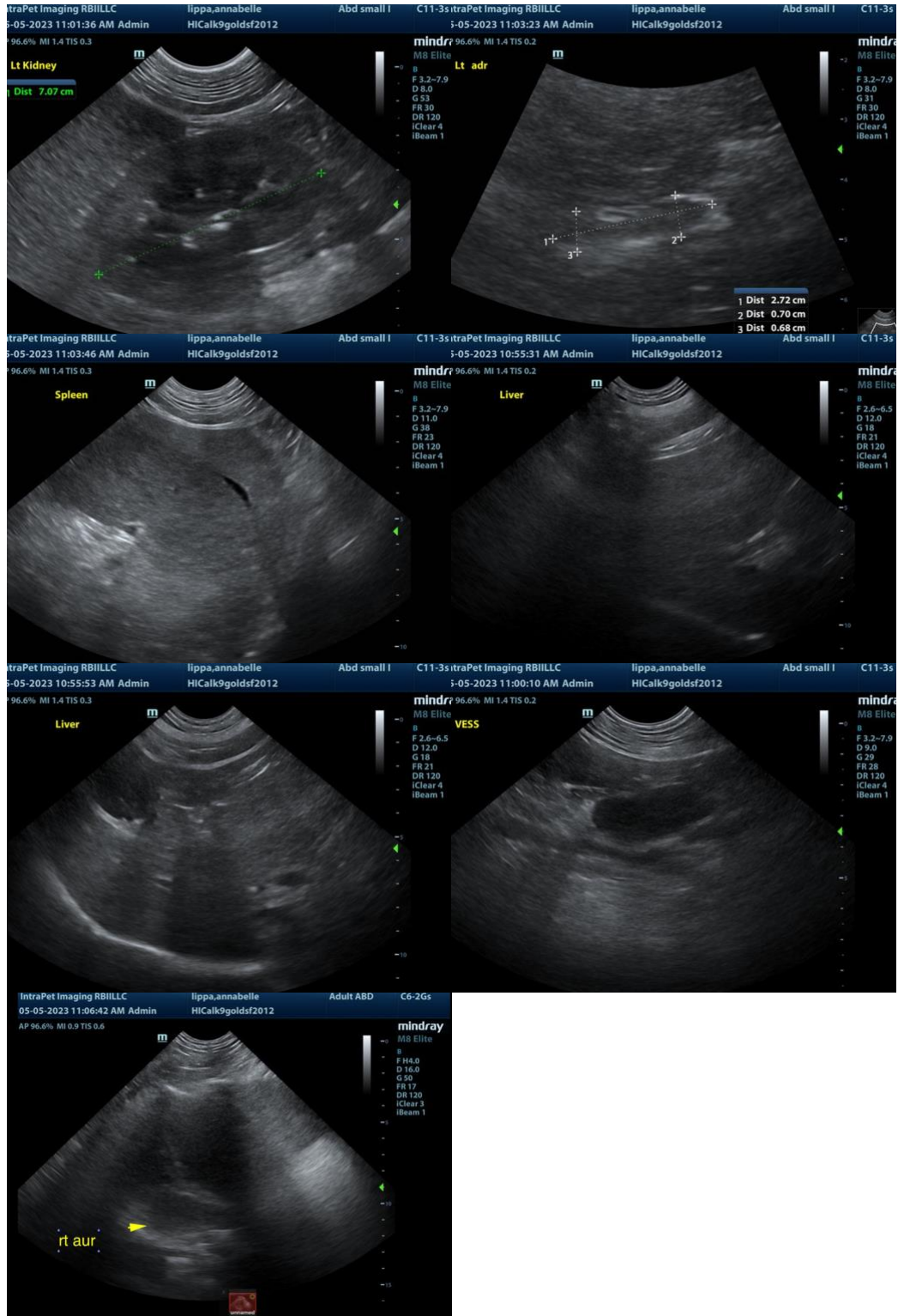
ULTRASONOGRAPHIC FINDINGS

- Splenic infiltrative pattern, strong concern for round cell neoplasia
- Potential hepatic involvement
- Enlarged iliac lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the iliac lymph nodes, spleen and liver is recommended for staging purposes. Strong concern for round cell neoplasia. Splenitis, reactive lymphadenitis and age-related hepatic changes are all possible yet less likely.





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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