



PATIENT

Shyla Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

36.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Kritsta Huxham-
Island Tides VH

INVOICE

22332

DATE

5/5/23

PRESENTING CLINICAL SIGNS

History: Shyla presented March 14 for second opinion on her lymphoma diagnosis in December. Enlarged left mandibular LNAt the time was happy and bouncy as usual. Was doing well on 25 mg prednisone daily. Further testing showed lymphoma results however resolution of lymphoma cells in blood stream. Consultation with oncologist via IDEXX suggested due to low grade nature and lack of concerning c/s aside from stable bouts of hemorrhagic diarrhea resolved with metronidazole that likely it is indolent lymphoma so recommended tapering pred and repeating testing n 4 weeks with flow cytometry to confirm. While tapering She became inappetent , hemorrhagic diarrhea worsened and had abdominal pain.

Abnormal PE/Chem/CBC/UA Results: March 14 mild leukocytosis characterized by mild neutrophilia and monocytosis. Marked ALP elevation and mild GGT elevation, mild hypoalbuminemia, mild hyperphosphatemia and elevated urea. April 19: mild monocytosis, suspected band cells but otherwise normal leukocyte numbers. Mild reticulocytosis. Moderate ALT elevation (2X upper RI), marked ALP elevation (dilution required to read), mild GGT elevation and mild hypercholesterolemia. Normal CPL Heart rate 120, stressed, temp 39.1 , mm pink. mild throat congestion and thickened throat latch on palpation. Small amount of melena visible around rectum. Very happy dog.

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 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 left kidney measured 6.8 cm. The right kidney measured 6.4 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 0.45 cm. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a minor/benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat.



PATIENT

Shyla Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

36.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Kritsta Huxham-
Island Tides VH

INVOICE

22332

DATE

5/5/23

Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. This is a moderate change.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

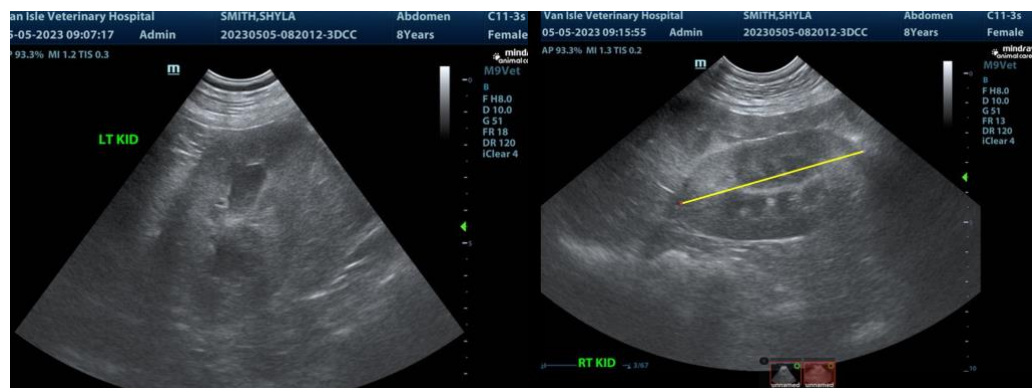
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Minor splenic mineralization
- Partially full stomach
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia, lymphoma or other. However, if weight loss is an issue, then screening FNA of the spleen and liver is indicated. The liver presentation is likely induced by Prednisone therapy. I cannot rule out an underlying round cell neoplasia suppressed by the Prednisone; however, no evidence of neoplasia is noted at this time. The splenic mineralization is likely secondary to the cortisone therapy.





PATIENT

Shyla Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

36.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Kritsta Huxham-
Island Tides VH

INVOICE

22332

DATE

5/5/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com