



**PATIENT PRESENTING CLINICAL SIGNS**

Dody Helm Patient was diagnosed with B cell lymphoma 3 months ago, being treated with CHOP protocol, stopped eating the past week, vomiting and losing weight  
High T. bili (3.6), ALP (>2000) ALT (659), GGT (\*26), low BG (71), ALB (2.2)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Boxer Mix

**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.

**SEX**

Neutered male

The iliac lymph node was reactive and measured 1.5 x 0.4 cm.

**AGE**

6 ½ years

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 5.0 cm. The right kidney measured 5.0 cm.

**WEIGHT**

45 lbs

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**IMAGING PERFORMED BY**

Dr. Reser

**HOSPITAL NAME**

Harvest Hills VH

**Liver**

The **liver** was swollen and irregular. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Reser

**Gastrointestinal**

The stomach was mildly thickened. The small intestines and colon were unremarkable.

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**Pancreas**

**DATE**

6/29/22

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.



**PATIENT** *Free Abdomen*

Dody Helm Slight areas of free fluid were noted. Cranial abdominal lymph nodes were enlarged.

**SPECIES** **ULTRASONOGRAPHIC FINDINGS**

Canine Splenohepatomegaly with irregular contour and free fluid.

**BREED** Regional lymphadenopathy.

Boxer Mix Minor gastric thickening.

**SEX** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male There is a strong concern for escape from remission and lymphatic congestion with secondary ascites. FNA of the spleen and liver and accessible lymph nodes are ideal. However, oncology consultation is recommended. The prognosis is extremely guarded. Leptospirosis titers are warranted. There is a mild potential that a concurrent comorbidity of infectious hepatitis is playing a role.

**AGE**

6 ½ years

**WEIGHT**

45 lbs

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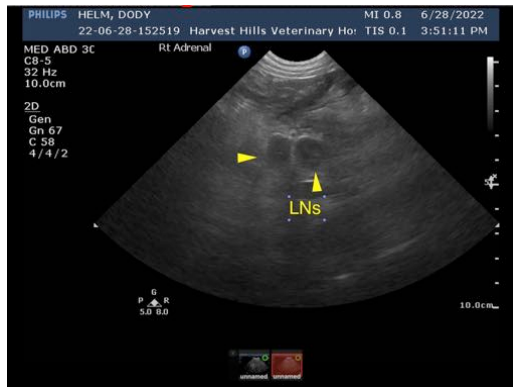
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**PATIENT**

Dody Helm

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered male

**AGE**

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**WEIGHT**

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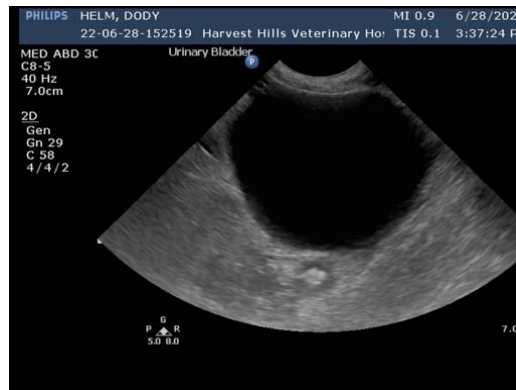
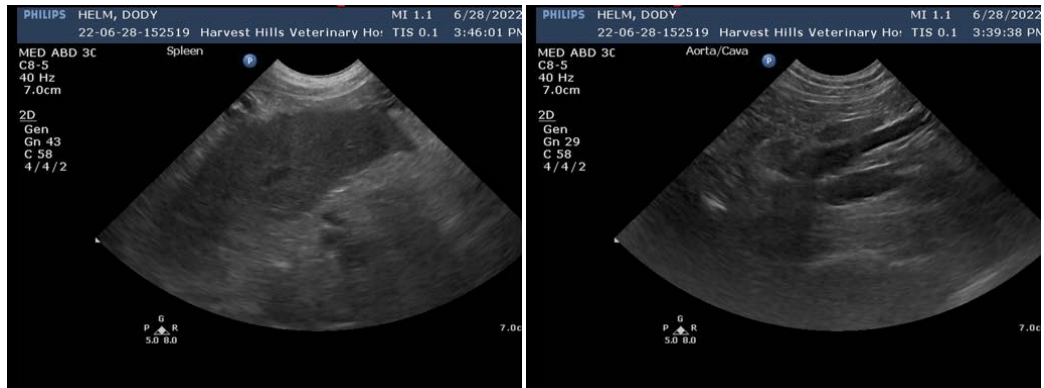
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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