



PATIENT

Sam Stephens-Brown

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Stephens-Brown

INVOICE

31477

DATE

7/5/22

PRESENTING CLINICAL SIGNS

Acting normal - possibly sleeping a little more. Groomer found lymphadenopathy Saturday. No history of other medical problems.

Abnormal PE/Chem/CBC/UA Results: All PLN double normal size. CBC/Chem 15 plus Lytes WRI. Chest rads NSF, enlarged spleen on abdominal rad.

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 was noted. Ureteral papillae were normal.

The residual prostate measured 1.0 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted. The right kidney measured 5.0 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 right adrenal gland measured 1.87 x 0.63 cm at the cranial pole and 0.52 cm at the caudal pole The left adrenal gland measured 2.0 x 0.5 cm.

Spleen

The **spleen** revealed subtle granular appearance. Maximum width of the spleen measured 2.0 cm. A mixed, echogenic, parenchymal mass was noted and was deriving from the caudal pole of the spleen and measured approximately 8.0 cm. The splenic mass is attenuating. This is consistent with lipogranulomatous or connective tissue origin. The mass is precarious.

Liver

The visible **liver** is uniform. The common bile duct was normal with a minor amount of debris. The gallbladder presented polypoid changes.

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



PATIENT Sam Stephens-Brown demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are mildly enlarged.

SPECIES *Pancreas*

Canine 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.

BREED

Scottish Terrier

Free Abdomen

SEX

The iliac lymph nodes are enlarged and measured 2.0 x 1.0 cm.

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Precarious splenic mass.

11 years

Mesenteric and iliac lymphadenopathy.

WEIGHT

25 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass may be completely separate pathology than the lymphoproliferative pattern. Chest radiographs with focus on the cranial mediastinum followed by splenectomy and lymph node biopsies would be appropriate as the splenic mass is precarious. Otherwise, FNA of the splenic mass and abdominal lymph nodes would be recommended to match with the peripheral lymph nodes that were enlarged could be considered for staging purposes. The prognosis is guarded.

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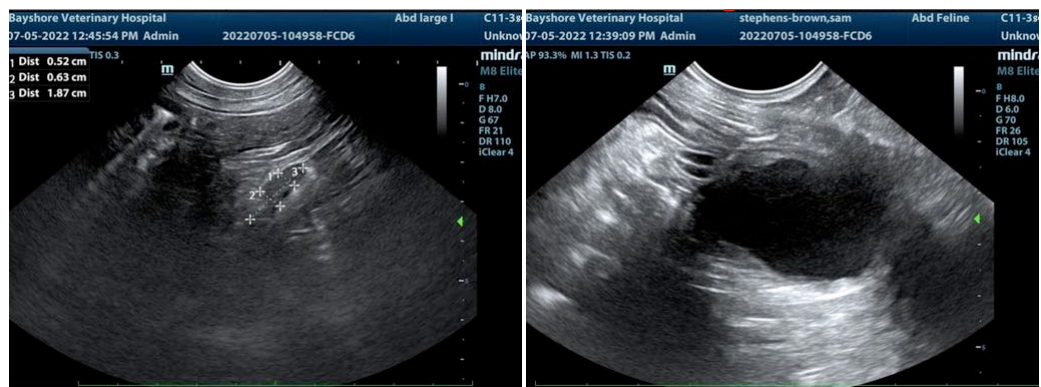
Dr. Stephens-Brown

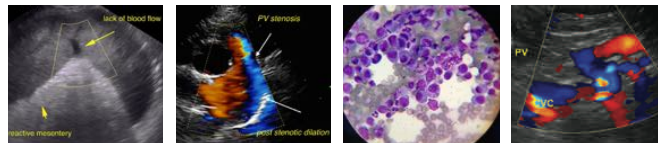
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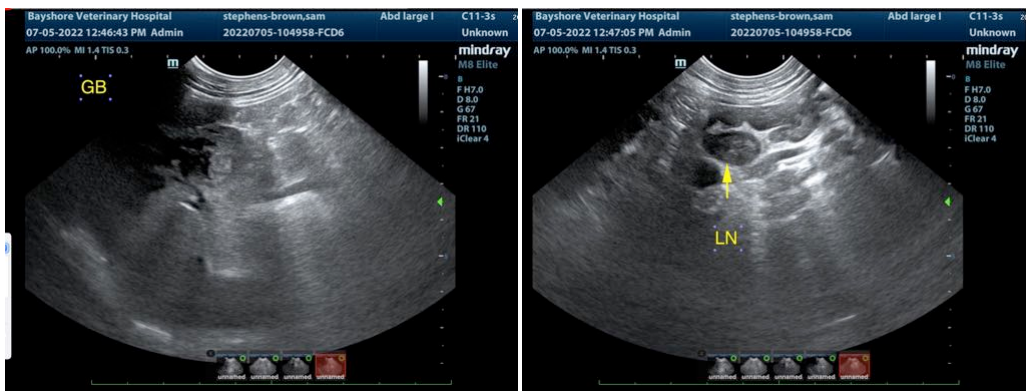
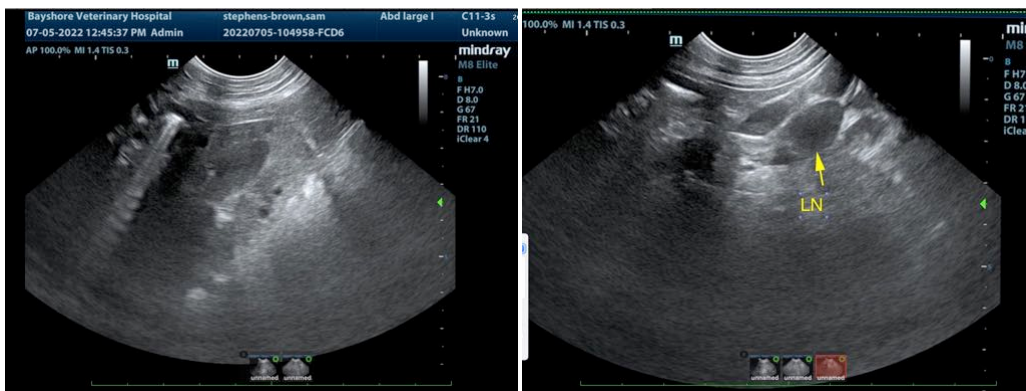
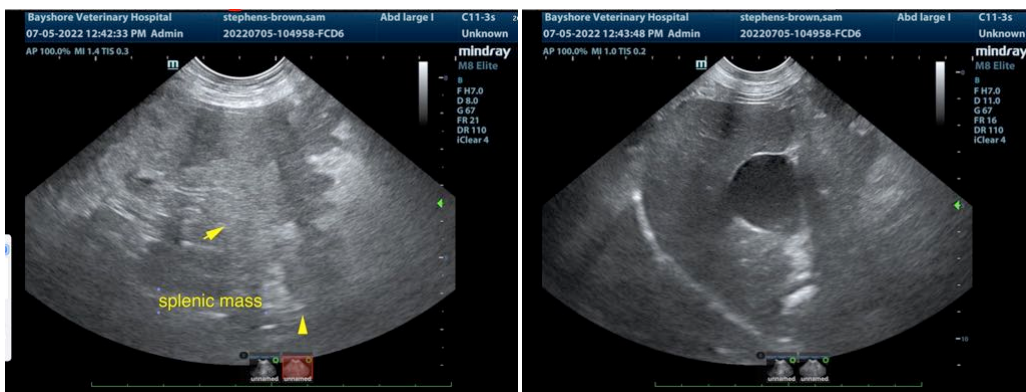
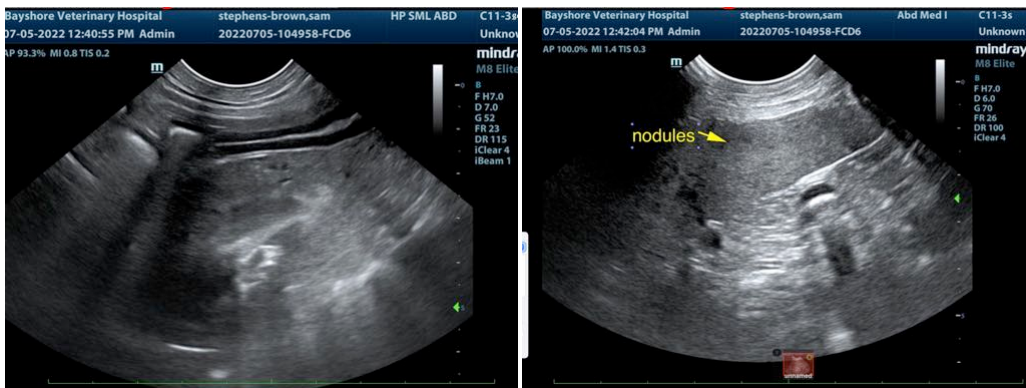
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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