



PATIENT

Balu Schultz

PRESENTING CLINICAL SIGNS

History: Enlarged LN iliac and popliteal. Cytology to Larry showed reactive/stimulated LN response, no LSA

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador

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

Spayed Female

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. The left kidney measured 6.72 cm. The right

AGE

13 years

WEIGHT

75 lbs

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 0.7 cm. The right adrenal gland measured 0.87 cm at the cranial pole and 0.71 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

Spleen

The **spleen** revealed subtle micronodular changes and minor enlargement. The spleen was folded upon itself cranially.

HOSPITAL NAME

Bayshore VH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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31504

DATE

7/7/22

Gastrointestinal



PATIENT

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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.

SPECIES

Canine

Pancreas

BREED

Labrador

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.

SEX

Spayed Female

Free Abdomen

AGE

13 years

The iliac lymph node was somewhat rounded and measured 2.0 cm in width. Other smaller lymph nodes are enlarged.

WEIGHT

75 lbs

ULTRASONOGRAPHIC FINDINGS

Iliac lymphadenopathy.

Micronodular spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

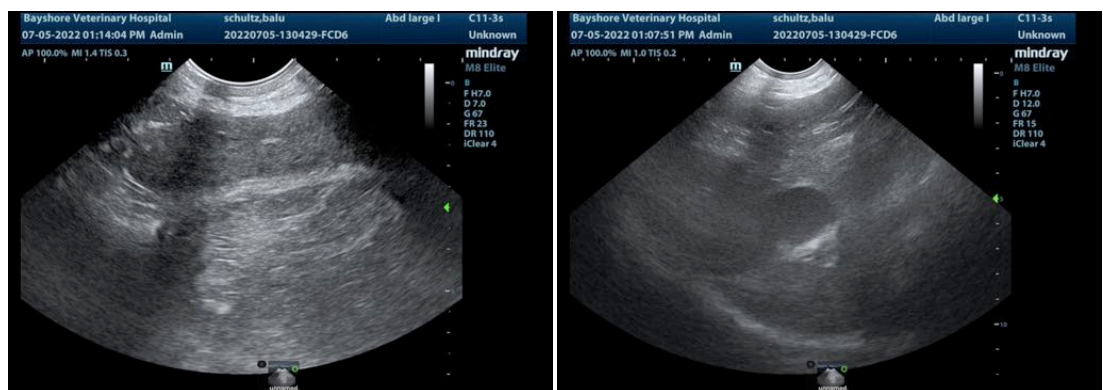
Despite the cytology results I am concerned for emerging lymphoproliferative disease. I recommend retesting cytology comparing the iliac lymph node and splenic cytology with the current peripheral cytology to assess for early round cell neoplasia and moderate degenerative renal changes with pyelectasia. Assessment for UTI is indicated. Chest radiographs and assessment of the cranial mediastinum is recommended to assess for concurrent disease.

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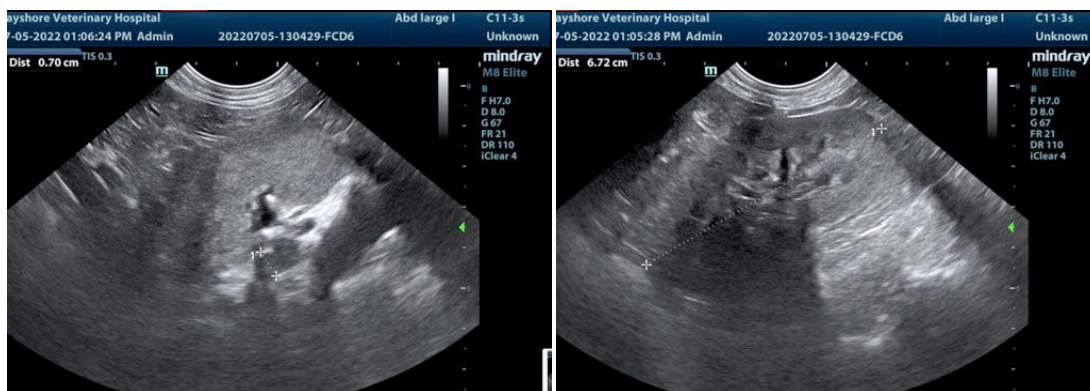
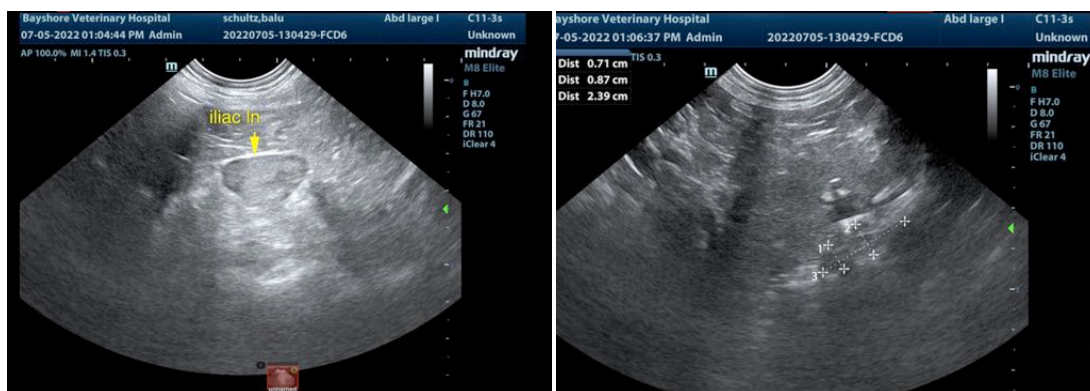
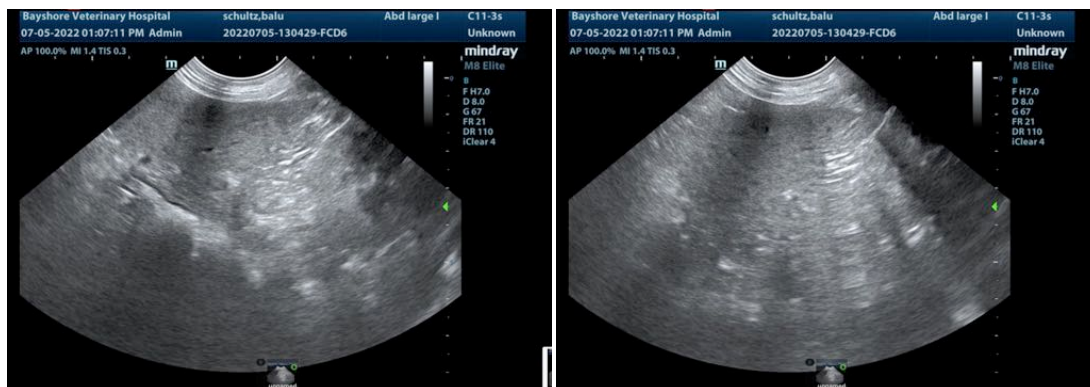
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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