



**PATIENT**

Sampson Moran

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

82 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Smatt

**HOSPITAL NAME**

The Pets I Love

**REFERRING VET**

Dr. Smatt

**INVOICE**

32317

**DATE**

8/11/22

**PRESENTING CLINICAL SIGNS**

History: patient has been losing weight, lethargy, has had moderately enlarged lymph nodes. A needle aspirate came back as Reactive Ln. Here to have abdominal ultrasound. Chest radiographs appeared unremarkable.

Abnormal PE/Chem/CBC/UA Results: FNA of Ln - reactive Ln

**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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 7.5 cm.

**Adrenal Glands**

The left adrenal gland was uniform and measured 0.7 cm. The body of the right adrenal gland was mildly enlarged and measured 1.4 cm. The cranial pole was not visualized owing to sound attenuation.

**Spleen**

The **spleen** was focal and hypoechoic nodule at the mid body measuring 1.8 cm. Minor, heterogenous splenic changes were noted elsewhere.

**Liver**

The majority of the **liver** was visualized and uniform with no evidence of pathology. However, sound attenuation was noted.

**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.



**PATIENT**

**Pancreas**

Sampson Moran

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Pitbull

Hypoechoic, iliac or sublumber lymph node was enlarged and measured approximately 1.5-2.0 cm. The nodule is rounded and hypoechoic adjacent to the cystourethral junction.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Sublumber/iliac lymph node enlargement.

Splenic nodules.

**AGE**

10 years

Slightly enlarged right adrenal gland.

**WEIGHT**

82 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention with splenectomy can be considered with iliac or sublumber lymph node removal and biopsy. I am concerned for emerging round cell neoplasia in this patient. There was no other evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Smatt

**HOSPITAL NAME**

The Pets I Love

**REFERRING VET**

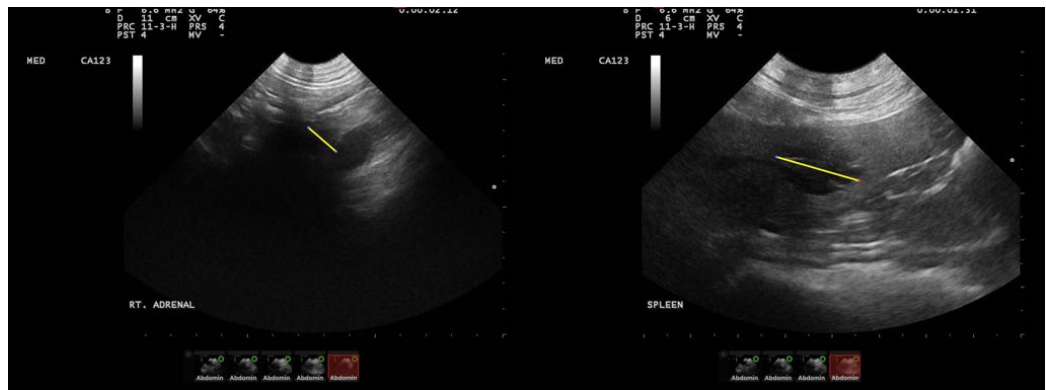
Dr. Smatt

**INVOICE**

32317

**DATE**

8/11/22





**PATIENT**

Sampson Moran

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

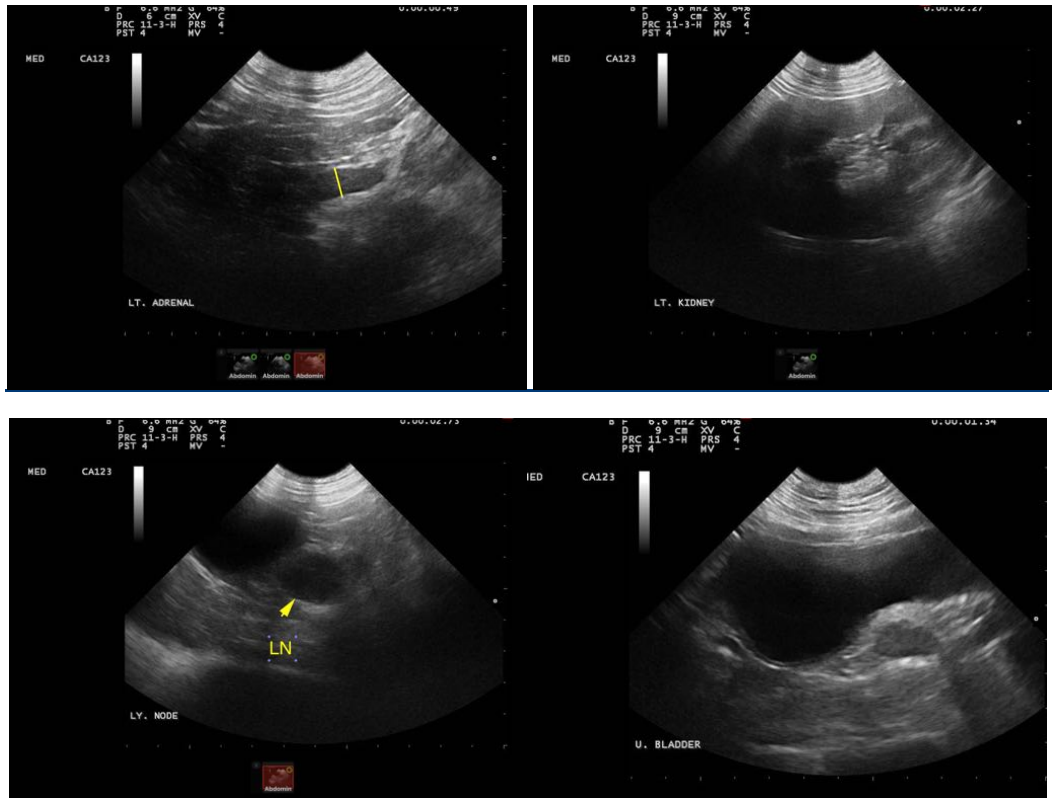
Neutered male

**AGE**

10 years

**WEIGHT**

82 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Smatt

**HOSPITAL NAME**

The Pets I Love

**REFERRING VET**

Dr. Smatt

**INVOICE**

32317

**DATE**

8/11/22

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