**DATE**

8/22/23

**PRESENTING CLINICAL SIGNS**

HX of intermediate cell intestinal lymphoma. Large portion of ileum removed in November followed by chemotherapy. Rosie has been clinically normal for the last 6 months.

Current Medications: No medications at this time. Last drug given was Laverdia in November.

**PATIENT**

Rosie Hollifield

Date of Previous IntraPet Ultrasound: 5/30/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**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.

**BREED**

Greyhound

**SEX**

Spayed female

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 7.32 cm.

**AGE**

4/4/19

**Adrenal Glands**

There was a slight irregularity at the caudal pole of the left adrenal gland. The left adrenal gland measured 2.57 x 0.79 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.53 x 0.65 cm at the caudal pole and 0.64 cm at the cranial pole.

**WEIGHT**

66.4 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** was persistently enlarged, yet uniform with minor scalloping contour.

**HOSPITAL NAME**

Hoenygo AH

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Moffa

**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. The mesenteric lymph nodes were stable and measured 1.3 x 0.48 cm.

**INVOICE**

46715

**Pancreas**

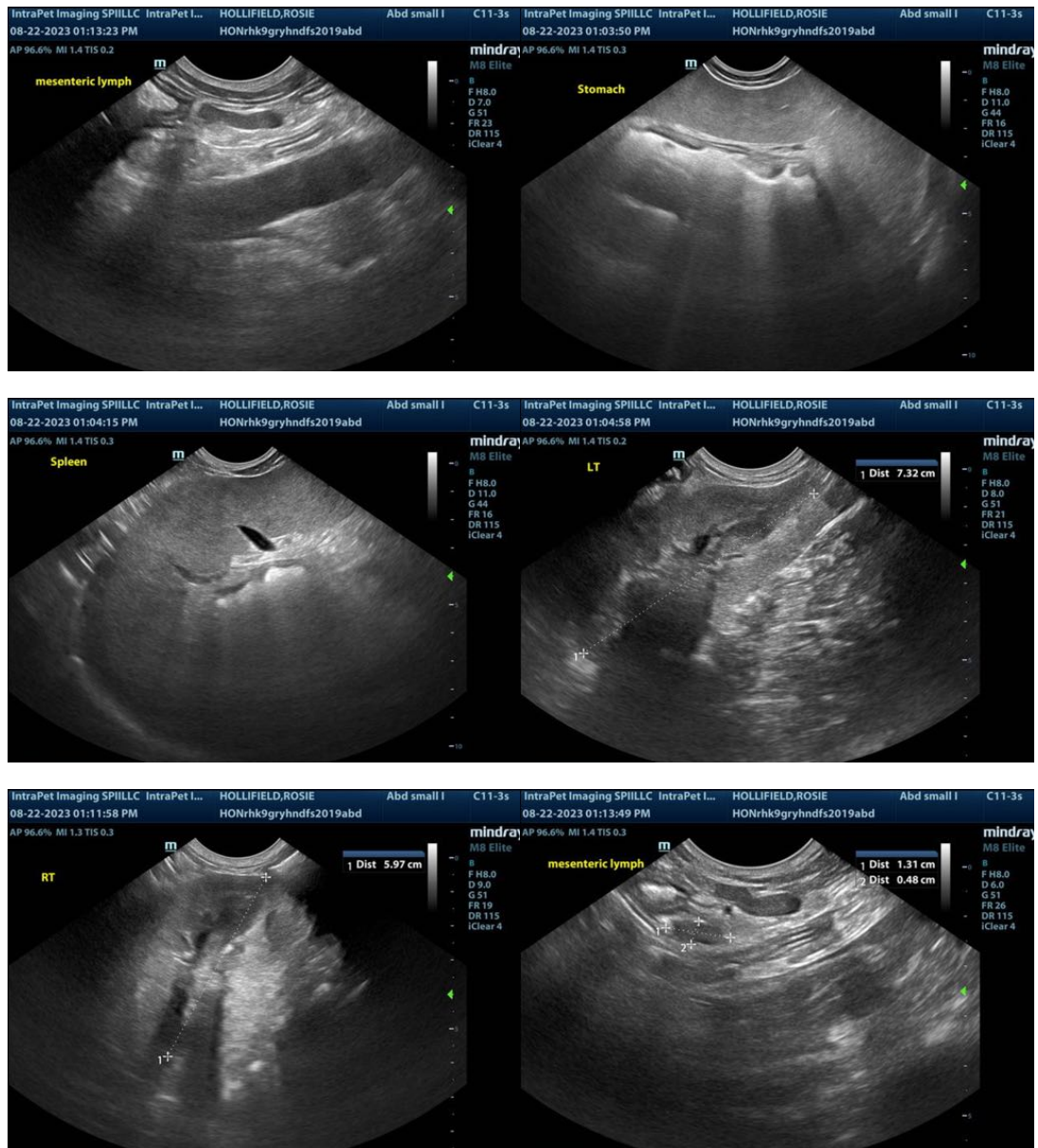
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

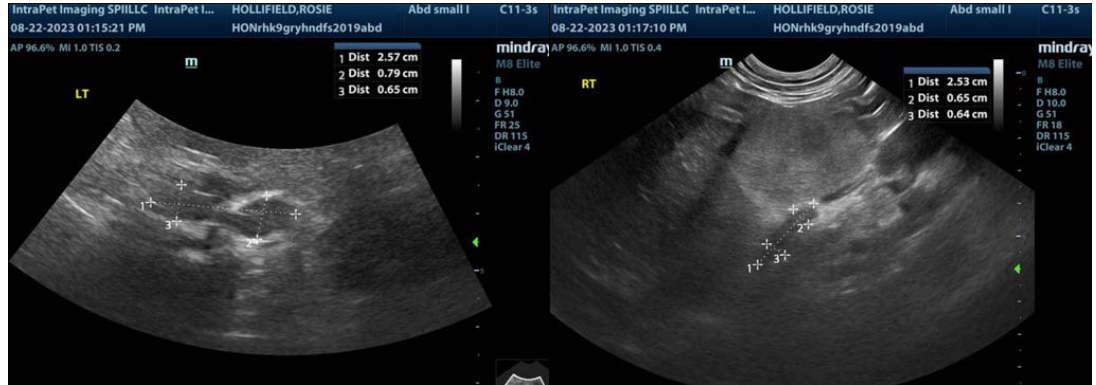
## ULTRASONOGRAPHIC FINDINGS

Stable abdomen.  
Persistently enlarged spleen.  
Slight mesenteric lymphadenopathy, stable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no weight loss or hematocrit abnormalities are present this is likely normal variant for this patient. If tick borne disease panel has not been performed I recommend to ensure underlying infectious are not playing a role in the enlarged spleen, yet the abdomen appears stable.





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  
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