



PATIENT

Logan MacAllister

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Nicole Fortin

INVOICE

40874

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Presented today for decreased appetite, vomiting and lethargy. Weight loss.

Abnormal PE/Chem/CBC/UA Results: PE: Depressed/quiet, abdominal guarding. Dark soft stool. BW (today): Hgb 13, Retics 112, WBC 24.38k w/Bands present. Lymph 5.3, Monocytes 7.6. BUN 65, ALP 525, Chol 95. RADS: hepatomegaly (historic); linear metallic FB (historic); bladder calculi (historic); some bunching of SI in R upper quadrant.

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. Calculi noted, the largest of which measured 0.52 cm, non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was normal at 1.05 cm. Pre- and post-prostatic urethra imaged. 4.0 cm of the urethra imaged caudal to the cystourethral junction.

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 right kidney measured 4.11 cm. The left kidney measured 4.74 cm with cortical infarct and remodeling at the caudal pole.

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 0.67 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 1.31 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with a focal 6.0 mm hypoechoic target lesion noted in the mid spleen just prior to the splenic hilus. Subtle micronodular changes noted in a honeycomb type pattern. Separate liver nodules noted with expansive irregular contour.

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.

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. Mesenteric lymph nodes were enlarged, hypoechoic and irregular.



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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.

Free Abdomen

A hypoechoic 3.5 cm mass was noted in the cranial abdomen, likely of lymph node origin.

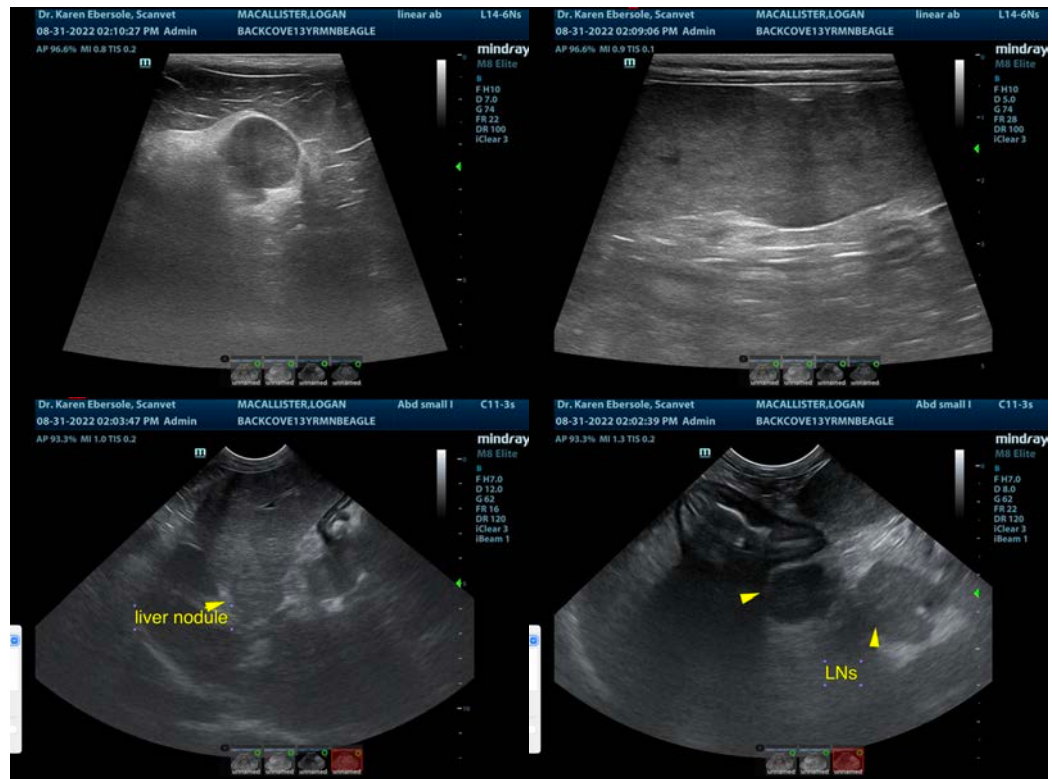
Enhanced mesentery noted around the spleen, liver and lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Incidental bladder calculi
- Left renal infarct, stable
- Splenic infiltrative pattern with hepatic and mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA and hepatic FNA indicated. Splenohepatic lymphoma with lymph node involvement suspected.





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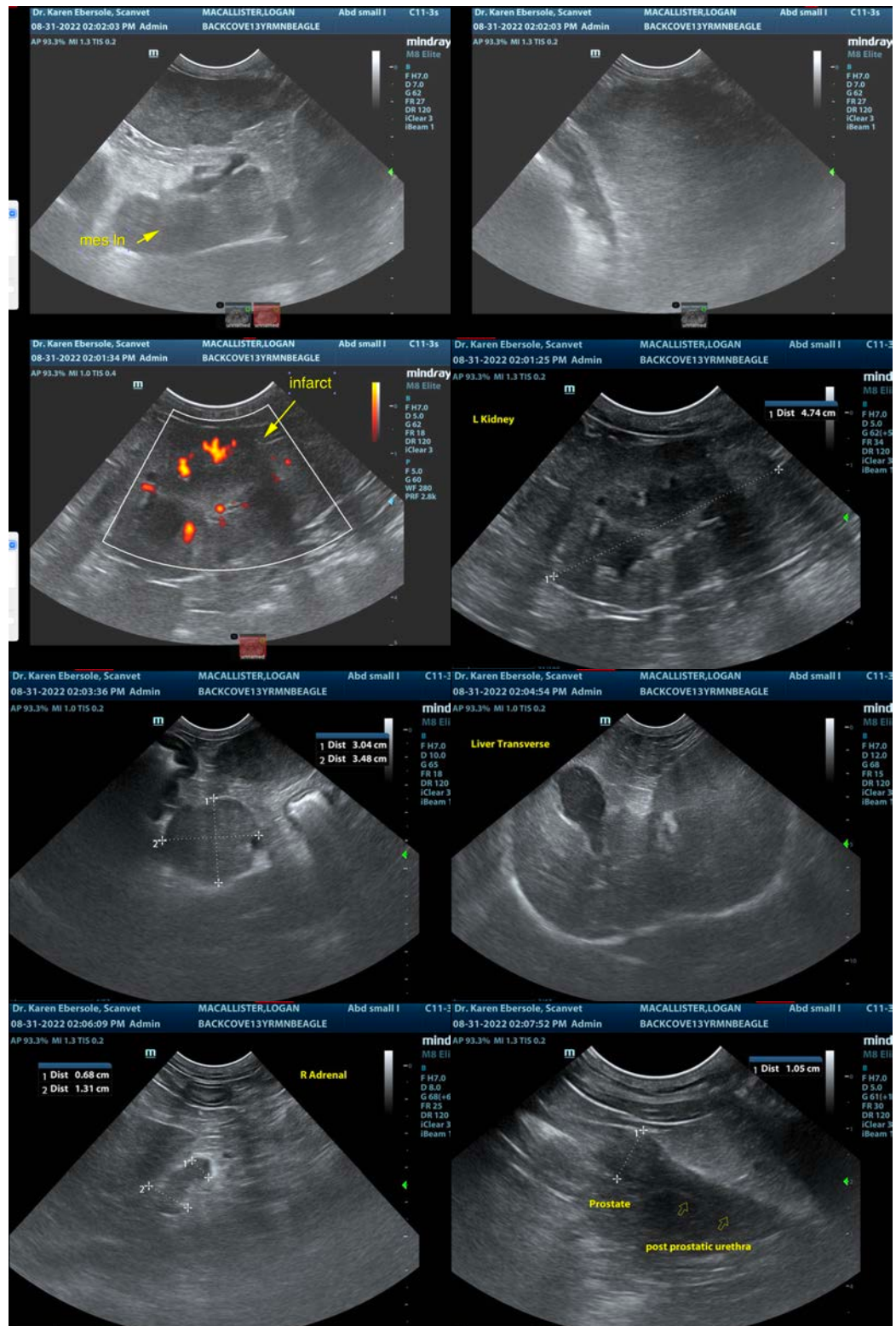
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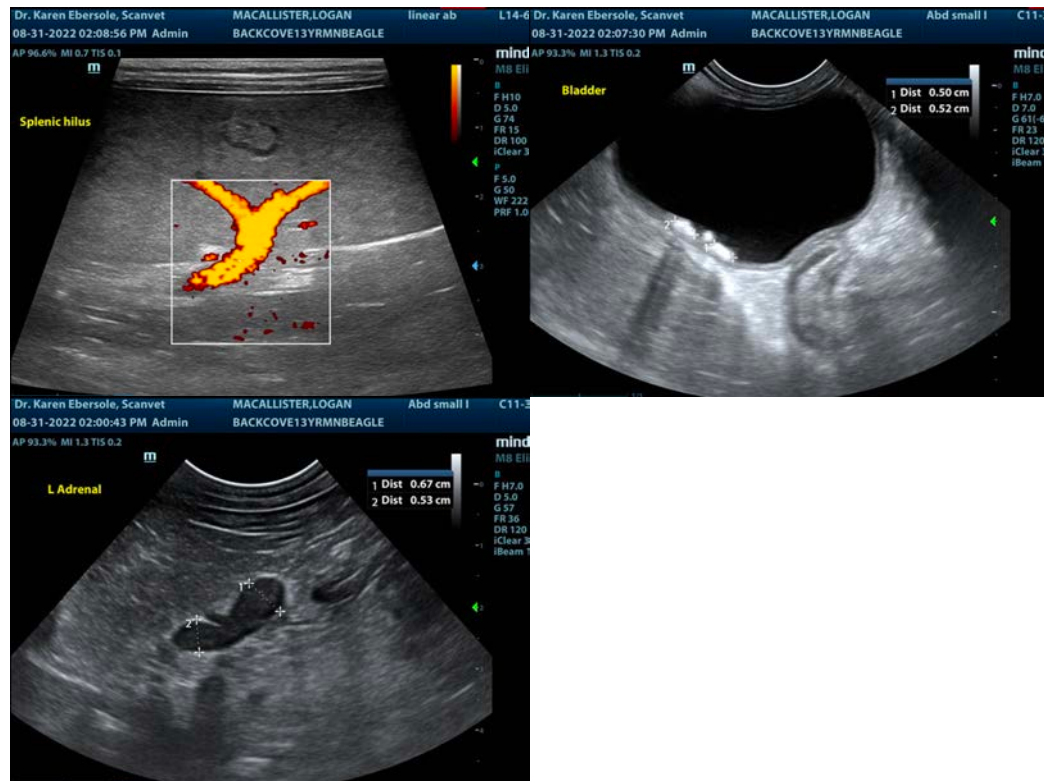
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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