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Clinical Sonography & Telecytology
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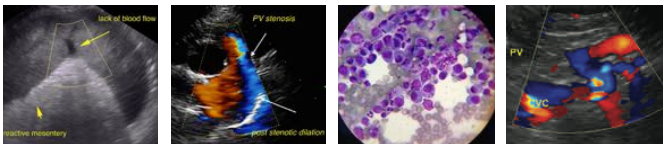

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hank Cummings

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

36.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

91835

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started with vomiting off and dh with grass in July, took to rdvm was tx with pepcid and for allergies for licking at paws and tried adjusting diet. Seemed to help a little bit but still vomits at night and seems nauseous. Gets a dental bone every evening, doesn't vomit as much when he doesn't get this bone. The vomiting happens usually at night. Usually bile. Current Medications/Supplements/OTC: no, was on glucosamine (discont.)
Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork (6/16/21): Chem: wnl CREAT Kinase 379; T4 normal; CBC: wnl CPL: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 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 6.57 cm. The right kidney measured 7.34 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.

Spleen

The **spleen** was slightly enlarged with minor, scalloping contour. Subtle micronodular changes were noted.

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.

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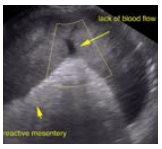
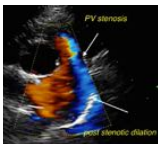
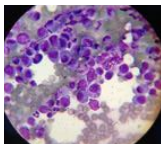
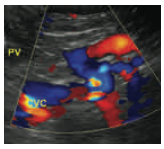

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Gastrointestinal

The upper **gastrointestinal tract** presented variable wall thickening involving the stomach and upper duodenum. The infiltrative gastric pattern created a mass effect of approximately 5.0 cm. Multiple mesenteric lymph nodes were enlarged, hypoechoic and irregular. The lymph nodes were peripherally inflamed. The largest of which measured 3.0 cm. Ultrasound-guided FNA is recommended. Reactive mesentery was noted.

Pancreas

The **pancreas** was largely unremarkable other than peripheral inflammation owing to the regional infiltrative upper gastrointestinal and lymph node pattern.

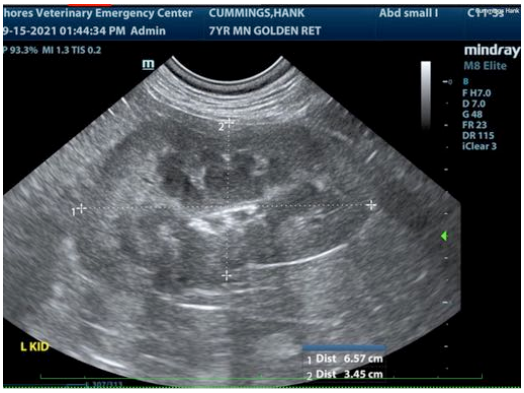
ULTRASONOGRAPHIC FINDINGS

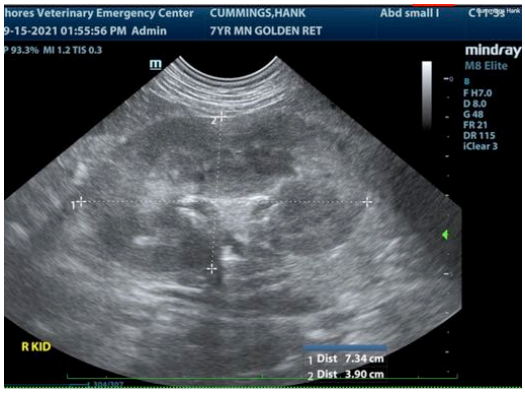
Upper gastrointestinal thickening. The infiltrative gastric pattern created a mass effect. Neoplastic criteria is met.

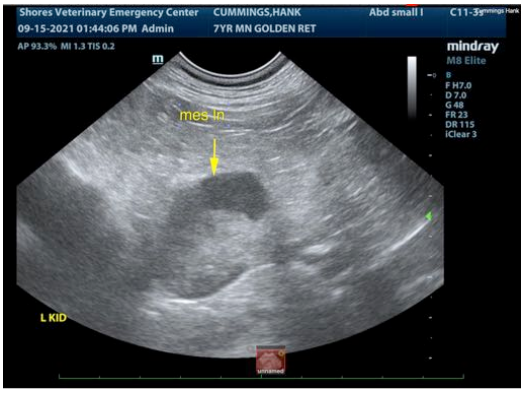
Mesenteric lymphadenopathy, strongly suggestive for early round cell neoplasia/lymphoma.

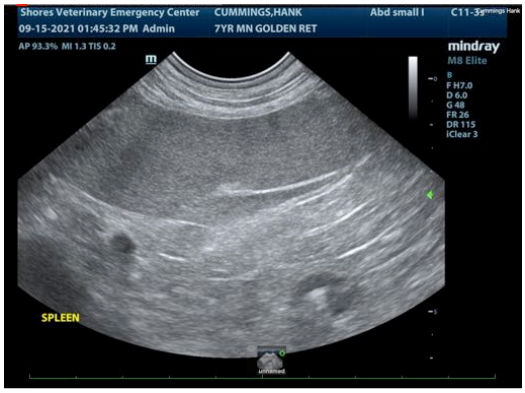
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the nodes and gastric wall is recommended along with surgical biopsies. There is a potential for splenic involvement. FNA of the spleen is also indicated.









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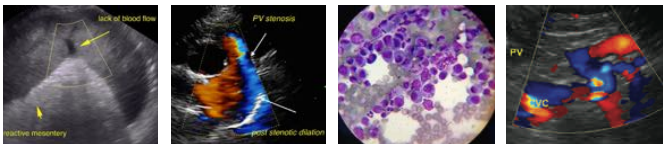

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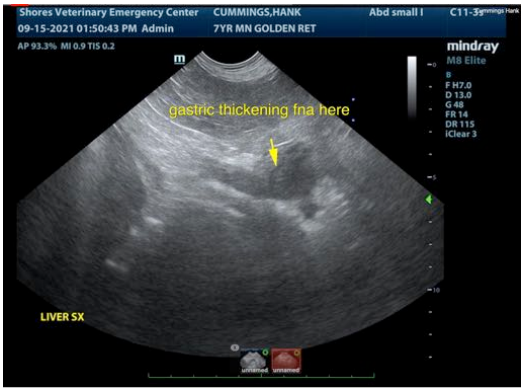

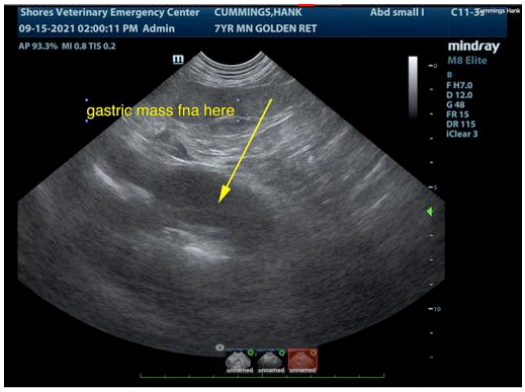

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com