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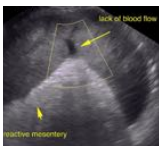

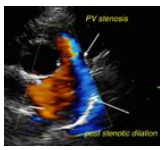

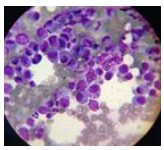
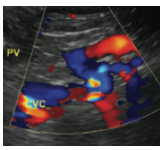

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kayla Coleman

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

9 ½ years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

East Plane AH

REFERRING VET

Dr. Rosen

INVOICE

39843

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: generalized lymphadenopathy, possible abdominal mass. Not on any meds.
Abnormal PE/Chem/CBC/UA Results: PCV 34%, RBC 4.3, ALKP 311, $DX neg, FNA peripheral LN results pending

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. Occasional cortical cyst was noted in the kidneys. The right kidney measured 7.37 cm and the left kidney measured 6.13 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. The left adrenal gland measured 2.47 x 0.72 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.0 x 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed an infiltrative pattern with honeycomb, coalescing nodular changes. This is strongly suggestive for infiltrative disease.

Liver

The **liver** revealed coarse architecture with micronodular changes. Swollen irregular contour was noted with minor, gallbladder debris. A hepatic lymph node was enlarged, irregular, nodular and cystic measuring 4.7 x 2.12 cm at the cranial pole and 1.54 cm at the caudal pole.

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.

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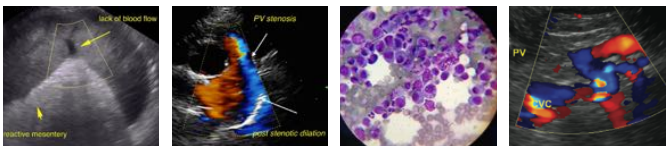

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Pancreas

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

The iliac lymph nodes were enlarged, irregular, hypoechoic and peripherally inflamed. This is strongly suggestive for infiltrative disease. Other lymph nodes were also enlarged and irregular. The cranial abdominal lymph nodes are also enlarged, rounded and irregular.

ULTRASONOGRAPHIC FINDINGS

Enlarged lymph nodes throughout the abdomen.

Micronodular liver.

Gallbladder debris.

Infiltrative splenic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, lymph nodes and liver are all indicated for staging purposes. This is strongly suggestive for lymphoma. Chest radiographs are warranted to assess lung status and cranial mediastinal masses.

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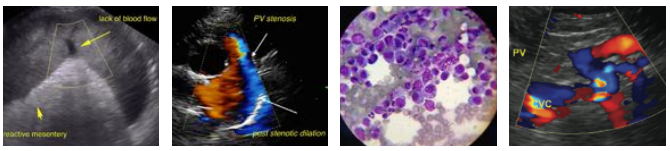

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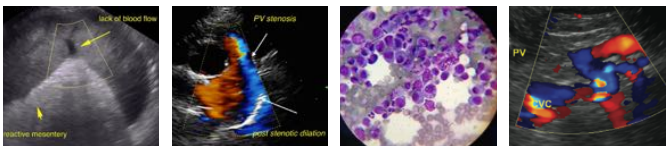

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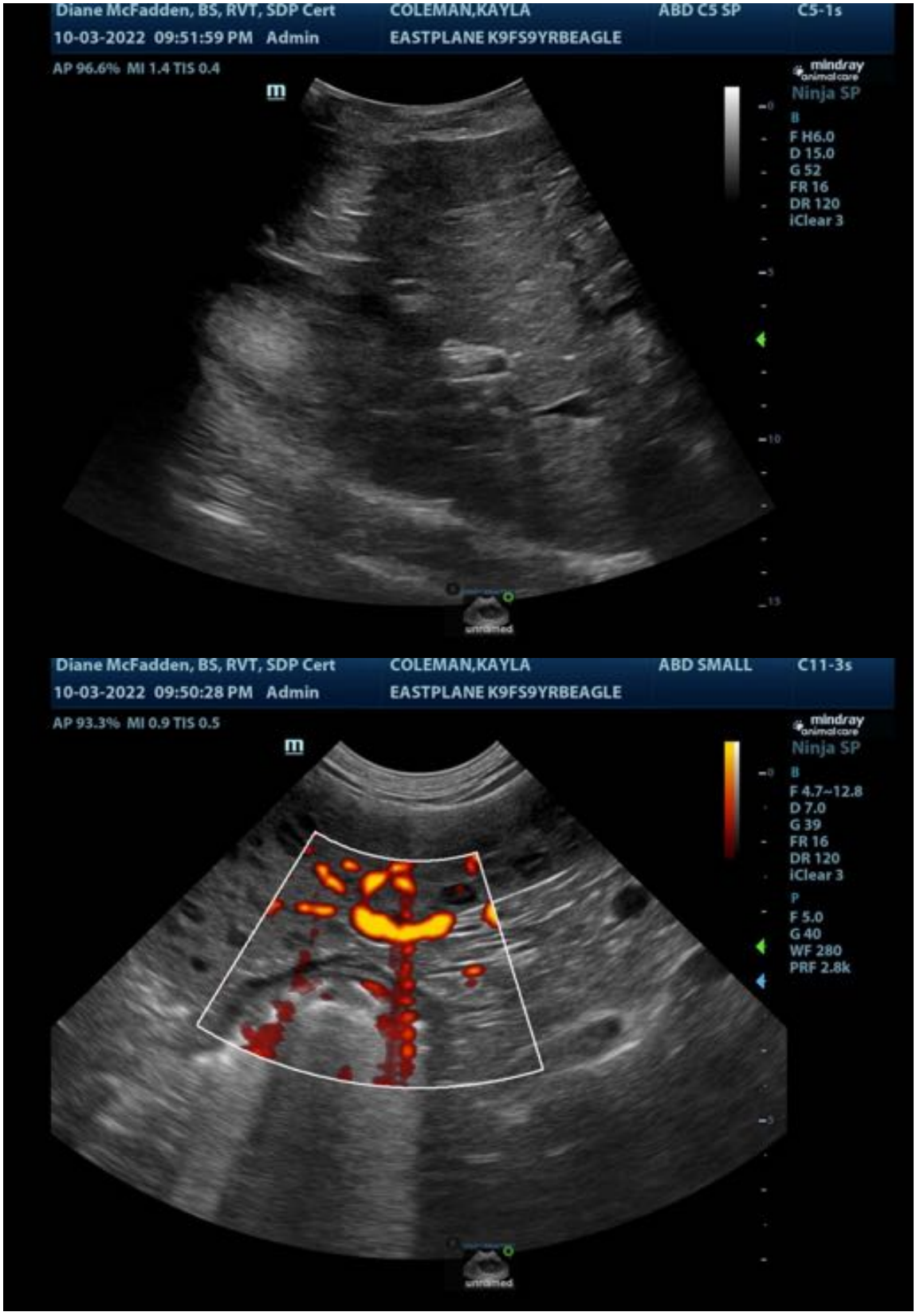

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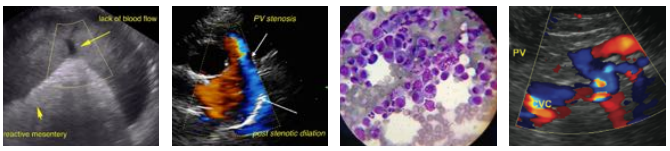

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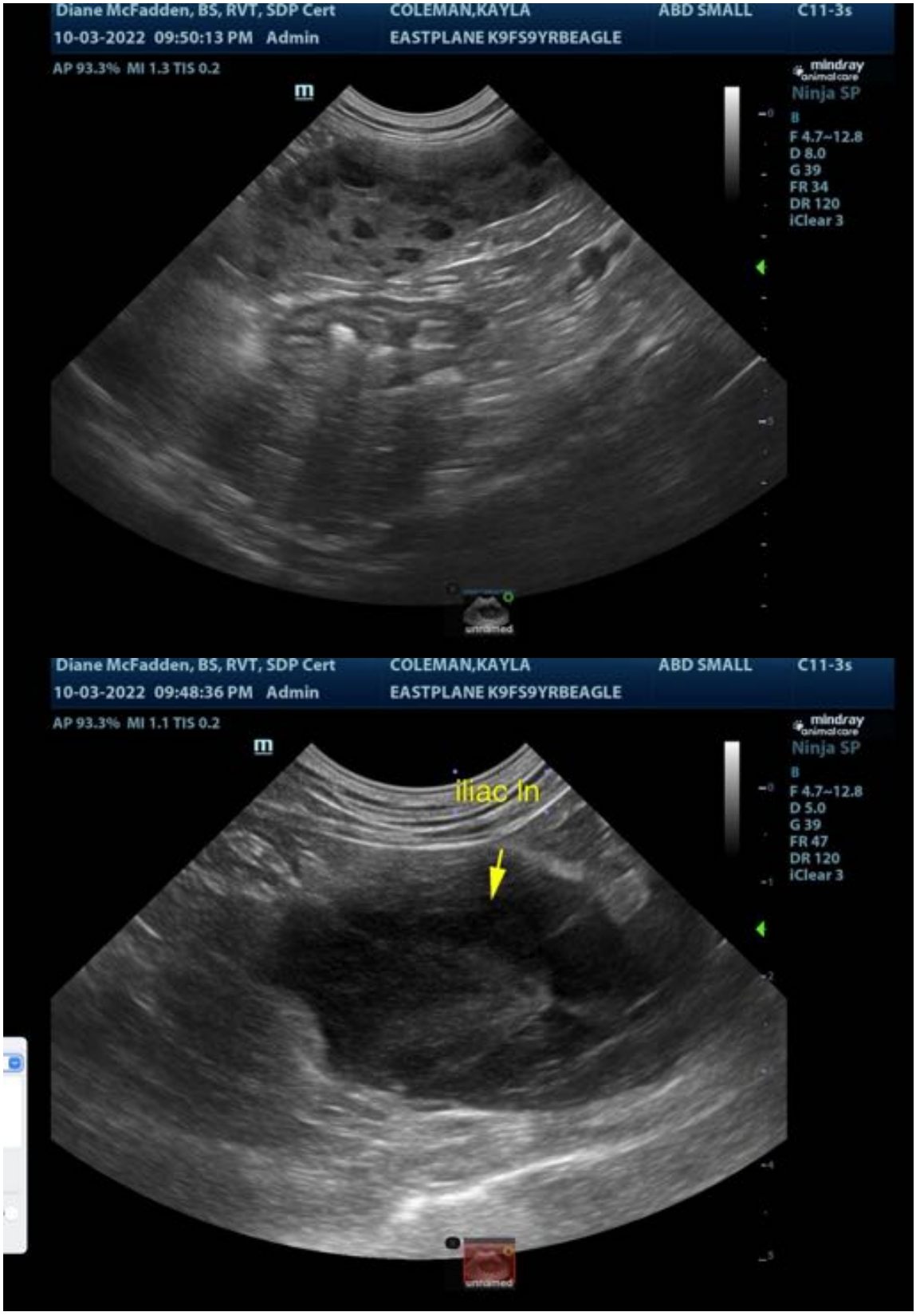

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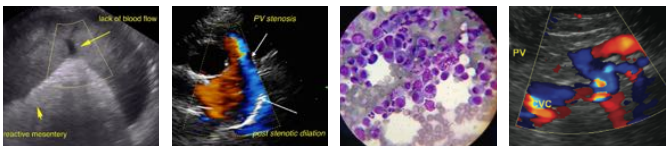

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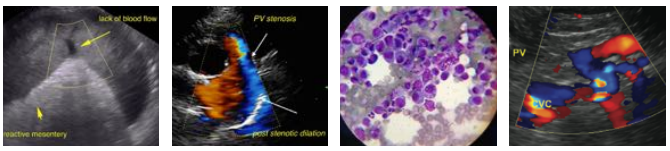

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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