



PATIENT PRESENTING CLINICAL SIGNS

Brio Bruland History: generalized lymphadenopathy since June 2022. patient is BAR mm pink, hydration wnl, only abnormality on exam is enlarged but not firm submandibular, prescapular and popliteal lymph nodes. L3 vertebral body had severe lysis involving 90 % of vertebral body. today, the is lysis involving 50% of the vertebral body. it is greatly improved. patient was painful, unable to walk 6 months ago, after 2 months on prednisone (20 mg a day) and gabapentin (300 mg po bid), he returned to normal and presents today, 6 months after the initial diagnosis of cancer, clinically normal.

SPECIES

Canine

BREED

Neutered Male

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Prescapular lymph node, 2 slides Microscopic Description The sample is highly cellular with moderate blood contamination. Many of the lymphocytes present are small to intermediate in size (nuclei are smaller than to equal in size to a neutrophil). They have a moderately expanded amount of pale cytoplasm. The cytoplasm often projects off the cell on one side giving it a “mirror handle” appearance. Nuclei are round with loosely clumped chromatin. Low to moderate numbers of small mature lymphocytes and fewer plasma cells remain scattered throughout. A few neutrophils and macrophages are also observed. Interpretation Consistent with lymphoma (suspicious for T-zone lymphoma), See comments Comments The morphologic appearance of the neoplastic cells is highly suggestive of T-zone lymphoma, a type of lymphoma that typically has an indolent disease course. Additional immunophenotyping, such as flow cytometry, is recommended to better characterize this lymphoma and more definitively determine its potential biologic behavior

RADIOGRAPHIC STUDY OF THE L-SPINE

AGE

7 Years

A 2.5x 1.3 cm lucency with slightly undulating borders is located in the vertebral body of L3; trabecular structure is not evident. The bone surrounding the lysis appears more sclerotic than previously. The dorsal bony lamina of the vertebra is now visible, though interrupted by small lucent foci. The lysis affecting the vertebral arches is more pronounced and appears to be better circumscribed than previously.

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDI DVR

RADIOGRAPHIC DIAGNOSIS

- Tumour L3, lytic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Northshore VH

The difference between the two images is likely the result of the steroid treatment which has caused a reduction in tumour size. This has allowed a higher bone turnover and thus better demarcation of affected from unaffected bone. Additionally, the different centering point may have played a role. With time the response to cortison will lessen, resulting in re-growth of the mass and recurrence of clinical signs. However, the actual amount of bone destruction can only be assessed in a CT examination.

REFERRING VET

Kimberly Barron

Ultrasound examination is recommended to monitor the size of the sublumbar lymph nodes when the tumor re-emerges.

INVOICE

18955

DATE

12/1/22



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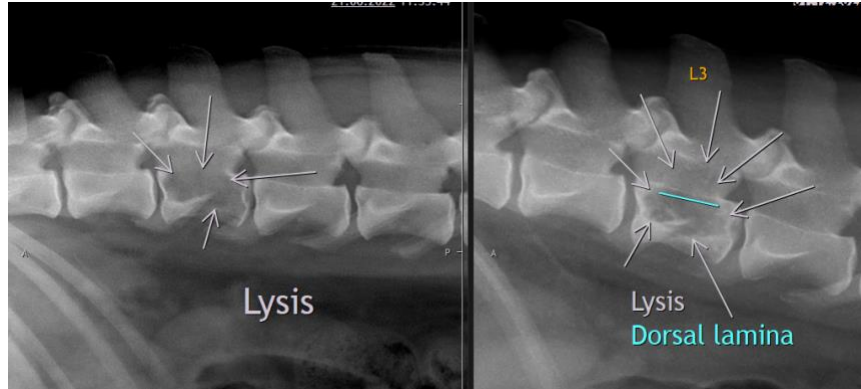
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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