

PATIENT

Maitai Kelly

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

GSH

Lymphoma strongly suspected based on cytology results Presenting Complaint: Presented 9/20/22 for "lumps" on jaw. Lumps turned out to be peripheral lymphadenopathy that has been present for about a month, involving mandibular, prescapular, axillary and popliteal LNs. Cytology sent to pathologist (see report below). Also performed Accuplex which was negative for HW, Lyme, Ehrlichia, Anaplasmosis. Presented today for staging. O interested in chemotherapy Pertinent Diagnostic Results: CLINICAL INFORMATION: Peripheral lymphadenopathy, the owner noticed about 1 month ago SOURCE No. 1: Left pre-scapular, 2 slides MICROSCOPIC DESCRIPTION: Digital images of the sli

SEX

Intact Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

5 Years

The prostate is large (5.01 cm in height in the sagittal view) but has a regular shape with smooth external margins. The parenchyma is heterogenous and hyperechoic but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

92 Pounds

The left kidney has a normal shape and size (8.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (8.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

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The right adrenal gland is normal in size measuring 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Rachel Kuester

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilum and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

INVOICE

41911

DATE

10/6/22



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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Intact Male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

5 Years

WEIGHT

92 Pounds

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Medicine)

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe diffuse mesenteric lymphadenopathy present with a hepatic lymph node measuring 1.99 cm x 3.36 cm. A sublumbar lymph node measures 4.87 cm x 3.6 cm. The omentum is hyperechoic around the large lymph nodes.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Other

Both testicles are visualized and appear normal.

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A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

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- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Large hyperechoic and heterogeneous prostate – Findings are most consistent with benign

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prostatic hypertrophy +/- prostatitis.

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- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease- such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 Years

The combination of the severe mesenteric lymphadenopathy with the hepatosplenomegaly is concerning for diffuse infiltrative disease. Recommend a fine needle aspirate of the spleen and liver, and an enlarged mesenteric lymph node if the diagnosis needs to be further confirmed. Recommend consultation with a veterinary oncologist regarding treatment options and prognosis.

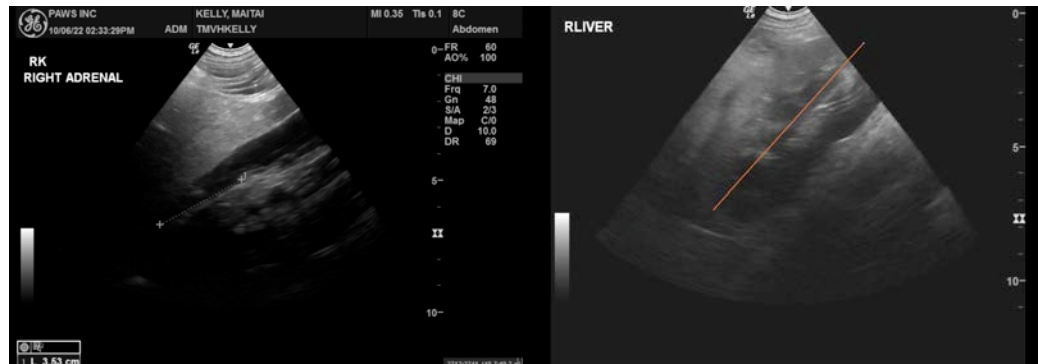
WEIGHT

92 Pounds

The prostate is large and hyperechoic. Recommend urinalysis and culture. If there are symptoms associated with the prostatomegaly, consider neutering.

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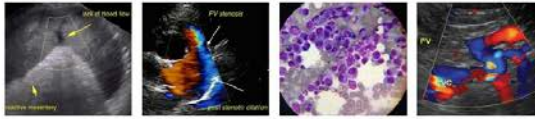
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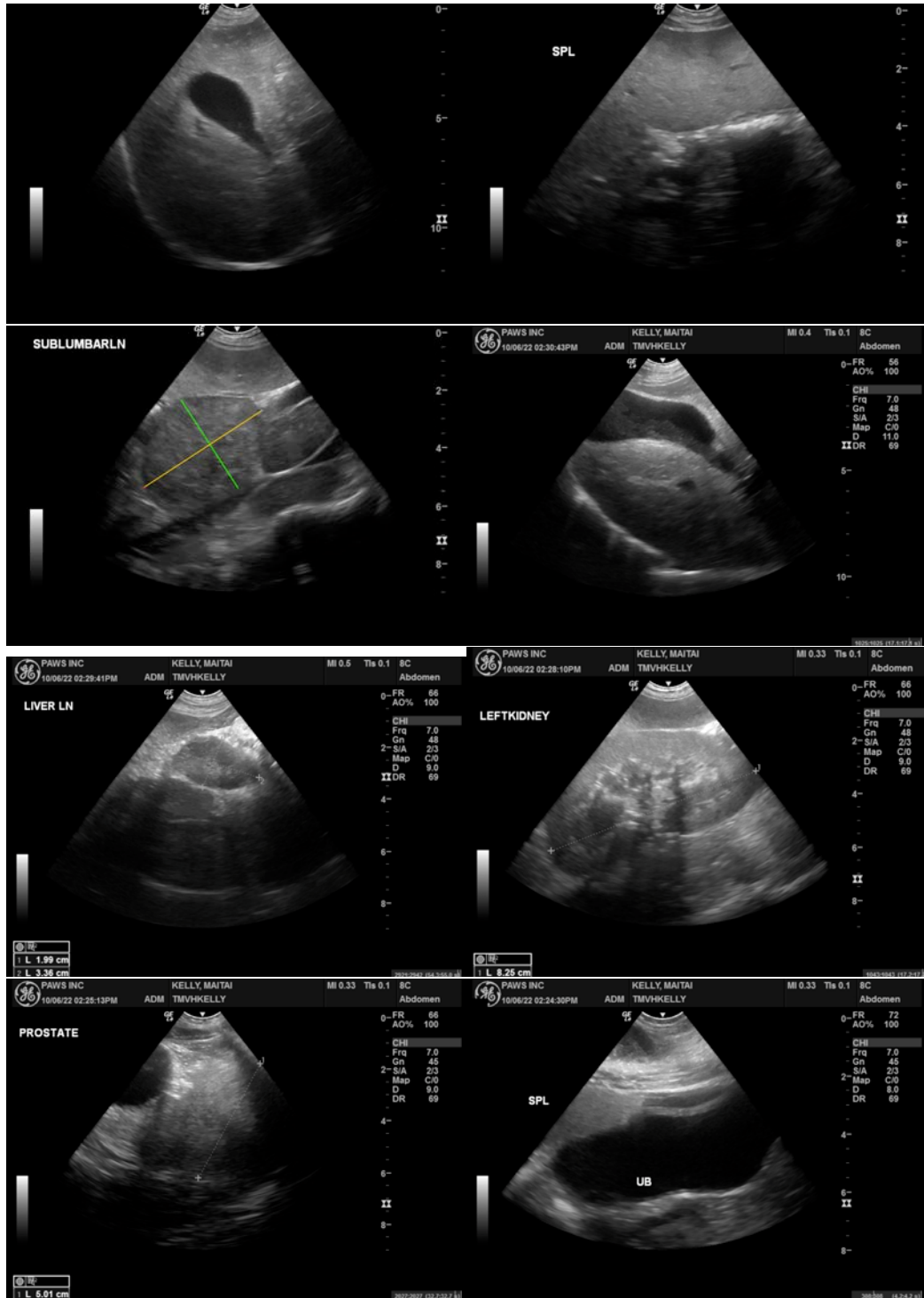
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com  530-786-8340

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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.

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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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