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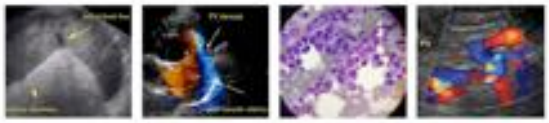

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pawsonography@gmail.com 530-786-8340

**PATIENT**

Jasmine McDonough

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

52.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Sjloin

**INVOICE**

96069

**DATE**

2/14/22

## PRESENTING CLINICAL SIGNS

History of decreased appetite for 2 weeks, leading to minimal appetite for the last 2 weeks. Physical exam findings: Weight loss. Worn teeth. Lymph nodes WNL. Abdomen tense. Few SQ masses over body. Rectal shows dark brown liquid stool Abnormal CBC values: Leukocytosis 38K. Lymphocytosis 27K. Immunophenotyping is consistent with lymphoid leukemia or Leukemic phase of lymphoma. Mostly T-Cells Abnormal Chemistry Values: mild panhypoproteinemia. hypocholesterolemia Abnormal UA Values: N/A Radiograph Findings(email radiographs if available): Chest rads WNL. Abdominal rads show thickend small intestines Reason for Ultrasound: To evaluate for evidece of lymphoma in the abdomen vs another process causing illness beside neoplasia
Abnormal PE/Chem/CBC/UA Results: sedated 0.05ml dexdormitoe ad 0.1ml torbugesic

## 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.

The left kidney has a normal shape and size (5.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.64 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.54 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.

### *Spleen*

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

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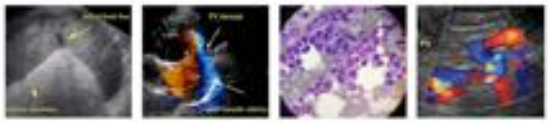

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### *Liver*

The liver is subjectively normal in size, and 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. The gallbladder lumen is significantly distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### *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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.53 cm and the jejunum measured 0.35 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. While no focal, discrete mass effects are visualized the duodenum appears more severely thickened with almost complete loss of layering and irregular mucosa. This is concerning for possible infiltrative disease.

The ileocecal junction was visualized and exhibits largely normal intact wall layering and is subjectively of normal thickness, but the colon is diffusely dilated and fluid filled. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*

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

### *Free Abdomen*

There is a scant amount of free fluid. There is a significant mesenteric lymphadenopathy present with mesenteric lymph nodes that measured 1.2 cm and 1.6 cm in diameter. The gastro hepatic lymph node measured 1.6 cm in diameter. The mesenteric lymph node measured 1.0 cm. The omentum is hyperechoic around the abnormal lymph nodes.

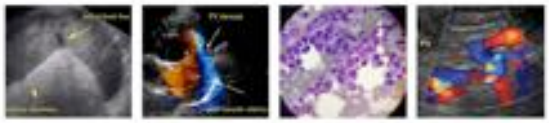
### *Heart*

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

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Large, mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia,





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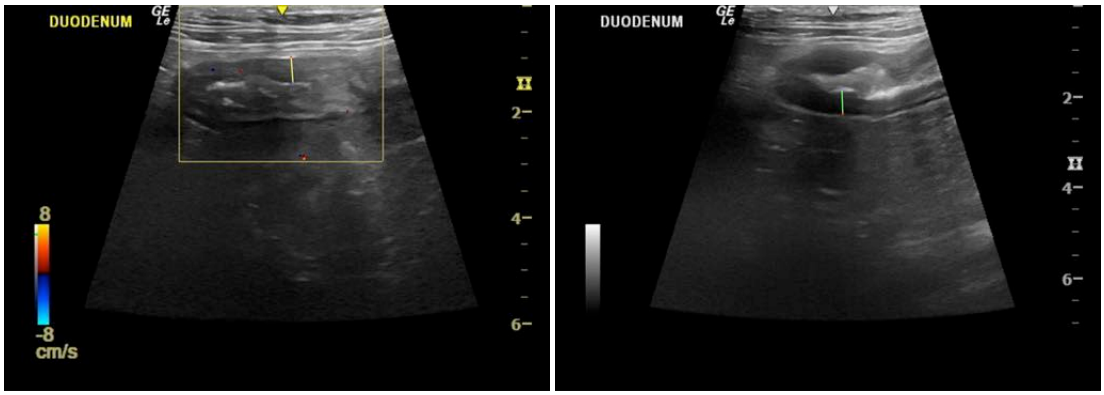
inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreas is prominent and mottled. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Liver is hypoechoic and heterogenous. 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. The hypoechoic nature of the liver is most consistent with an infiltrative or inflammatory process.
- Thickened irregular duodenum with significant loss of layering detail to the wall. The findings are concerning for possible infiltrative neoplasia, but severe focal IBD or duodenitis is possible.
- Moderate mesenteric lymphadenopathy. Given the diagnosis and lymphocytosis in this patient neoplasia would be a primary concern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate lymphadenopathy along with organomegaly is concerning for possible round cell neoplasia in this patent. Additionally the duodenum is very thickened with a loss of layering in the wall. This is concerning for possible neoplastic infiltration. I recommend FNA of the liver and spleen as well as mesenteric lymph node. If a diagnosis cannot be obtained based on this cytology you can consider a FNA of duodenal wall. The findings are very concerning for an intraabdominal spread of the lymphoma diagnosed.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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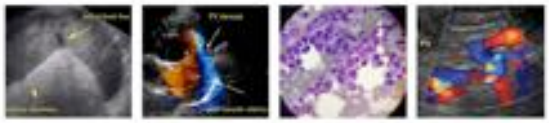

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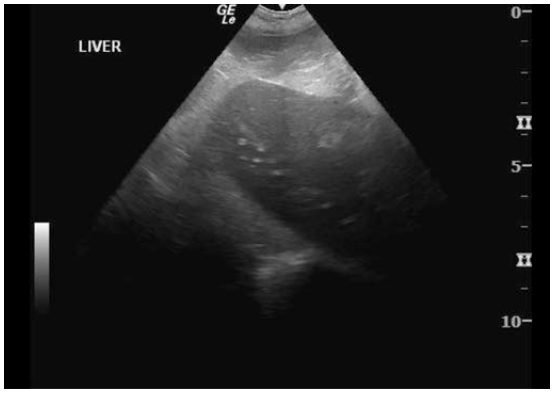


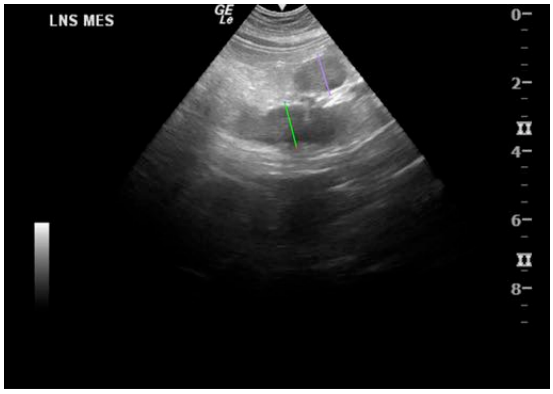


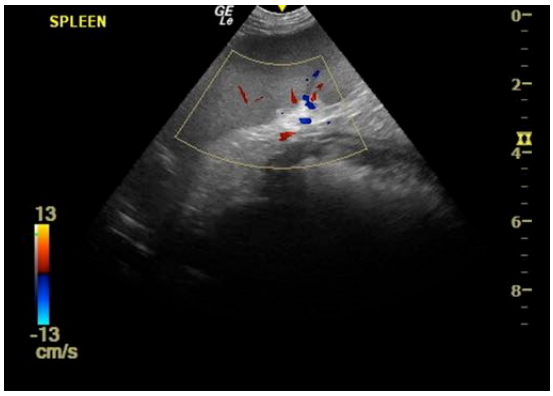


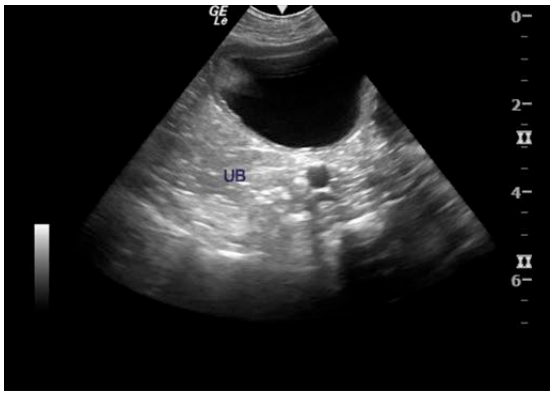


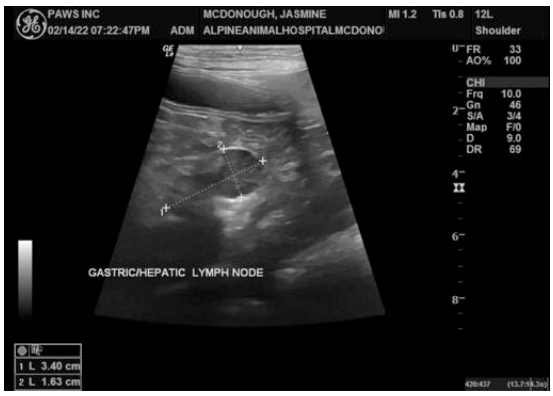


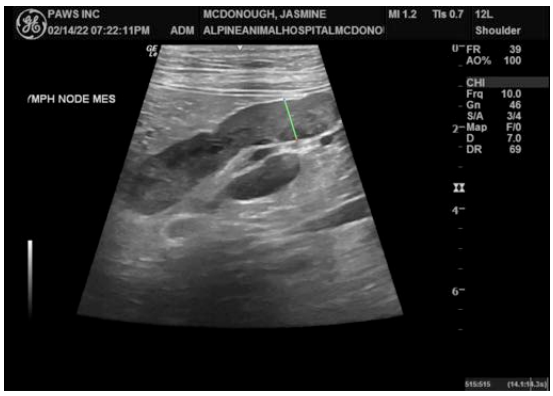


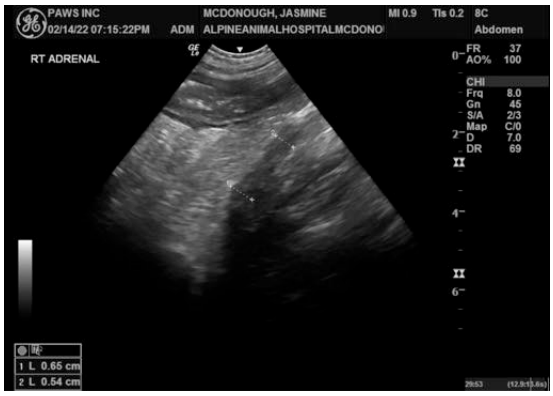


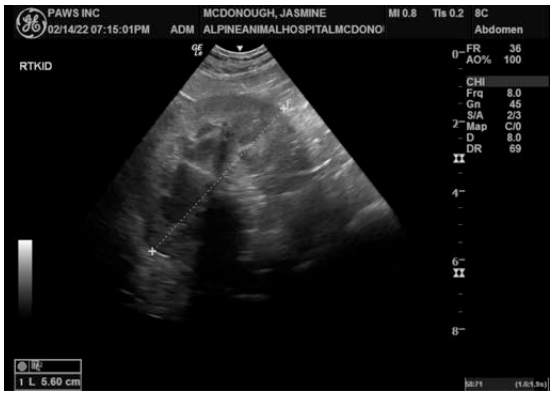

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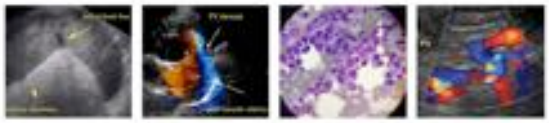

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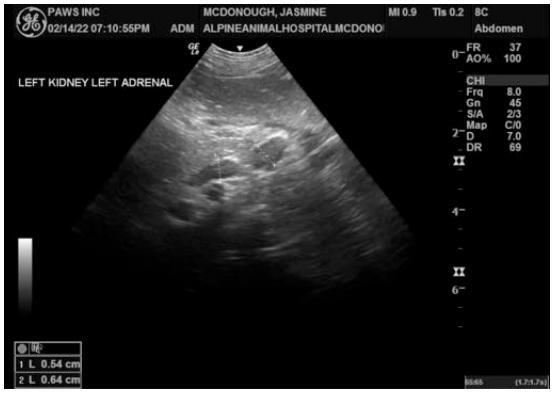


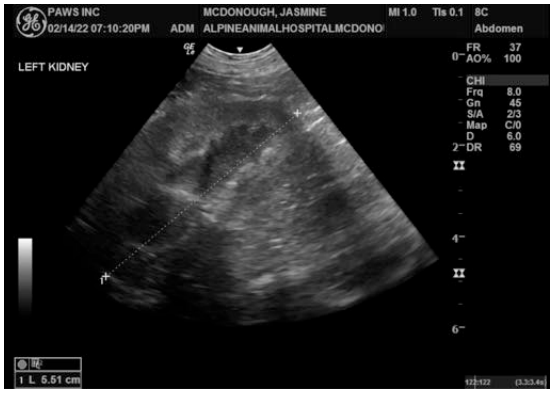


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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