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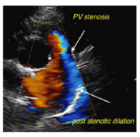

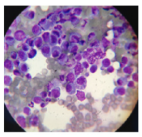
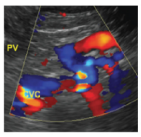

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Kira 258245 Ninneman

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

4 Years

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Schulz

INVOICE

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DATE

3/23/22

PRESENTING CLINICAL SIGNS

Problem list: 1. High grade, large cell colonic lymphoma - Diagnosed via endoscopic biopsy 11/24/21 at Blue Pearl, histopathology consistent with round cell neoplasm, favoring large cell lymphoma - IHC recommended, submitted CD3, Pax5, MUM1, results consistent with lymphoma - Medical treatment delayed due to intussusception, surgery performed 01/04/22 - Restaging ultrasound 01/31/22 revealed renal masses and sublumbar mass, ddx: lymphoma vs. other - Initiated treatment with CCNU/Lspar and prednisone 2/9/22 - Restaging performed 3/23/22 2. Intussusception - Concern initially raised on previous ultrasound at Blue Pearl in Nov. 2021, no clinical signs reported, recheck ultrasound declined on 12/7/21 - Recheck ultrasound 12/15/21, confirmed intussusception lesion, no active GI obstruction - Surgical treatment 01/04/22 3. Lymphoplasmacytic enteritis and gastritis- ddx: inflammatory bowel disease - Diagnosed via endoscopic biopsies 11/24/21 4. Chronic diarrhea and hematochezia- resolved following surgery 5. Renal masses/lesions- noted on ultrasound 01/31/22, ddx: lymphoma involvement vs. renal cysts vs. other - Aspirates/cytology declined, plan to monitor response with restaging/imaging - Restaging performed 3/23/22 6. Sub-lumbar/retroperitoneal mass lesion- noted on ultrasound 01/31/22, ddx: lymphoma vs. other neoplasia - Aspirates/cytology declined, plan to monitor response with restaging/imaging - Restaging performed 3/23/22 Relevant Exam/labs/imaging results/treatments: Today: CBC: NSF Chem: NSF

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 (6.3 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 (7.2 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 0.52 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 0.52 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 normal in size, echotexture is homogenous, and 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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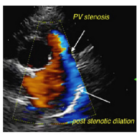

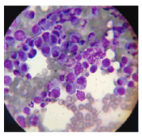
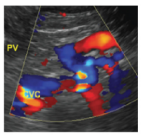

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Liver

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

The gallbladder lumen is moderately distended. The wall of the gall bladder 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 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.

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.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's ultrasonographic exam appears relatively normal. There are no signs of mass lesions or lymphadenopathy.

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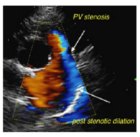

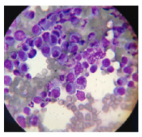

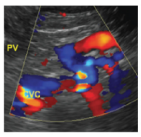

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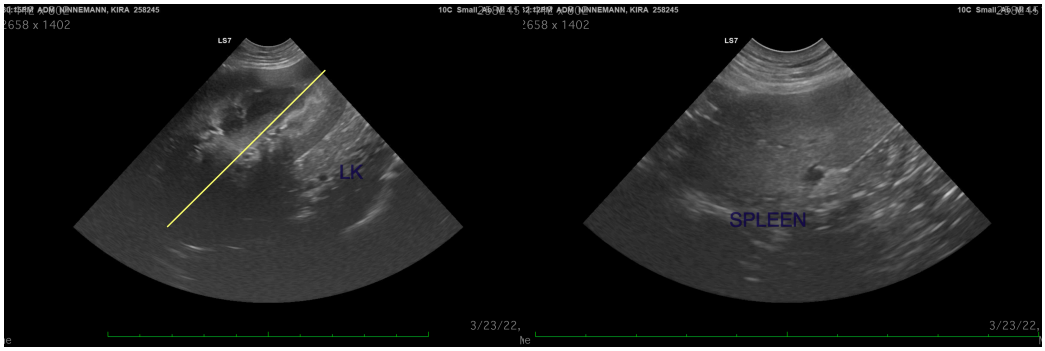

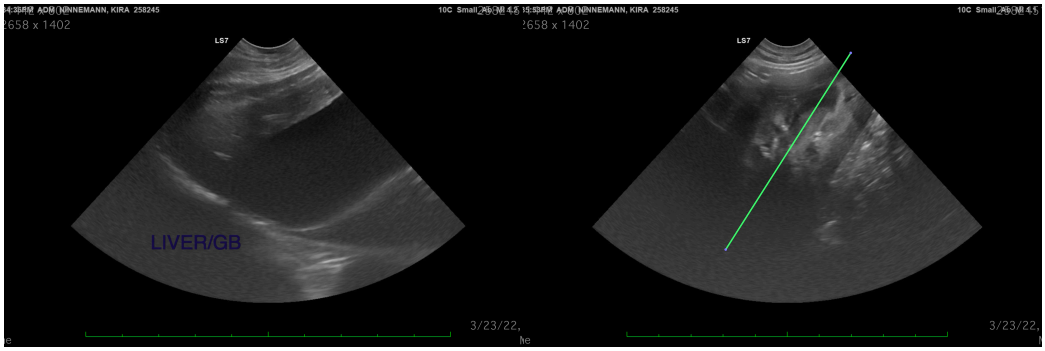

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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