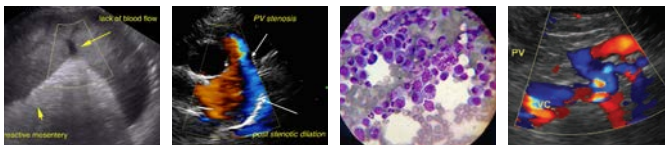
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Max Debolt

SPECIES
Canine

BREED
Rottweiler

SEX
Neutered Male

AGE
6 Years

WEIGHT
129.2 Pounds

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dr. Garry Gotfredson

HOSPITAL NAME
Red Hills VH

REFERRING VET
Dr. Sowerwine

INVOICE
33118

DATE
11/30/21

PRESENTING CLINICAL SIGNS

Patient presented last week for enlarged lymph nodes and lymphoma is the presumptive diagnosis. Here to look for other metastatic lesions.
Abnormal PE/Chem/CBC/UA Results: Cytology: Lymphoma Flo Cytometry pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual pathology was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.9 cm. The right kidney measured 7.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen was overall normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary non-expansive, subtle hypoechoic nodule was noted in the medial parenchyma adjacent to the hilus measuring 1.8 cm diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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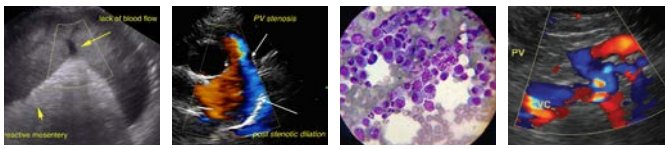

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

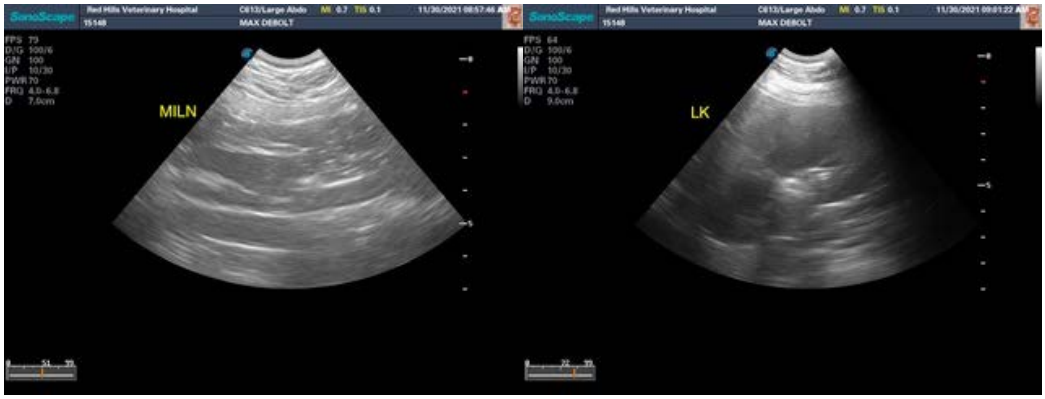
No omental masses, lymphadenopathy or peritoneal effusion.

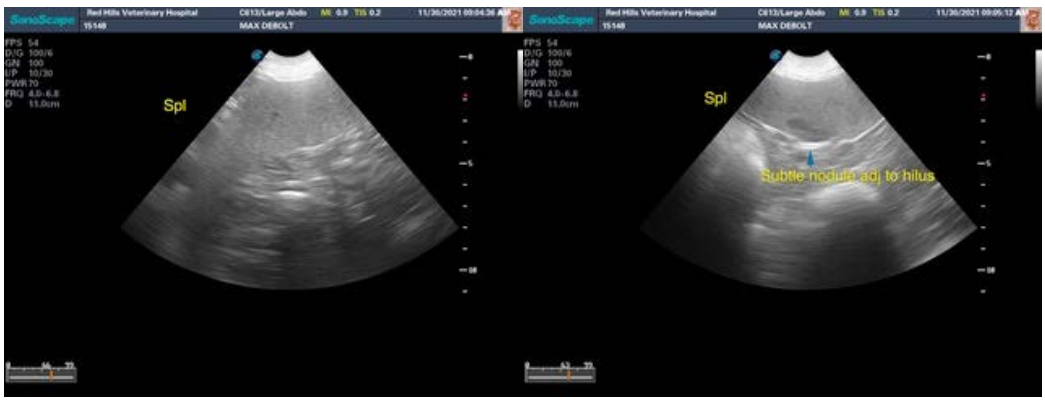
ULTRASONOGRAPHIC FINDINGS

- Solitary subtle non-expansive splenic nodule
- Mild gallbladder debris – incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology, including no evidence of intraabdominal lymphadenopathy. The solitary subtle, non-expansive, hypoechoic splenic nodule is non-specific. Considerations may include focal area of lymphoid hyperplasia, hematopoiesis, splenitis, or granuloma. However, the possibility of emerging neoplasia nodule (given the potential for lymphoma in this patient) cannot be definitively excluded. The nodule does not appear to be accessible to FNA cytology based on depth and location. Therefore, sonographic monitoring of the nodule for evidence of progression with initial recheck in 3-4 weeks or based on oncology recommendations is recommended. Screening splenic FNA may be considered if lymphoma is confirmed in peripheral lymph ondes.





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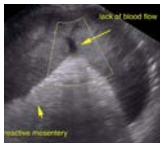
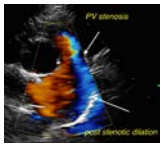
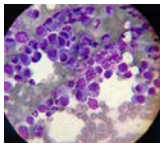
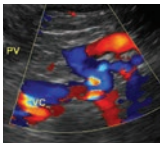

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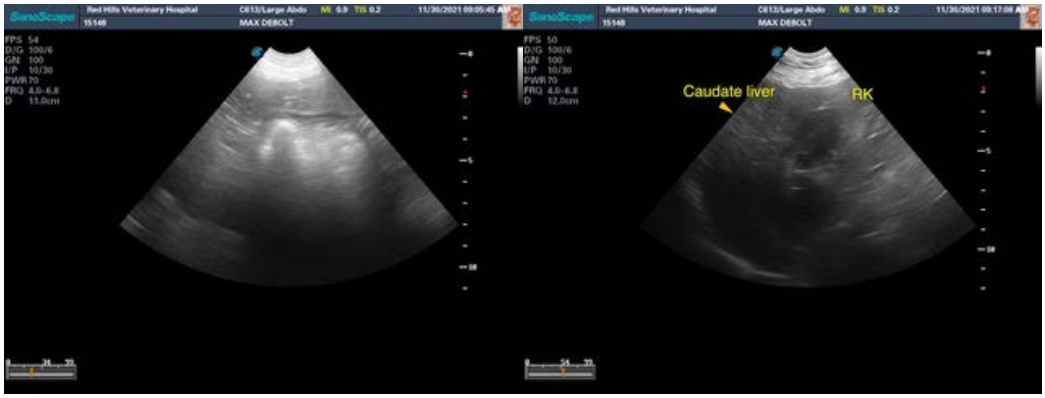

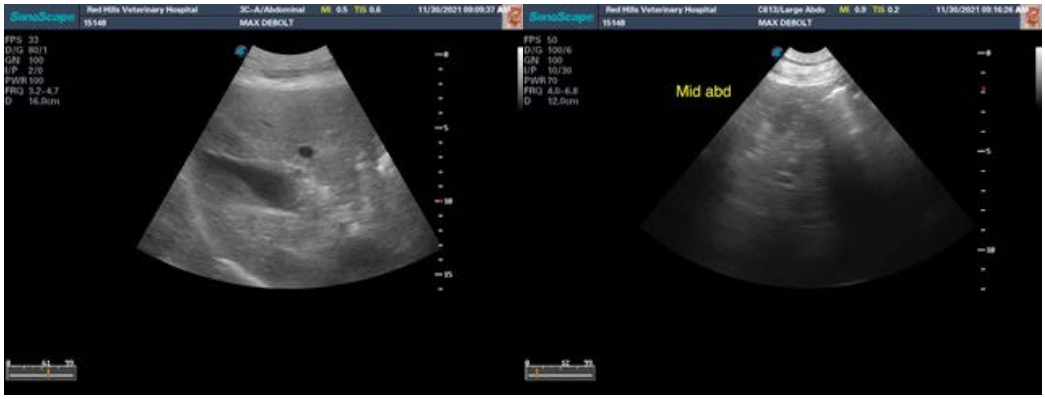

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com