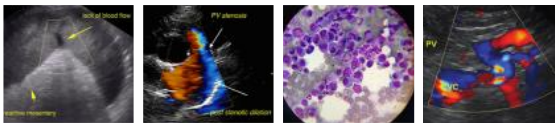


PATIENT

Elwood Brandt

SPECIES

Canine

BREED

Bluetick Coonhound

SEX

MN

AGE

14 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Brandt

INVOICE

13850

DATE

5/11/22

PRESENTING CLINICAL SIGNS

personal pet, had since a puppy -acute inappetance, low grade fever Monday 5/9 -prominent mandibular lymph nodes, Idexx cytology states suspected emerging lymphoma
Abnormal PE/Chem/CBC/UA Results: ALT 233, ALP 361, GGT 15 HCT 33% Current Medications vetprofen 100mg daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

A solitary, medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic, and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 2.9 cm x 1.1 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

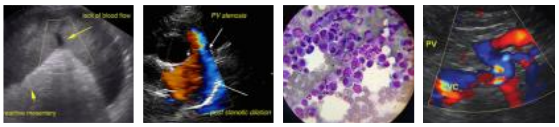
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.68 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length x 0.59 cm width in the caudal pole.

Spleen

The spleen exhibited potential for mild enlargement with areas of lateral and medial capsule asymmetry. Generalized moderate heterogeneous parenchyma with multifocal subtly expansive hypoechoic parenchymal nodules were present. An example of a splenic nodule measured 1.1 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened yet mildly echogenic walls containing primarily anechoic content with mild hyperechoic yet nonmineralized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no 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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

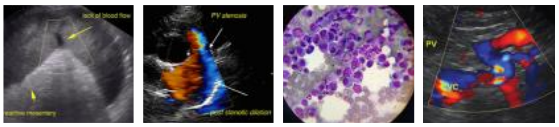
ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes
- Minor particulate urinary bladder sediment
- Mild splenomegaly exhibiting heterogeneous to hypoechoicly nodular parenchyma
- Hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Solitary mildly prominent to hypoechoic medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall spleen was nonspecific with multiple potential etiologies Including age-related splenic changes with areas of lymphoid hyperplasia, hematopoiesis, small hematomas, acute infarction, granulomas, or neoplasia i.e., round cell neoplasia such as lymphoma. Given the reported potential for lymph node cytology indicating suspected emerging lymphoma, the splenic nodular changes are highly suspicious for splenic involvement.

The overall liver was more nonspecific with considerations including vacuolar hepatopathy, inflammatory / immune-mediated disease, infection, and nonobstructive cholestasis, while the possibility of concurrent infiltrative splenic neoplasia cannot be excluded. Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology and potential for oncology consultation.



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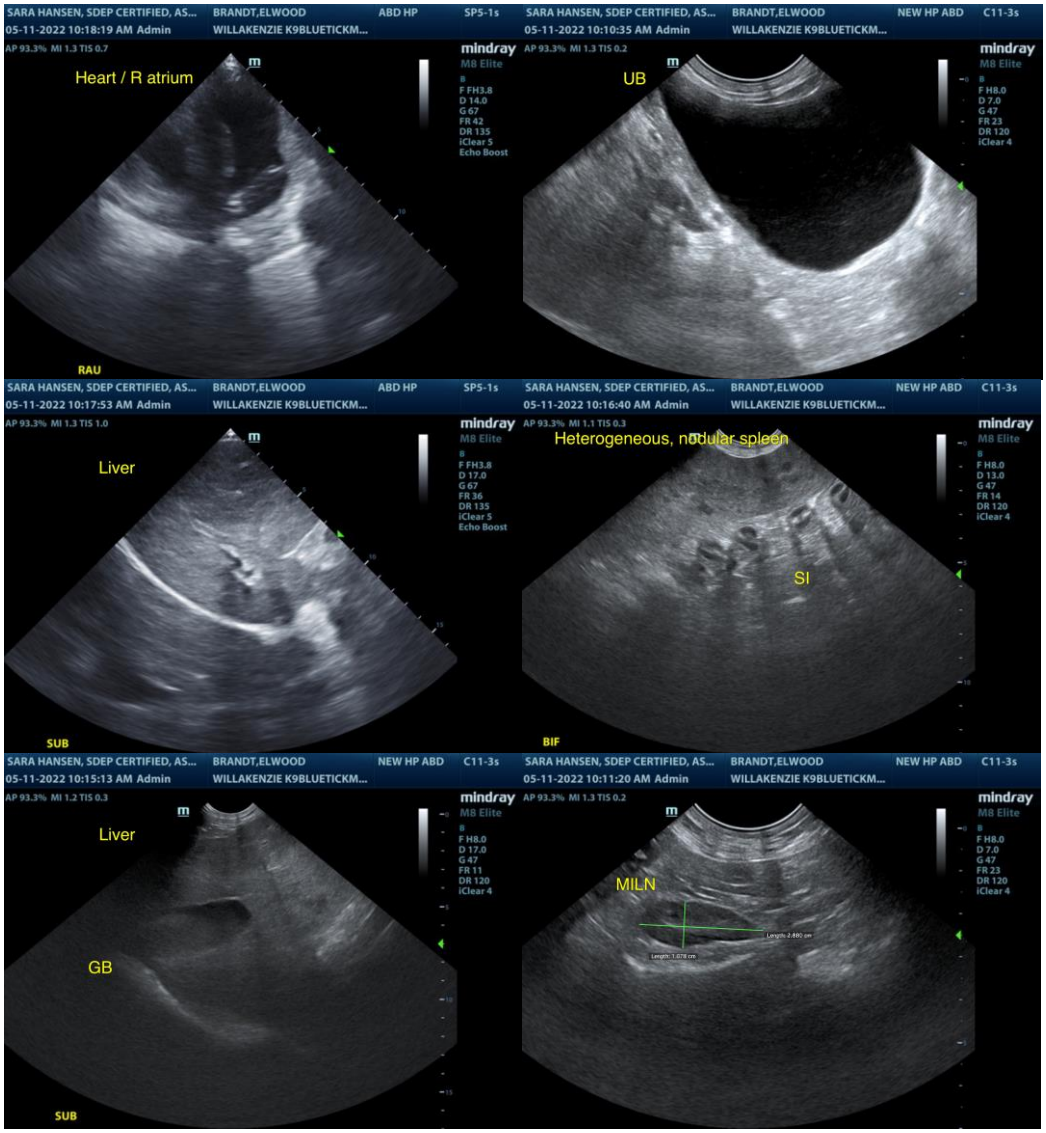
The concurrent medial iliac lymphadenopathy, likewise, may potentially indicate early neoplastic lymphadenopathy, given this presentation. The medial iliac lymph node likely at a depth potentially inaccessible to ultrasound-guided FNA, yet this could be considered vs. sonographic monitoring for evidence of progressive lymphadenopathy.



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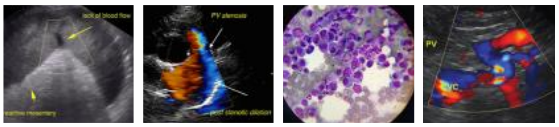

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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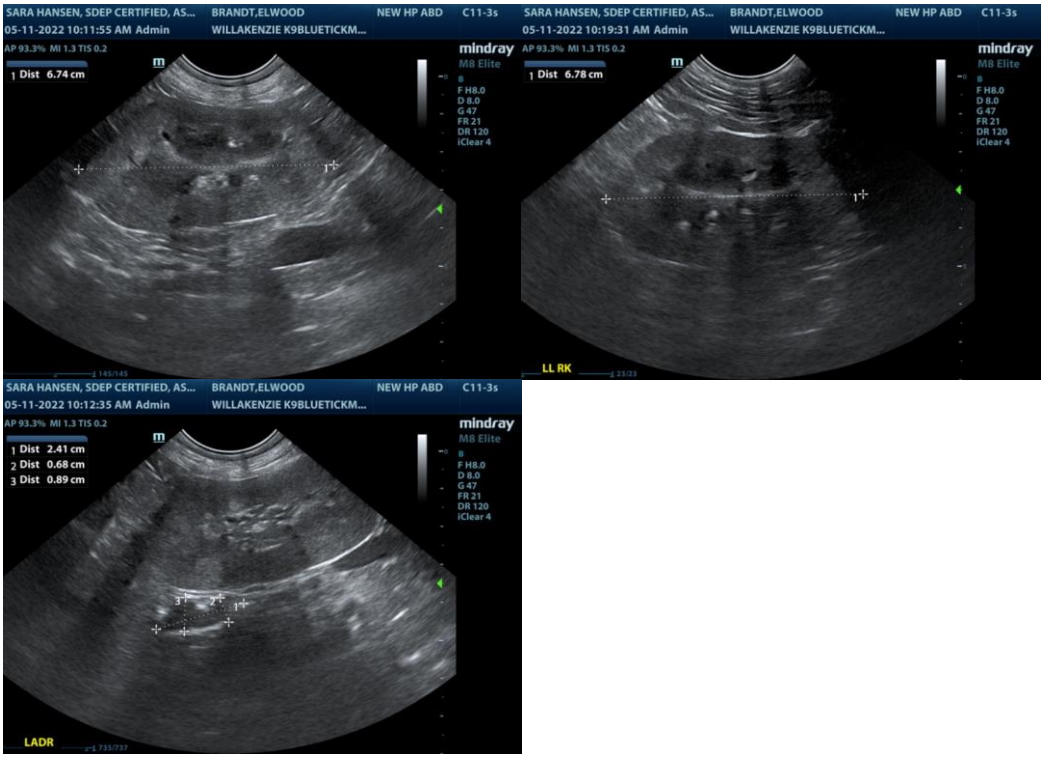

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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