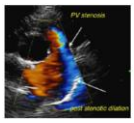
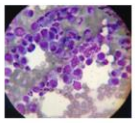
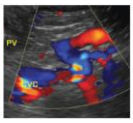

PATIENT

Jinx Tostado

SPECIES

Canine

BREED

Pit Mix

SEX

NM

AGE

9 years

WEIGHT

42 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

13946

DATE

5/25/22

PRESENTING CLINICAL SIGNS

anorexia, lethargy
Abnormal PE/Chem/CBC/UA Results: elevated monocyte count enlarged lymph nodes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

No overt pathology was noted in the area of the residual prostate.

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 6.5 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size with mild asymmetrical contour and uniform parenchyma. The left adrenal gland measured 2.8 cm length x 0.49 cm width at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.67 width at the caudal pole.

Spleen

The spleen was enlarged with primarily maintained symmetrical capsule contour. Mild generalized splenic parenchyma heterogeneity exhibiting subtle hypoechoic micronodular parenchyma changes were present. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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. No overt evidence of gastroenterocolic wall layering was noted.

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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

Multifocal mesenteric and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by perilymphatic reactive mesentery. An example of a medial iliac lymph node measured 2.3 cm x 2.2 cm. An example of a mesenteric lymph node measured 3.7 cm x 1.9 cm. No free fluid was noted.

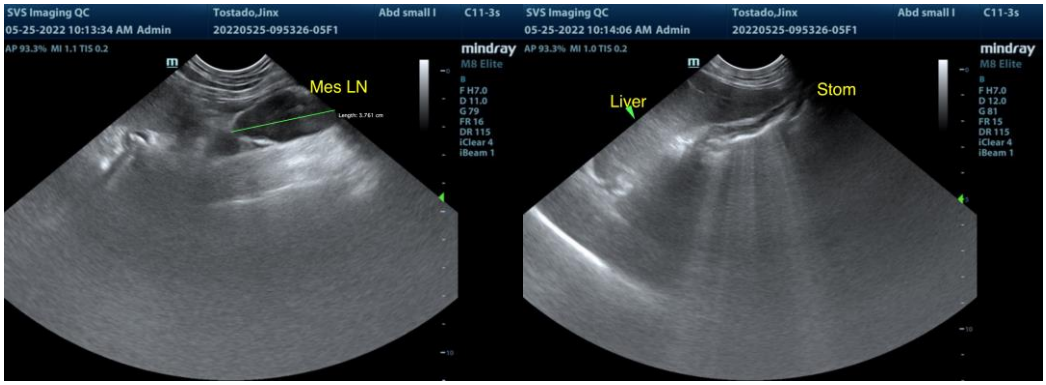
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly exhibiting subtle hypoechoic micronodular parenchyma
- Hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Multifocal hypoechoic to swollen mesenteric and medial iliac lymphadenopathy with perilymphatic reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the hepatosplenic presentation along with multifocal intraabdominal and medial iliac hypoechoic to swollen lymphadenopathy is consistent with multicentric round cell neoplasia with multicentric lymphoma considered a primary differential diagnosis vs. other round cell neoplastic disease.

Assuming normal clotting status, ultrasound-guided hepatosplenic and accessible lymph node FNA for screening cytology and oncology consultation is suggested. Three view chest radiographs are recommended. A guarded prognosis is warranted.



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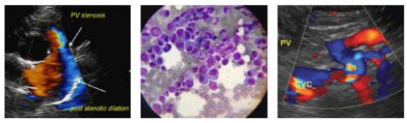

SonoPath

Clinical Sonography & Telecytology

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

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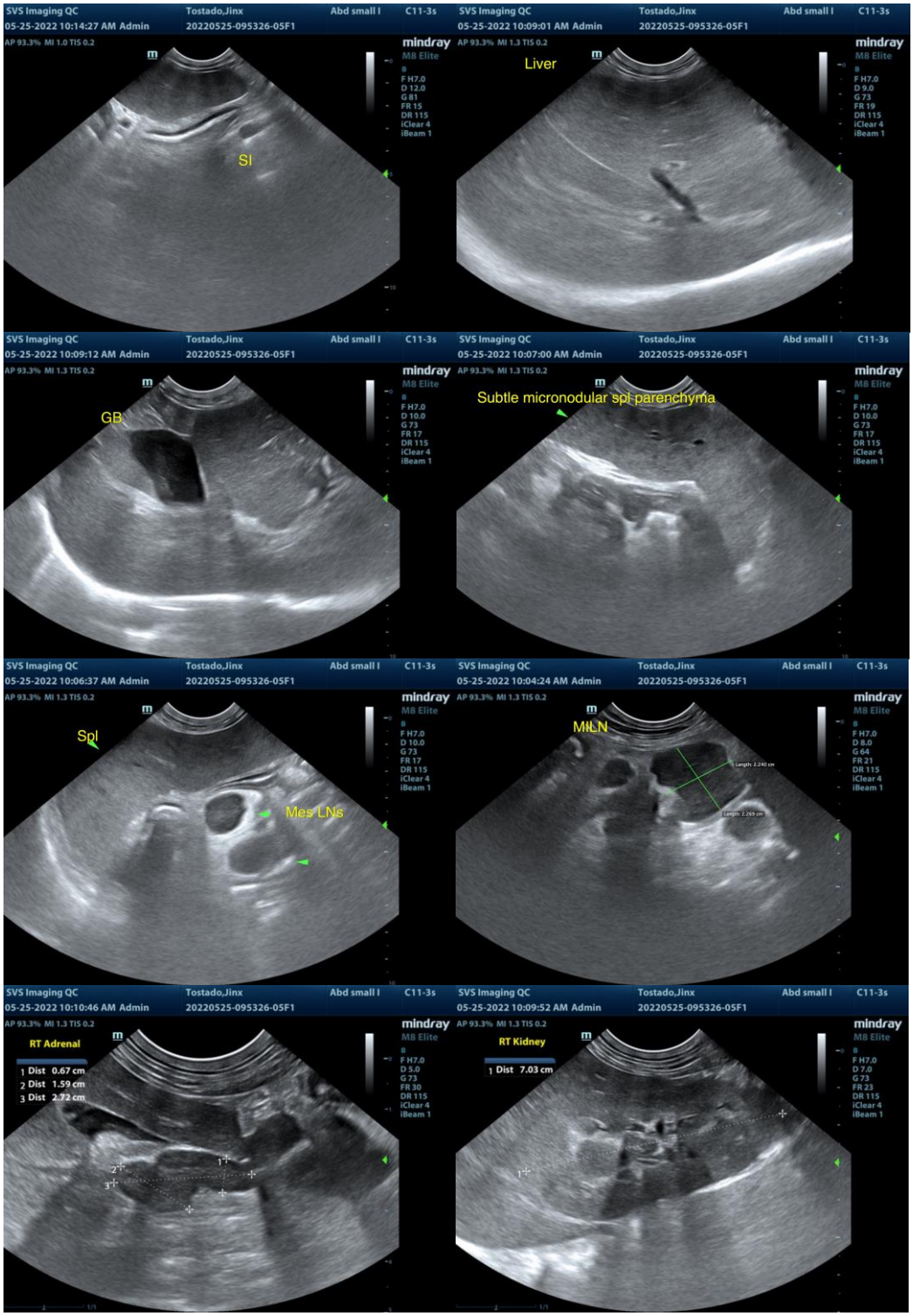

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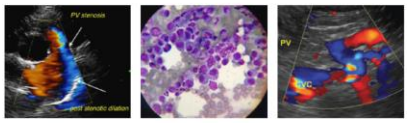

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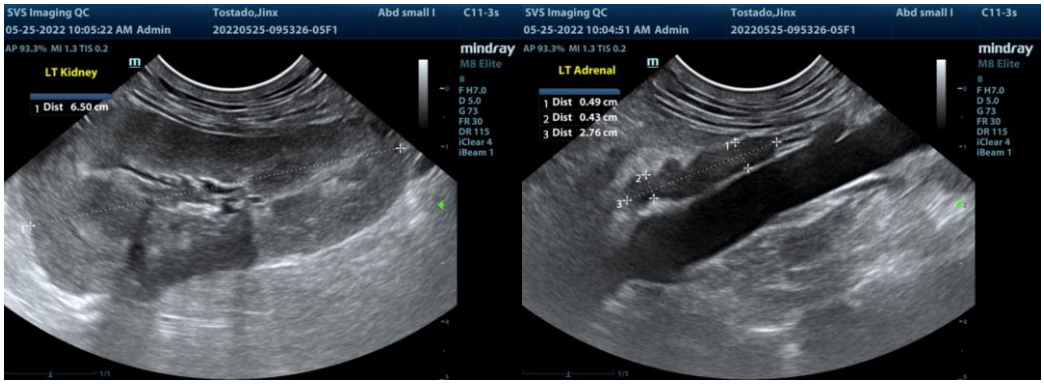

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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