

**PATIENT**

Docker Duke

SPECIES

Canine

BREED

Lab

SEX

NM

AGE

6 years

WEIGHT

62 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

14070

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Presented for decreased appetite of 4 weeks duration. Also has lost about 15lbs in the last month or two.

Abnormal PE/Chem/CBC/UA Results: Suspect arthritis in hind limbs. Possible enlargement of liver on palpation. Radiographs taken which showed enlargement of liver and left kidney appears to have irregular margins and appears enlarged compared to other kidney. Bloodwork showed elevations in SDMA (23 ug/dL), ALT (348 U/L), ALKP (1423 U/L), and a decrease in TT4 (0.6 ug/dL). CBC showed hemoconcentration and monocytosis.

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.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys were mildly enlarged in size with asymmetrical renal margination. The kidneys exhibited decreased corticomedullary echogenicity with hypoechoic nodules noted in the right kidney. An example of a right kidney nodule measured 2.0 cm in diameter. The left kidney measured 8.8 cm in length. The right kidney measured 9.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.82 cm width at the caudal pole.

The right adrenal gland was prominent in size with asymmetrical contour, measuring 3.6 cm length x 0.85 cm width at the caudal pole and 1.8 cm width at the cranial pole.

Spleen

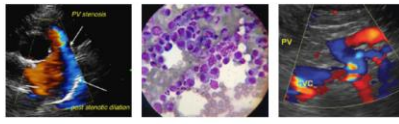
The spleen exhibited subjective mild enlargement with decreased splenic parenchyma echogenicity exhibiting primarily maintained uniform echotexture. A solitary, mildly expansive, subtle hypoechoic cranial lateral splenic nodule was present, measuring 2.4 cm diameter.

Liver/ Gallbladder

The liver exhibited generalized enlargement with overall decreased hepatic parenchyma echogenicity. Multifocal, variably sized, hypoechoic to expansive parenchymal nodules were present. An example of a nodule measured 2.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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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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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.

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Free Abdomen

Midabdominal mesenteric to mesenteric root 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 to reactive mesentery. The mesenteric root lymph nodes measured 2.6 cm length and 2.3 cm width. Small pockets of scant free fluid were noted between cranial spleen and caudal left liver.

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Rapid view of the heart revealed no overt evidence of pericardial effusion or masses.

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- Enlarged hypoechoic to nodular kidneys
- Splenomegaly with hypoechoic to subtly nodular parenchyma
- Hepatomegaly exhibiting multifocal, variably sized to expansive parenchymal nodules
- Midabdominal hypoechoic to swollen mesenteric to mesenteric root lymphadenopathy
- Generalized reactive mesentery and scant free fluid

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ULTRASONOGRAPHIC FINDINGS**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the sonographic findings are consistent with multicentric neoplasia involving the liver, bilateral kidneys, mesenteric lymph nodes and likely spleen. Multicentric lymphoma is considered likely until proven otherwise, vs other round cell neoplasia.

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Assuming normal clotting status, hepatosplenic and, if accessible, lymphatic FNA for screening cytology and oncology consultation with potential for immediate chemotherapeutic intervention, is suggested. This case is nonsurgical. An unfavorable prognosis is likely indicated.

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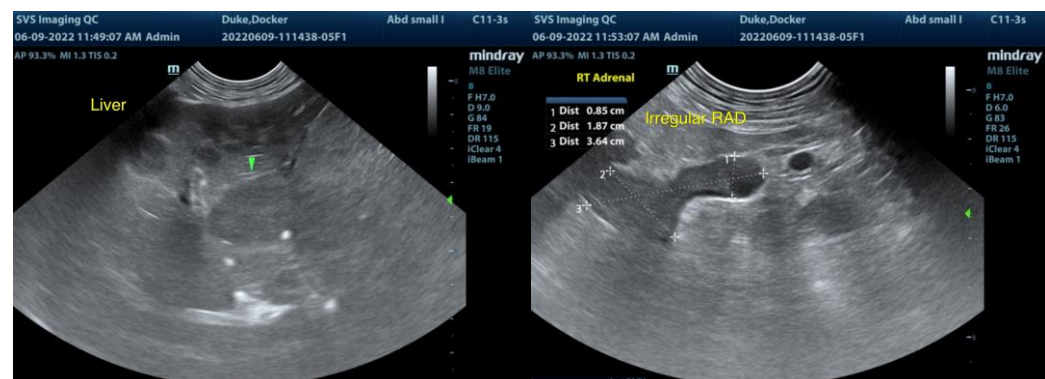
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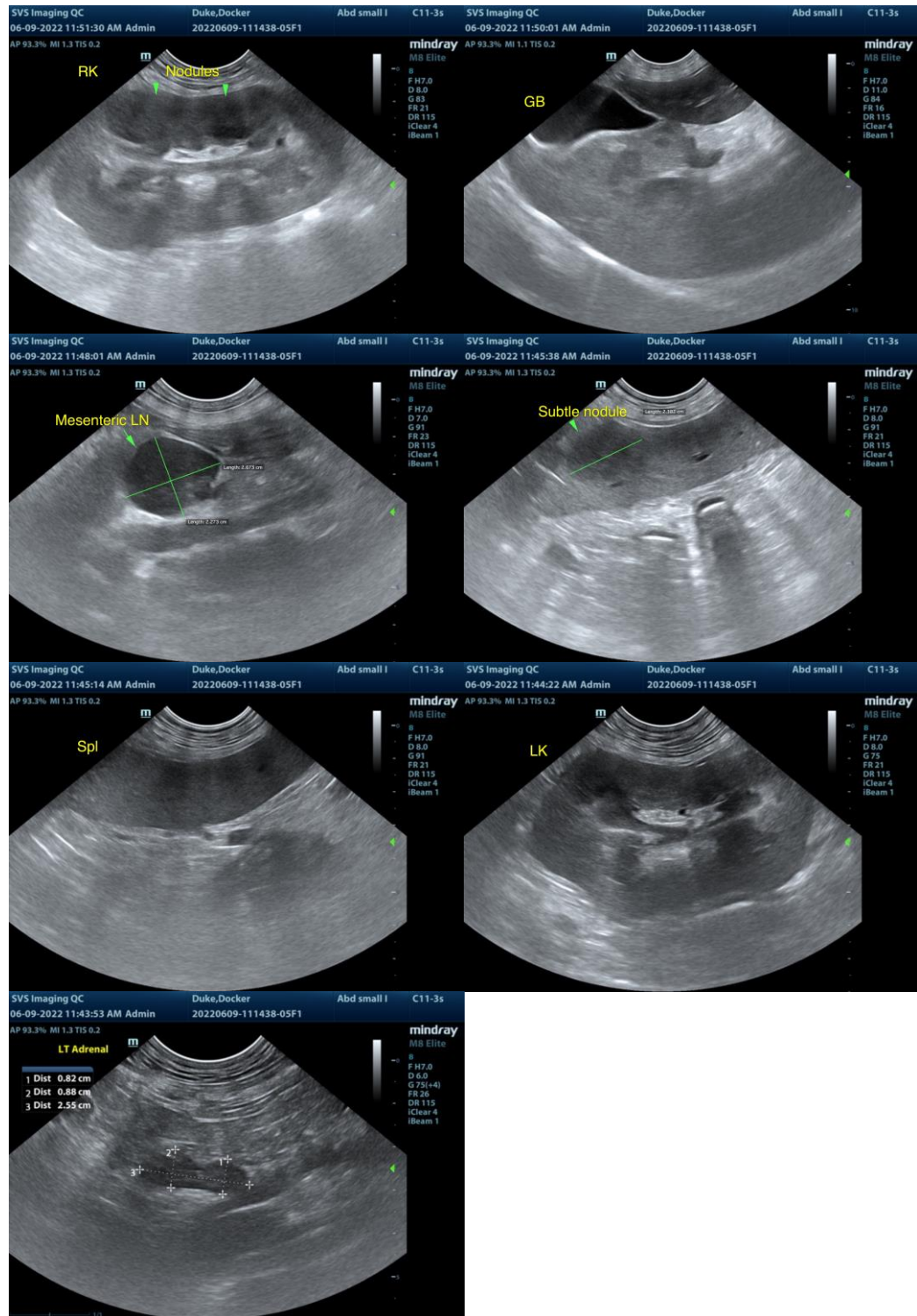
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

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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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