



PATIENT

Jack Lindaman

SPECIES

Canine

BREED

Golden Retriever

SEX

M/N

AGE

12 years

WEIGHT

60.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

14830

DATE

9/7/22

PRESENTING CLINICAL SIGNS

P has history of prominent popliteal lymph nodes. August 2022 bloodwork showed slight anemia. P also has thickening of tarsal joints, arthritic changes Wei Ling Tang 3/4 tsp BID Taurine 500mg twice daily Vitamin C 500mg TID Rx D3 Forte 2 drops SID AM Joint support: Phycos MAX, Trixsyn, Boswellia Complex Thoracic radiographs also taken today and submitted to AIS for consultation Tick borne PCR was negative

Abnormal PE/Chem/CBC/UA Results: 8/29/22 HCT 33, 9/7/22 HCT 35

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.8 cm in diameter.

Multiple, variably sized, hypoechoic to swollen medial iliac lymph nodes were present in the area of the iliac trifurcation and somewhat craniodorsal to the urinary bladder apex. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 4.8 cm x 2.4 cm.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild to potential moderate left kidney medullary mineral was noted. No pyelectasia was noted in either kidney. The left kidney measured 7.0 cm in length. The right kidney measured 6.5 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 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole and 0.50 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement with areas of asymmetrical to swollen capsule contour and generalized heterogeneous parenchyma exhibiting several to potential multiple isoechoic to nonhomogeneous mildly expansive mass lesions. An example of a splenic mass lesion measured 4.4 cm in diameter. Normal splenic vascularity was noted.



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Liver/ Gallbladder

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The liver exhibited subjective mild enlargement. 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 containing primarily anechoic content with moderate, congealed, hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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.

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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

Focal to intermittent mildly prominent hypoechoic to swollen mesenteric lymph nodes were visualized. An example of a mesenteric lymph node measured 1.75 cm x 1.0 cm. Very scant pocket of free fluid was noted between the cranial lateral spleen and caudal left liver. No evidence of significant peritoneal free fluid was noted. Mild hyperechoic mesentery, primarily around the enlarged medial iliac and mesenteric lymph nodes, was present.

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Multifocal variably sized hypoechoic to swollen medial iliac lymphadenopathy
- Concurrent focal to intermittent mildly prominent to hypoechoic mesenteric lymphadenopathy
- Infiltrative splenomegaly pattern exhibiting several to multiple nonhomogeneous isoechoic mass lesions
- Mild hepatomegaly
- Moderate congealed gallbladder debris (non-mucocele)

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Secondary Findings

- Bilateral chronic renal changes with nonobstructive left kidney medullary mineral



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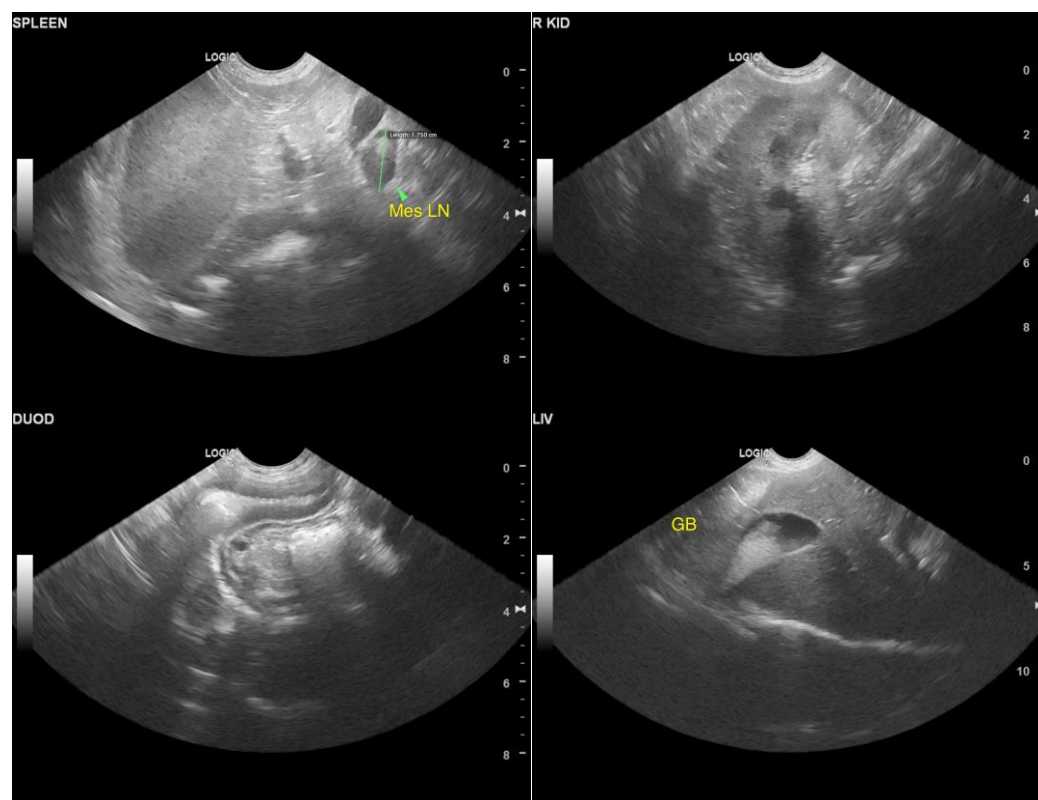
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia i.e., lymphoma or other, involving the medial iliac and mesenteric lymph nodes, spleen, with potential for liver involvement is warranted.

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of an enlarged medial iliac lymph node, spleen, +/- liver for cytology, culture and sensitivity, as well as potential oncology consult is recommended.

Non-neoplastic medial iliac and mesenteric lymphadenopathy, i.e., hyperplasia, lymphadenitis, or benign splenic changes such as hyperplasia, hematopoiesis, incidental splenitis, or other are possible yet considered less likely.

Three-view chest radiographs are recommended if not done. A very guarded prognosis, pending sampling, is warranted.





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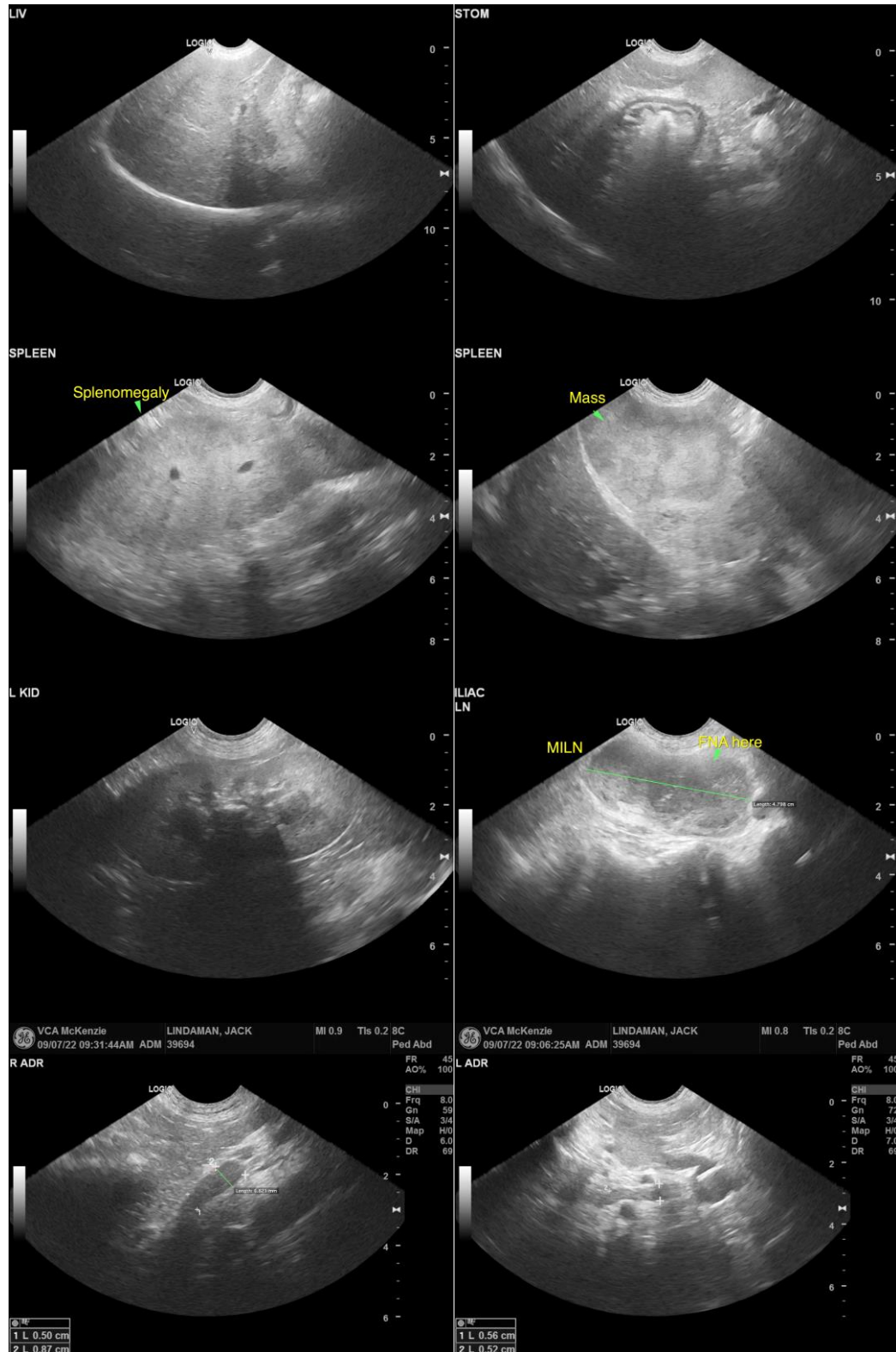
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referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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