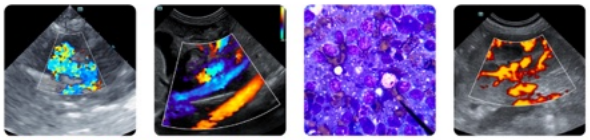


PATIENT

Daisy Mark

SPECIES

Canine

BREED

SEX

Spayed female

AGE

11 years

WEIGHT

14 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

74422

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Reduced appetite and vomiting.
Abnormal PE/Chem/CBC/UA Results: Free fluid in chest - no murmur. Heart sounds present. Pre-scapular lymph node raised --> sent FNA to pathologist. R/O LSA vs other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No uroliths or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (4.65×2.08 cm), with cortical thickness measuring 0.43 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size (4.99×2.97 cm), with cortical thickness measuring 0.45 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.49 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.57 cm at the caudal pole.

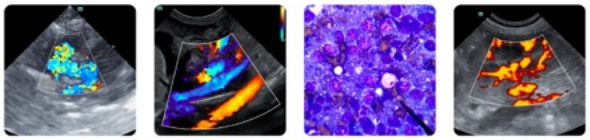
Spleen

Splenic thickness is 2.60 cm. The parenchyma demonstrates a diffuse multinodular (“honeycomb”) pattern.

Liver

The hepatic margins appear mildly irregular and slightly rounded. The parenchyma is isoechoic relative to falciform fat, with mild heterogeneity, less pronounced than that observed in the spleen.

The gallbladder is normally distended. The wall shows small projections, compatible with mucosal hyperplasia or polyps. The contents contain a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 3.99 mm and preserved wall layering (within normal limits). The pylorus measures 5.65 mm (within normal limits). The duodenum measures 2.76 mm (within normal limits). The jejunum measures 3.38–3.49 mm, within normal limits, with preserved wall layering. The ileocecal junction is not visualized. The colon measures 0.84 cm in diameter, containing a small amount of fecal material.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is observed.

Medial iliac lymph nodes measure 0.85×1.42 cm and 1.18×1.79 cm, appearing rounded and hypoechoic. Sublumbar (aortic) lymph nodes measure 2.56×2.03 cm. Right gastric lymph node measures 1.15×1.10 cm. Splenic lymph node measures 1.61 cm in thickness. Additionally, two markedly enlarged, heterogeneous masses are identified in the mid abdomen, near the mesentery and dorsal to the stomach, most consistent with severely enlarged cranial mesenteric lymph nodes measuring 3.08×3.50 cm and 5.07×5.23 cm.

Thoracic cavity

There is abundant pleural effusion with secondary pulmonary atelectasis.

PRIMARY FINDINGS

- Marked generalized lymphadenomegaly (mesenteric, sublumbar, gastric, splenic, iliac)
- Large heterogeneous cranial mesenteric lymph nodes (mass-like)
- Splenomegaly with a diffuse micronodular splenic pattern.
- Mild hepatic heterogeneity and irregular margins.
- Pleural effusion with secondary atelectasis.

SECONDARY FINDINGS

- Mild biliary sludge with gallbladder wall projections.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is the presence of marked, generalized lymphadenomegaly, including severely enlarged and heterogeneous cranial mesenteric lymph nodes with mass effect, in combination with splenic involvement characterized by a diffuse micronodular (“honeycomb-like”) pattern. In this clinical context (pleural effusion and peripheral lymphadenopathy), these findings are highly suggestive of a multicentric lymphoproliferative disorder, with lymphoma being the primary differential.

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The splenic appearance is highly suggestive of lymphomatous infiltration.

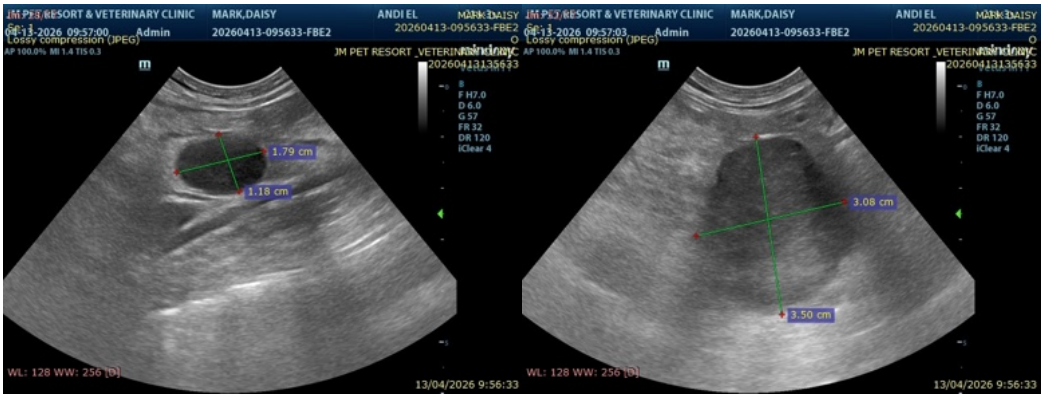
Hepatic changes are mild and nonspecific, raising suspicion for possible early infiltration; however, this cannot be confirmed or excluded based on ultrasound alone.

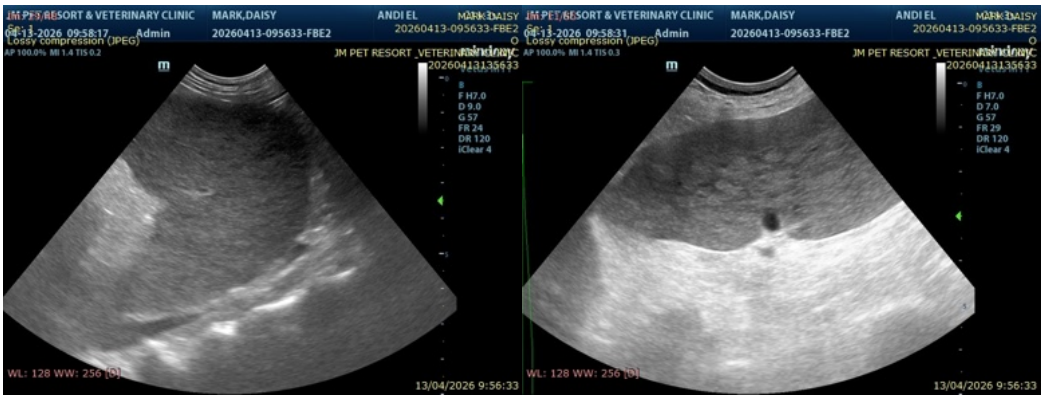
The presence of pleural effusion is most likely secondary to the same underlying systemic process.

Recommendations

- Cytological evaluation of the enlarged peripheral lymph node (already submitted) is appropriate and likely to provide a definitive diagnosis. If needed, ultrasound-guided fine-needle aspiration of the enlarged abdominal lymph nodes, spleen, and liver could be considered to increase diagnostic yield and assist with staging.
- Thoracocentesis is recommended for both therapeutic and diagnostic purposes, including cytologic evaluation of the pleural effusion.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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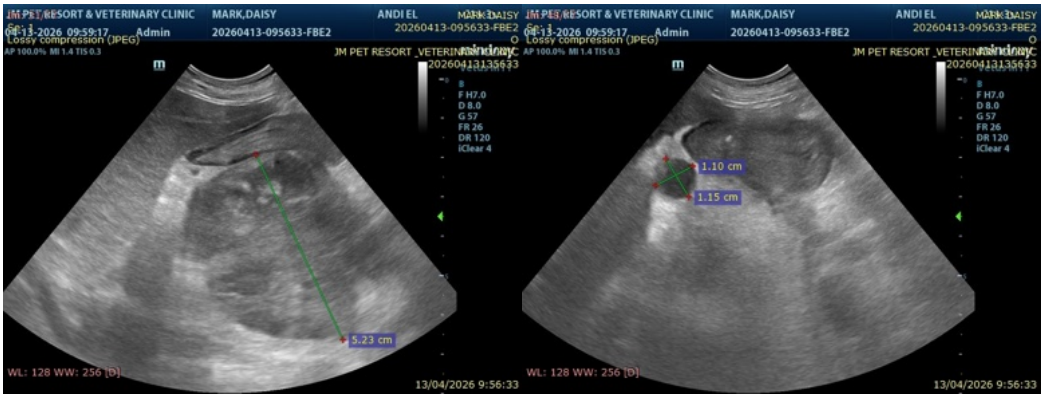

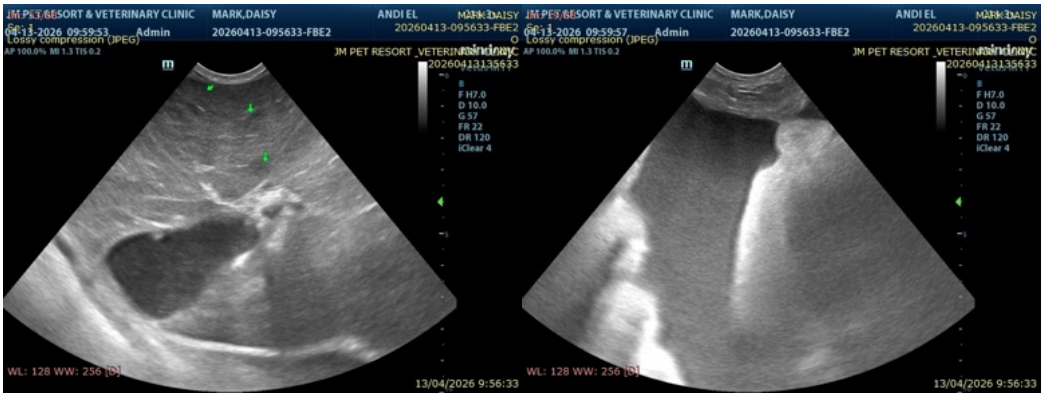

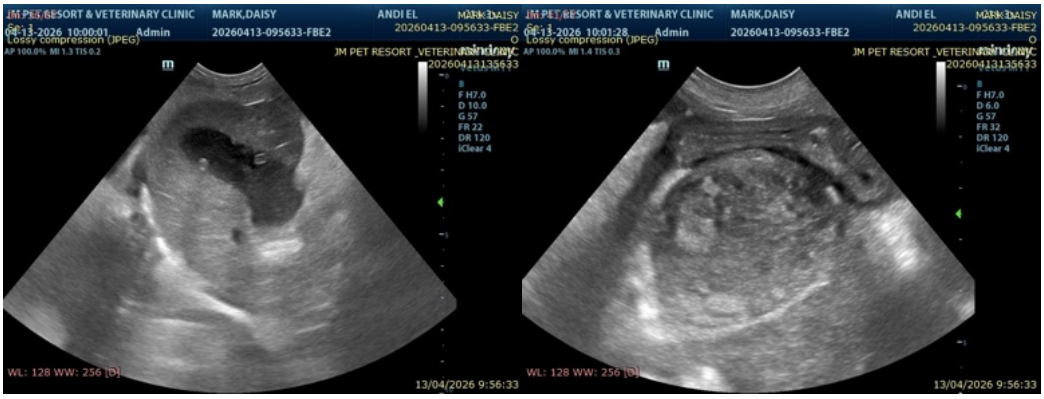

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com