



PATIENT

Romeo Blaszk

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

14 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

69336

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: was diagnosed with T cell lymphoma enlarged Submandibular L.N owner wants to know the prognosis is there any metastatic progress is there any recommended drugs rather than chemo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. An anechoic cyst was noted in the cranial pole of the left kidney. The cyst measured 1.6 cm. The right kidney measured 4.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.86 cm at the caudal and 0.63 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with subtle, micronodular changes. The spleen was folded upon itself cranially.

Liver

The **liver** in this patient was riddled with multi-focal, hypoechoic nodular changes. The largest of which measured 1.6 cm in the mid left caudal liver with target type appearance. The liver was swollen and mildly irregular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Enhanced mesentery was noted throughout the cranial abdomen. This is likely related to the hepatic pathology.

Free Abdomen

The residual prostate measured 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

Partial remission pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver is warranted to assess the nodular changes. There is concern for potential reemergence of the history of T Cell lymphoma. If the patient has been under chemotherapy the changes may be consistent with remodeling secondary to primary infiltrative disease and this is the remaining appearance of the organs; however, the spleen and liver present heterogenous changes that are concerning.



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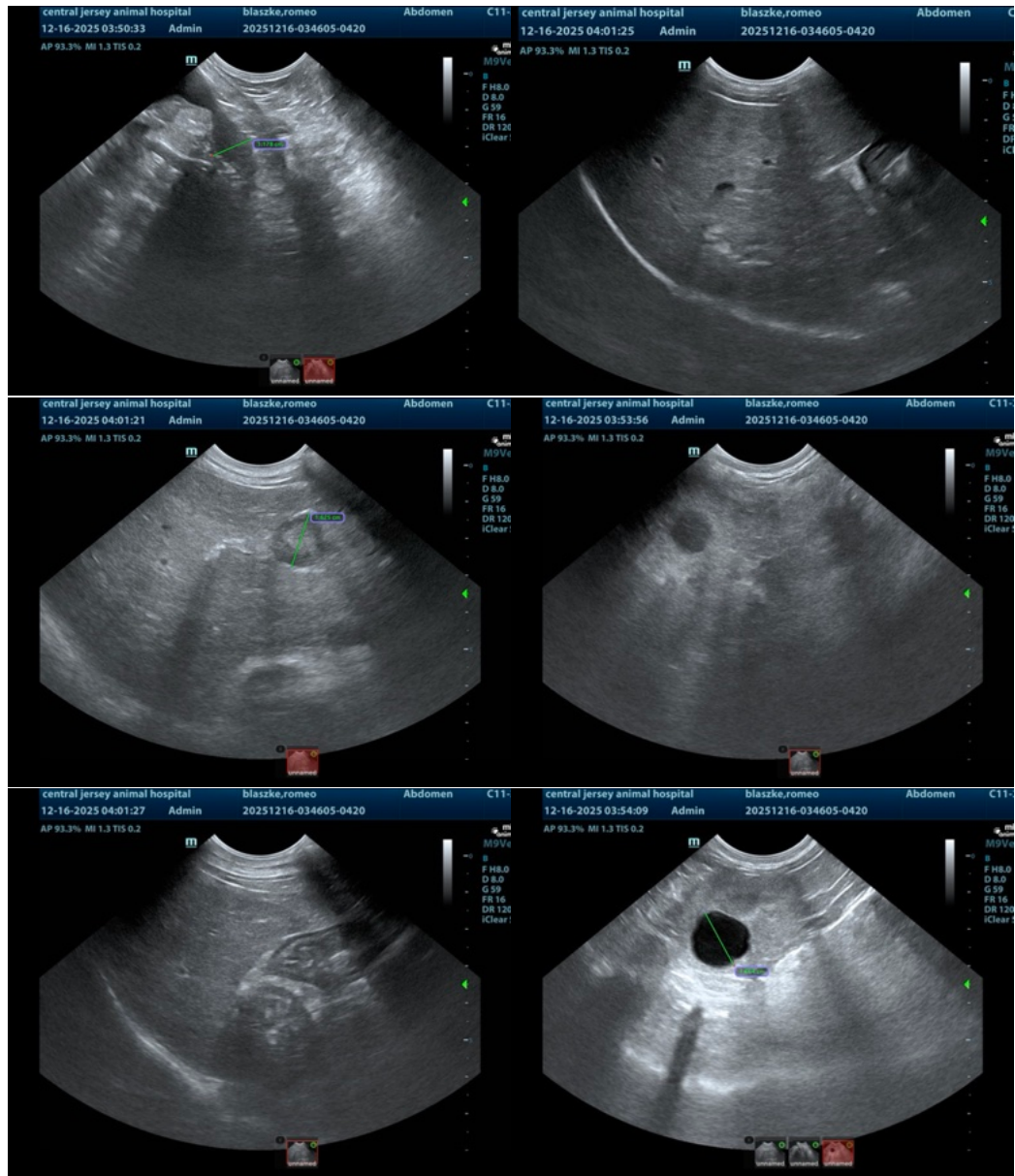
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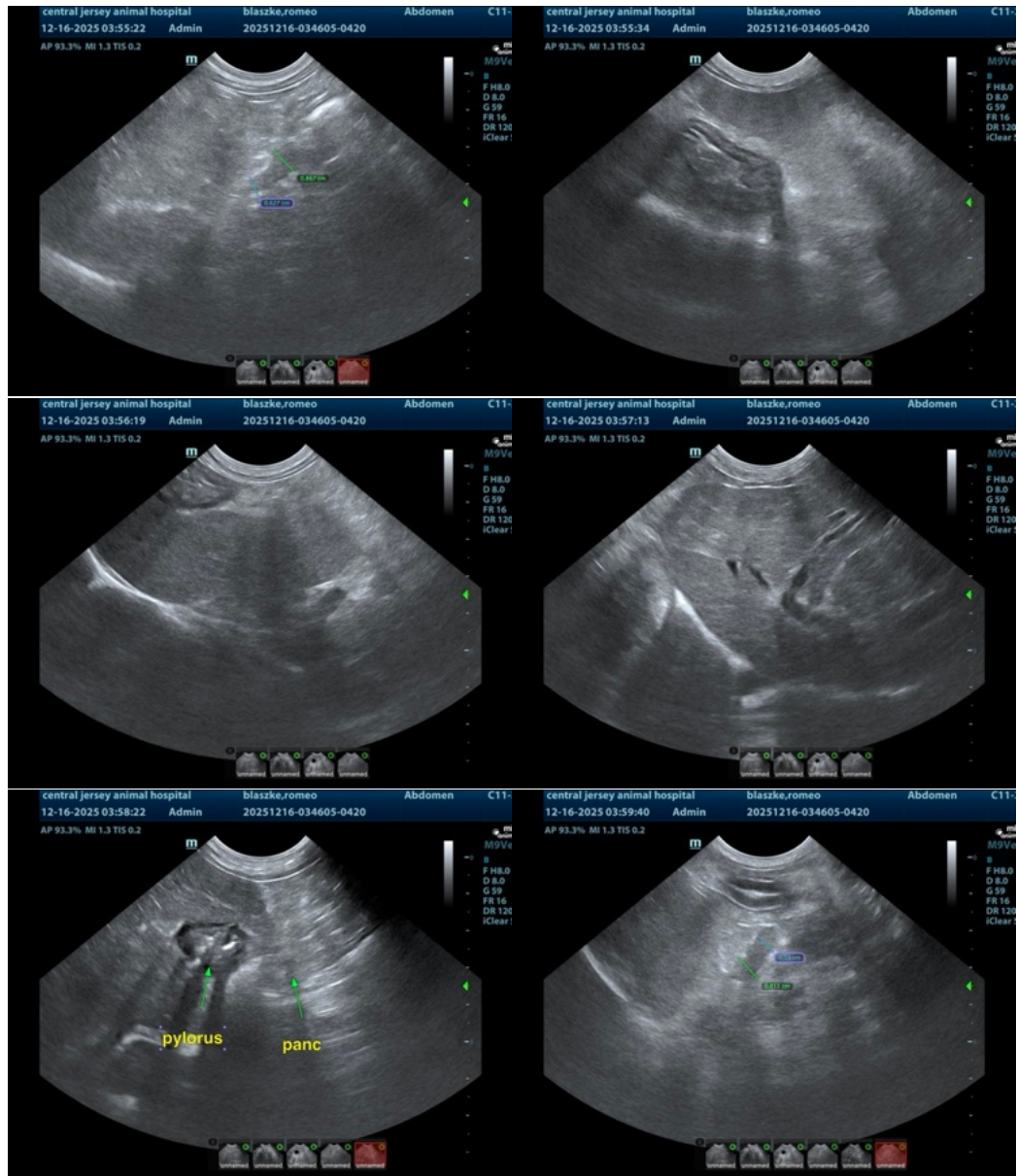
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com