



PATIENT

Titus Kerschner

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

10 Years

WEIGHT

62.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP (CFP)

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Kylie Fackrell

INVOICE

74566

DATE

4/17/26

PRESENTING CLINICAL SIGNS

H/O enlarged peripheral lymph nodes. FNA suspect LSA (intermediate to large cell) or lymphoid reactive hyperplasia. Dog also + for Anaplasmosis so treated with Doxycycline 30 days and pred as needed and improvement. Rechecked when clinical signs worse again and Anaplasmosis PCR was 22 so began Doxy again and requested AUS . Rads taken because pet was coughing showed hilar lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: PE: coughing, enlarged peripheral lymph nodes, firm abdomen-suspect organomegaly, CBC- plt 129, slight nonregenerative anemia CHEM- ALP 372 UA- wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was mildly thickened with a minimal amount of urine present at the time of the sonogram.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 5.4 cm. Right kidney measured 6.7 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 2.2 cm x 0.62 cm at the caudal pole and 0.57 cm at the cranial pole.

The region of the **right adrenal gland** was imaged, no gross pathology.

Spleen

The **spleen** was enlarged and irregular with scalloping contour. Micronodular changes noted.

Liver

The **liver** was swollen and irregular with compact parenchyma and increased portal markings, strongly suggestive for infiltrative disease. The gallbladder appeared unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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Free Abdomen

Multifocal lymph nodes were enlarged, hypoechoic and irregular, measuring up to 4.2 cm. Enhanced mesentery noted associated with the lymph nodes and spleen.

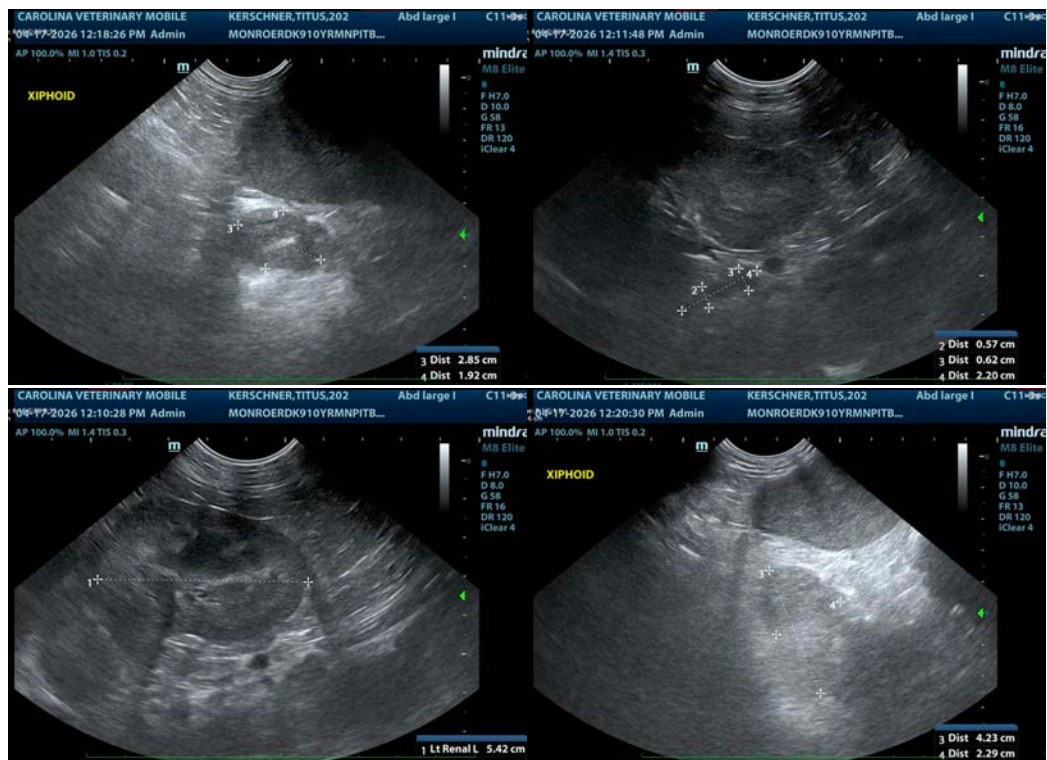
Hepatic lymph nodes were also enlarged.

ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplasia pattern involving the spleen, liver and lymph nodes.
- Mildly thickened urinary bladder.
- Variable intestinal thickening.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor depending upon responsiveness to chemotherapy. FNA spleen, liver and lymph nodes recommended to confirm.





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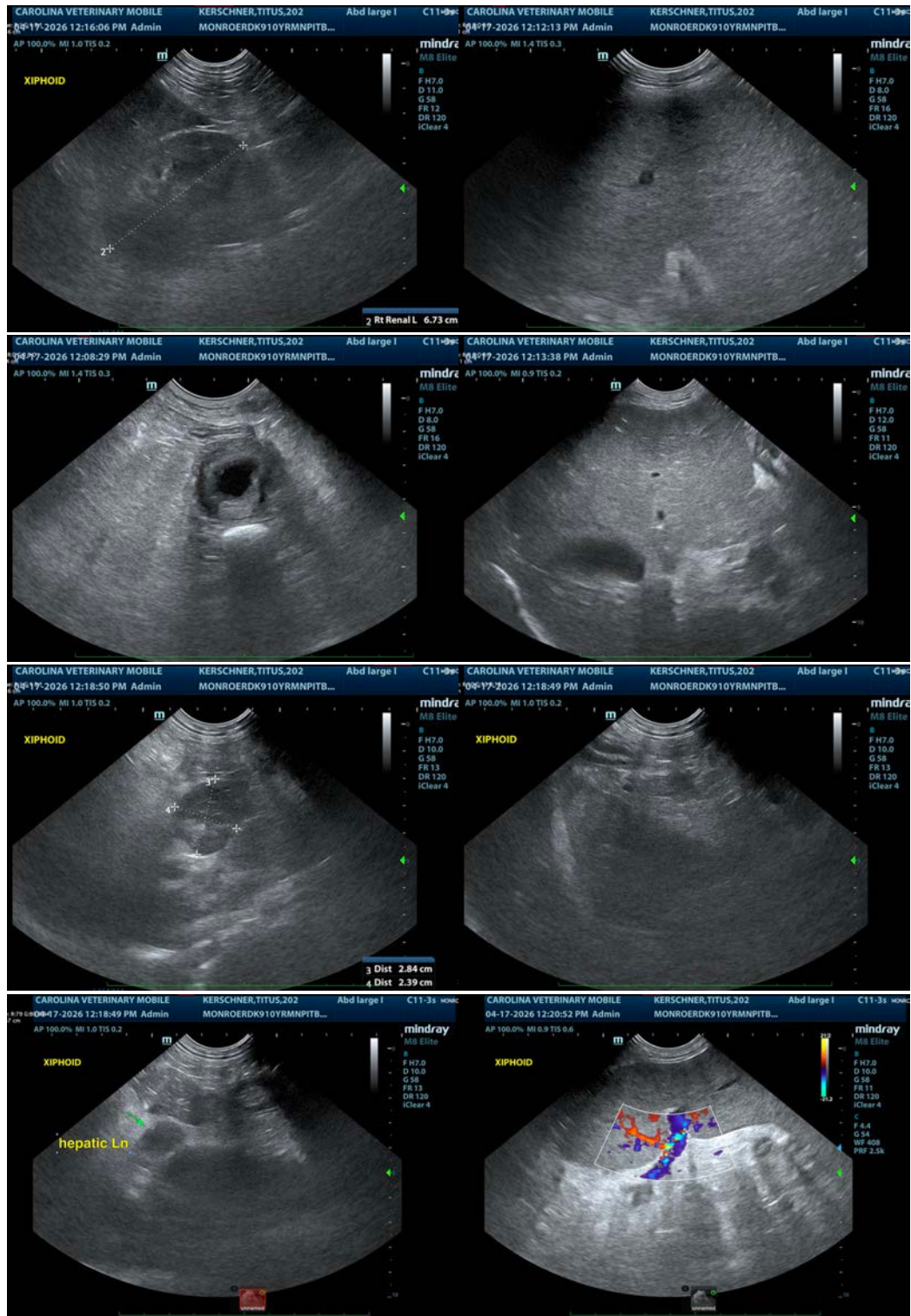
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com

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