



PATIENT

Melon Osorio

SPECIES

Canine

BREED

Terrier Mix

SEX

Intact male

AGE

5.7 years

WEIGHT

10.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Dolan

INVOICE

71751

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Peripheral lymphadenopathy. Diarrhea
- PE: all peripheral lymph nodes are enlarged, bright red streaks in diarrhea CBC- ^WBC, ^neut, ^ mono CHEM- ALKP >2000, ALT- off scale, GGT 61, T bit 0.5 FNA of peripheral node- large cell LSA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal. The bladder was deviated dorsoventrally owing to sublumbar lymphadenopathy.

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. The right kidney measured 4.0 cm. The left kidney measured 4.6 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 2.9 cm.

The testicles were imaged and found to be uniform with no evidence of pathology.

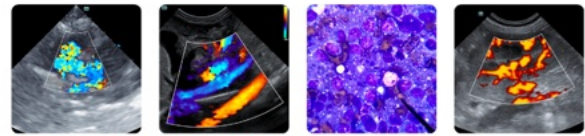
The iliac lymph nodes are enlarged, irregular, hypoechoic, distorted and rounded.

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 1.48 x 0.36 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

The **spleen** was enlarged with coalescing, hypoechoic micronodular changes with a honeycomb type pattern.



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Liver

The **liver** revealed slight coarse architecture with minor increased portal markings. Mild swollen contour was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Hepatic lymphadenopathy was noted.

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

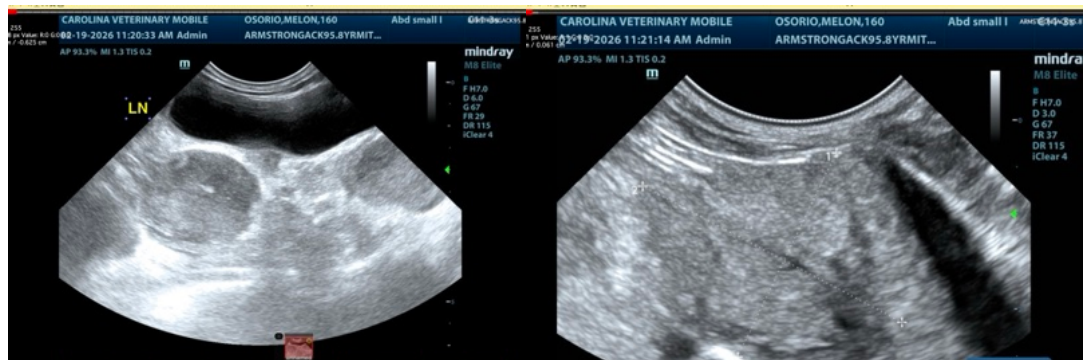
Cranial abdominal lymph node measured 2.3 x 3.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Multi-centric round cell neoplastic pattern involving multiple lymph nodes, spleen and possibly liver. Multi-centric lymphoma is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver may have early infiltrative disease. FNA is indicated to confirm. Immediate chemotherapeutic therapy is recommended.





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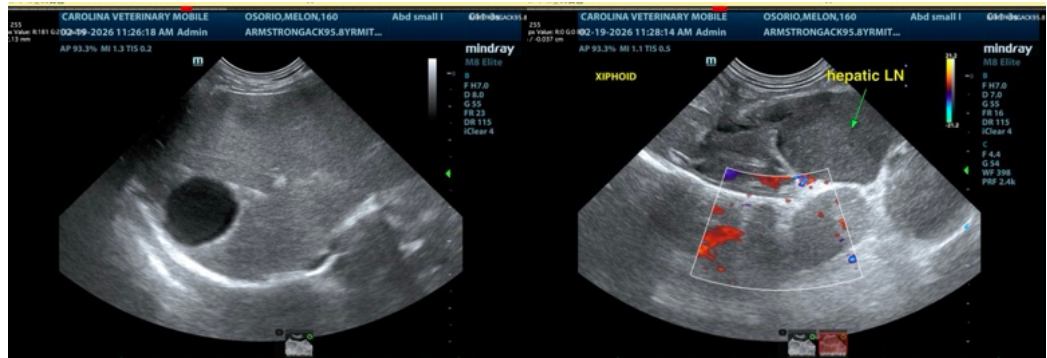
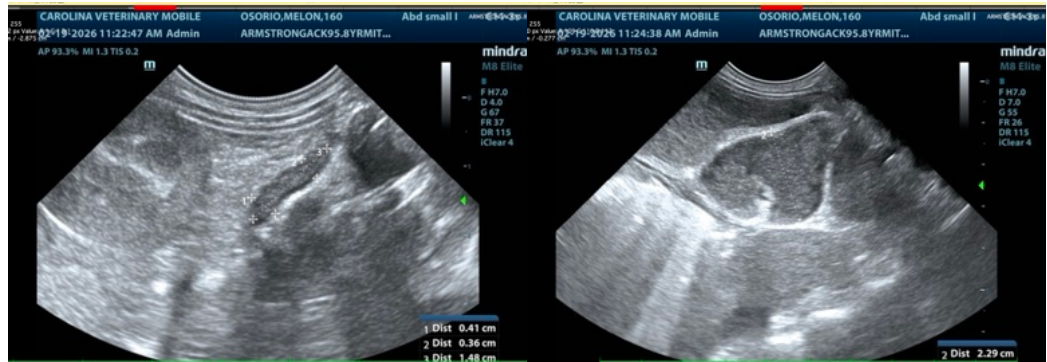
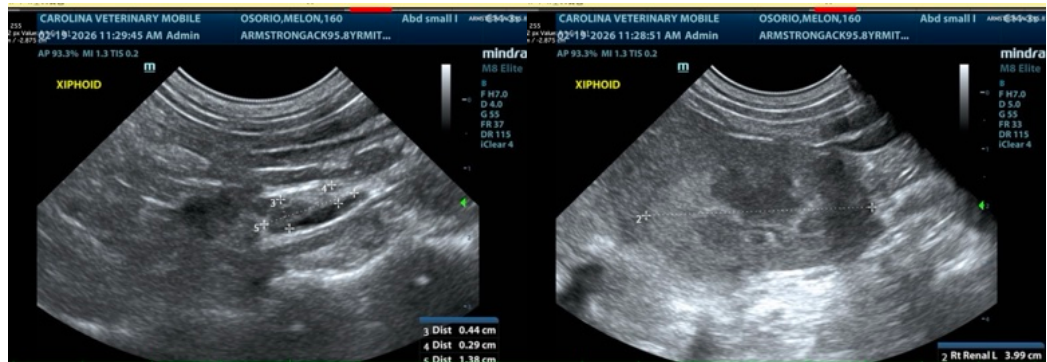
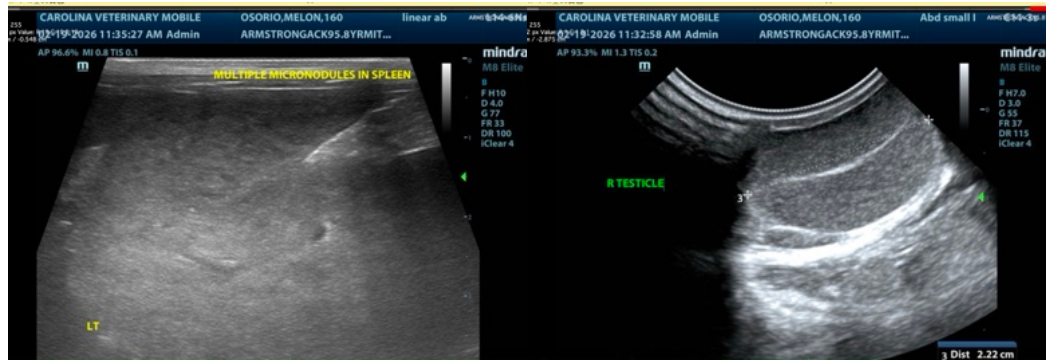
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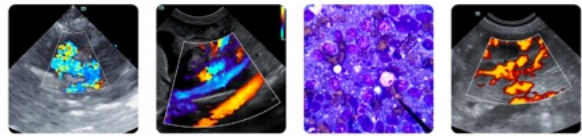
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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