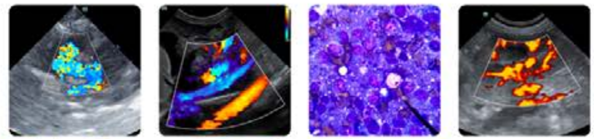


PATIENT

Tin Bui

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

3.17 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Valencia

INVOICE

74870

DATE

4/30/26

PRESENTING CLINICAL SIGNS

4/9/26 Evaluated for lumps owner found. These turned out to be prescap In's and workup has revealed multicentric lymphoma. T cell. Abdominal u/s today as part of staging.

Abnormal PE/Chem/CBC/UA Results: CBC - Elevated monocytes(1.84 x10^9/L) and basophils (0.12 x 10^9), Manual diff: revealed high normal presence of lymphocytes but everything else WNL. The manual differential did reveal presence of abnormal lymphocytes, with changes consistent with suspect lymphoma. Toxic change was present in the lymphocytes, along with one (notable) lymphocyte that had multiple nuclei and very small amount of cytoplasm present Chemistry- elevated Urea (10.6mmol/L) and mildly elevated GGT (14U/L) Urinalysis- Proteinurea (500mg/dL), Casts present (visually confirmed on sedivu photos. Classified by Sedivu as greater than 1 per low powered field.), Very mild presence of WBCs and RBCs, Bilirubin (1mg/dL) and Urobilinogen (1mg/dL) Thorax rads wnl FNA lymph nodes lymphoma Idexx molecular testing T cell

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and mottled, measuring 3.45 cm x 5.05 cm in the cross sectional view (3.15 cm in height in the sagittal view).

The left kidney has a normal shape and size (7.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.85 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

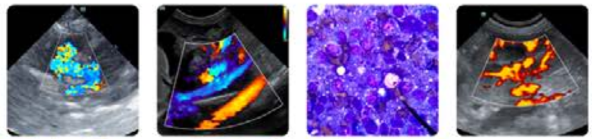
Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.50 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.43 cm). The spleen echotexture is mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma



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appears normal. There is a small hypoechoic nodule visualized in the parenchyma measuring 0.70 cm. The spleen appears curled in position within the abdomen.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.39 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.25 cm. Duodenum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is hypoechoic and mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

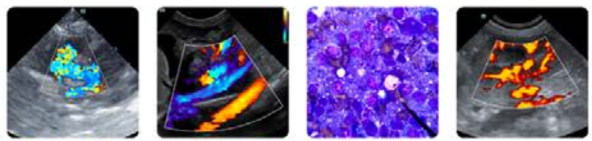
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional large, rounded, hypoechoic lymph nodes visualized. A colic lymph node measures 0.74 cm in diameter. A sublumbar lymph node measures 0.74 cm. Additionally, there is a large, mottled, solid caudal abdominal mass lesion visualized measuring 6.89 cm x 4.5 cm, potentially consistent with a severely enlarged lymph node. No association with other structures is clearly visualized. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled prostate – This is atypical for a neutered male. It has the appearance more consistent with an intact male. If the patient has been neutered, this could be consistent with neoplastic infiltration.

- Mottled, curled spleen with a hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.



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- Pancreatic changes most consistent with chronic pancreatic remodeling.

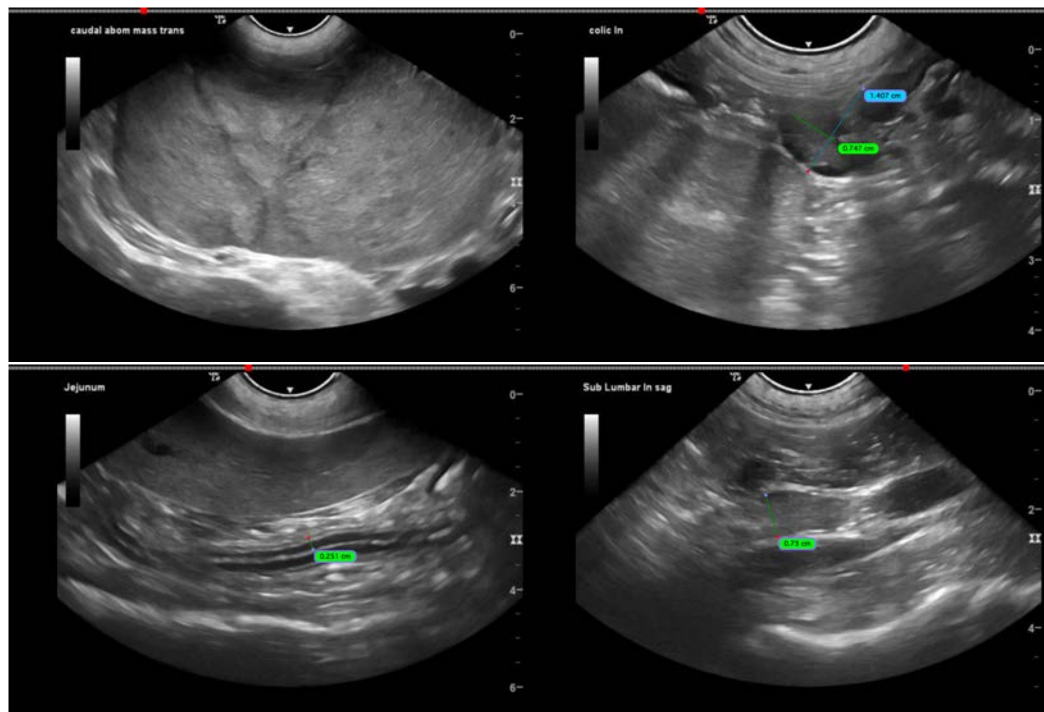
- Moderate diffuse abdominal lymphadenopathy with a very large caudal abdominal mass lesion – The smaller lymph nodes are concerning for either highly reactive or neoplastic lymph nodes. The mass effect is concerning for a large, effaced lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a generalized lymphadenopathy noted, as well as a very large caudal abdominal mass lesion. An association between this structure and other structures is not clearly visualized but cannot be ruled out. An effaced lymph node is suspected. Recommend a fine needle aspirate of a mesenteric lymph node and the caudal abdominal mass lesion.

The spleen appears somewhat curled and mottled, with an ill-defined hypoechoic nodule. Recommend a fine needle aspirate of the spleen/splenic nodule to further evaluate.

The prostate is large and mottled. This would be very atypical for a neutered male dog. If the patient is in fact neutered, then consider a fine needle aspirate of the prostate, as neoplastic infiltration would be a significant concern.



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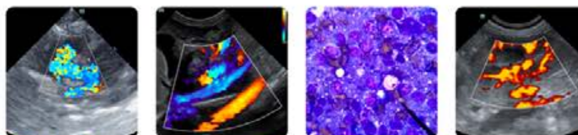

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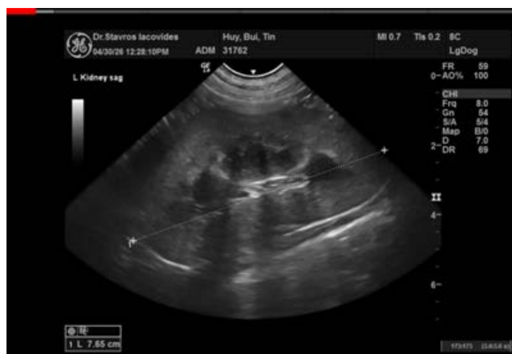

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com