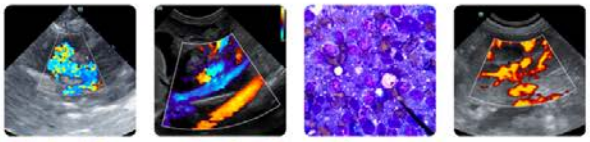


PATIENT

Duke Losey

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

6

WEIGHT

55.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

75125

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Anorexia vomiting Got into trash Aspirated LN on 1/15 came back large cell lymphoma- on chemo Abnormal PE/Chem/CBC/UA Results: ALP > 2000 GGT 79 T bili 2.6

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.06 cm) with pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.92 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 0.51 cm at the cranial pole and 0.66 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

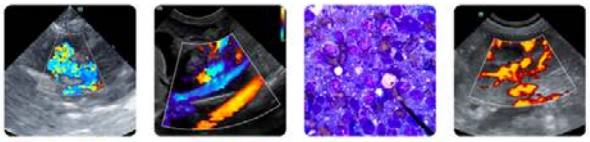
Spleen

The spleen is large. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are ill-defined hypoechoic irregular nodules/abnormal regions visualized in the spleen. An example measures 3.24 cm x 2.6 cm, and a nodule measuring 1.15 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. In the cranial abdomen there is the impression of asymmetrical wall thickening of the pylorus measuring at 1.34 cm. No evidence of an obstruction is visualized.

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 0.28 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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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 large mesenteric lymph nodes visualized. A cranial abdominal lymph node is visualized measuring 1.2 cm. the iliac lymph nodes are large, hypoechoic and rounded, measuring 0.95 cm x 2.66 cm, and 1.01 cm x 2.47 cm. The omentum is diffusely hyperechoic, particularly in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled spleen with hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The focal hypoechoic lesions could be consistent with benign or neoplastic lesions.

- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Questionable pyloric wall thickening – Findings could be consistent with imaging artifact, focal inflammation, or early infiltrative disease.

- Large, hypoechoic iliac lymph nodes with prominent cranial abdominal lymph nodes – Findings are most consistent with the current diagnosis of large cell lymphoma.

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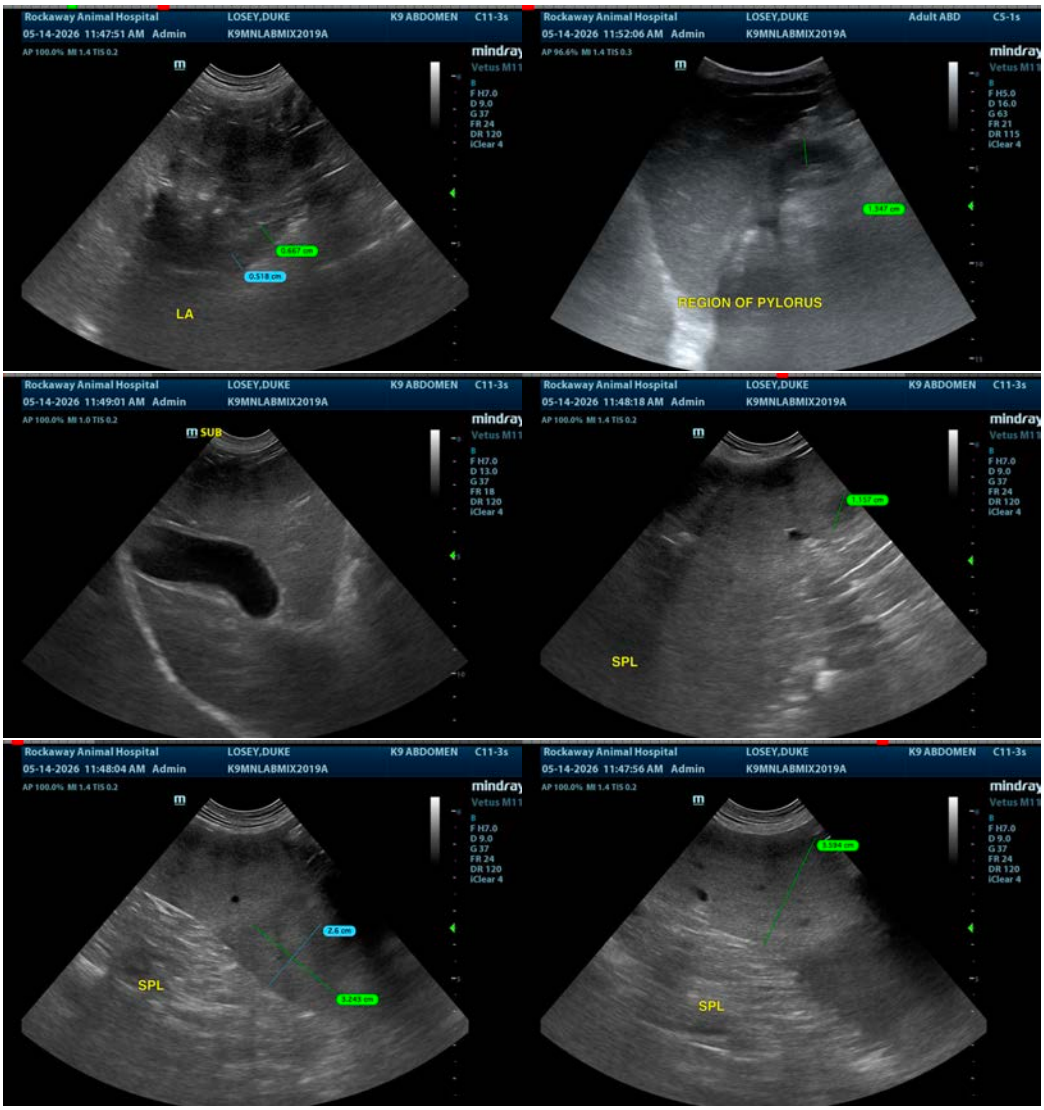
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described involving the iliac lymph nodes, the cranial abdominal lymph nodes, and the spleen are consistent with the current diagnosis of round cell neoplasia. A fine needle aspirate of the spleen could be considered to confirm, as other differentials are possible.

A definitive cause for vomiting is not apparent, but there is a significant amount of cranial abdominal inflammation, and on some views the pylorus appears somewhat prominent and asymmetrical, although the stomach is empty with no evidence of an obstruction. Consider treatment for non-specific gastroenteritis +/- pancreatitis and reevaluation if symptoms are not improving.



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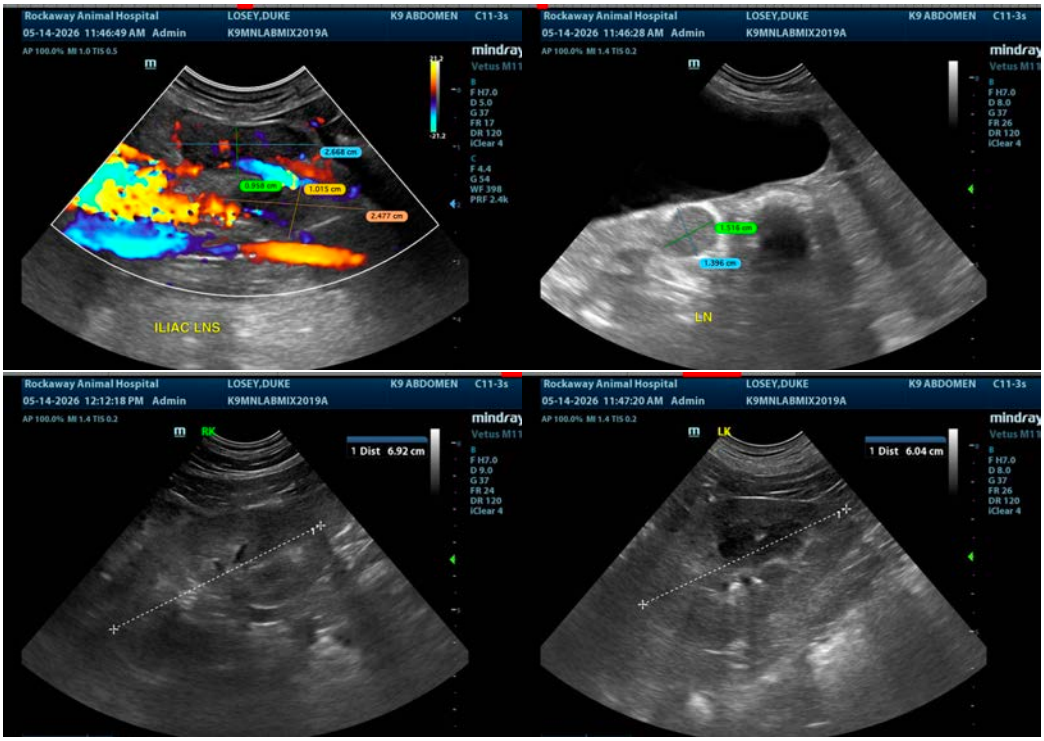

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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