



PATIENT

Hershey LeClerc

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10 yrs

WEIGHT

72 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Martinsville
Veterinary Hospital

REFERRING VET

Dr. Shendell

INVOICE

15807

DATE

1/12/22

PRESENTING CLINICAL SIGNS

recent large cell lymphoma diagnosed from biopsy of peripheral lymph nodes . Began prednisone 30mg bid yesterday.

Abnormal PE/Chem/CBC/UA Results: HCT 30%, eos decr 0.031, chol 107, T4 low 0.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.70 cm width at the caudal pole.

Spleen

The spleen presented generalized mild enlargement with reduced to variable echogenicity exhibiting micro nodular changes and coarse echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. No overt hepatic masses or nodules were noted. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Hershey LeClerc

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. This is suggestive of recent meal ingestion. Some degree of possible gastric hypomotility is possible if documented NPO.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstructive pattern, or foreign material.

BREED

Mixed

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

MN

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

10 yrs

Free Abdomen

Multiple mesenteric and several medial iliac lymph nodes were present. The lymph nodes were swollen, variably sized, hypoechoic to nonhomogeneous with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a medial iliac lymph node measured 3.8 cm length and 1.1 cm width. An example of a mesenteric lymph node measured 6.0 cm x 4.0 cm. A hepatic lymph node measured 6.6 cm x 3.5 cm. No evidence of peritoneal effusion.

WEIGHT

72 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Suspect indistinct to mild sternal lymphadenopathy was noted. No overt peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell intraabdominal neoplastic pattern Involving the spleen, multifocal intraabdominal and medial iliac lymph nodes, and potentially liver
- Suspect concurrent indistinct possible emerging sternal lymphadenopathy

IMAGING PERFORMED BY

Diane McFadden

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Martinsville
Veterinary Hospital

The sonographic findings are most likely consistent with multicentric previously diagnosed large cell lymphoma. Further staging may include, assuming normal clotting status and using a 25-gauge needle, hepatosplenic, and accessible lymph node FNA cytology with an oncology consult. However, an unfavorable long-term prognosis is unfortunately indicated.

REFERRING VET

Dr. Shendell

INVOICE

15807

DATE

1/12/22



PATIENT

Hershey LeClerc

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10 yrs

WEIGHT

72 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Martinsville
Veterinary Hospital

REFERRING VET

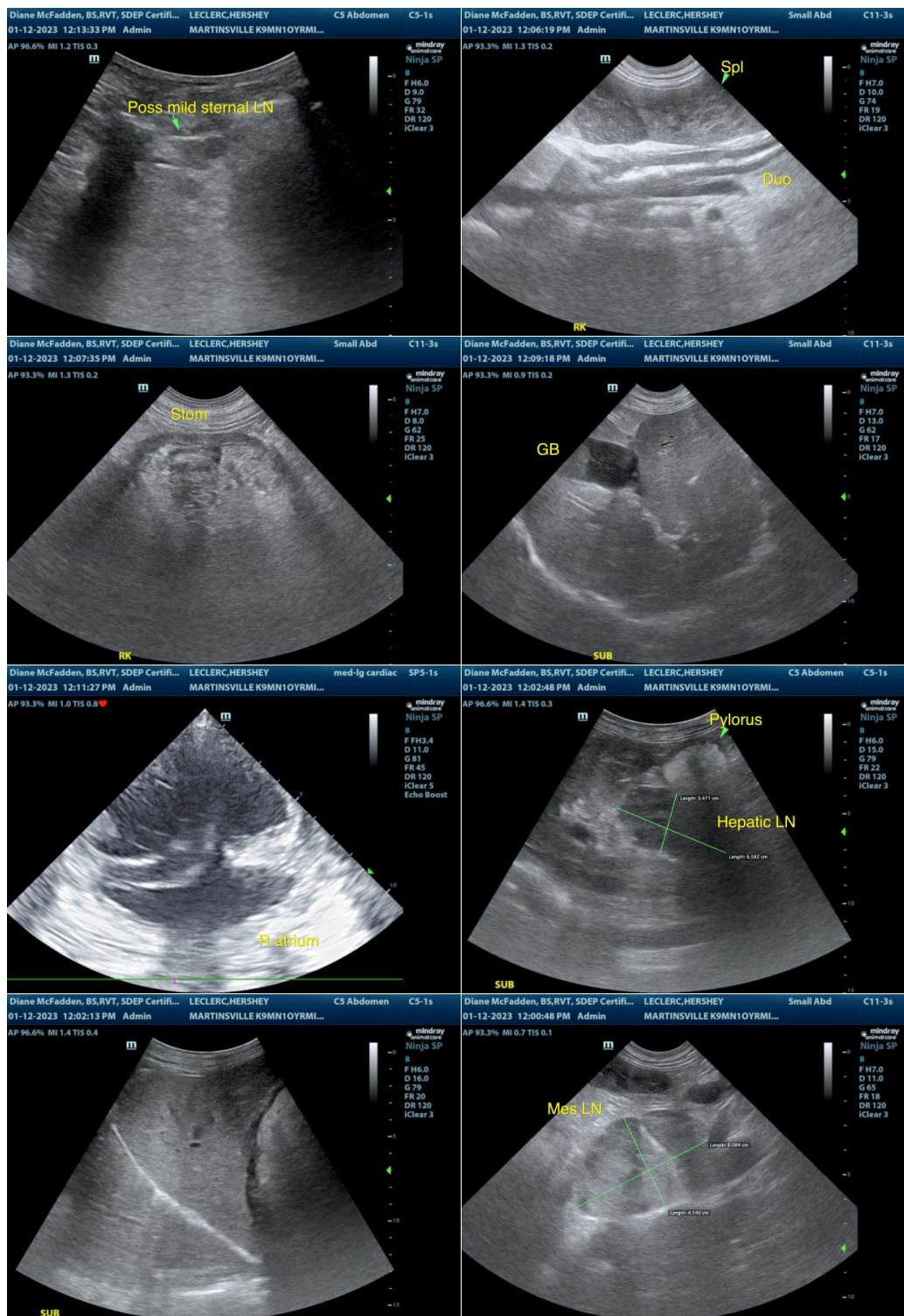
Dr. Shendell

INVOICE

15807

DATE

1/12/22





PATIENT

Hershey LeClerc

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10 yrs

WEIGHT

72 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Martinsville
Veterinary Hospital

REFERRING VET

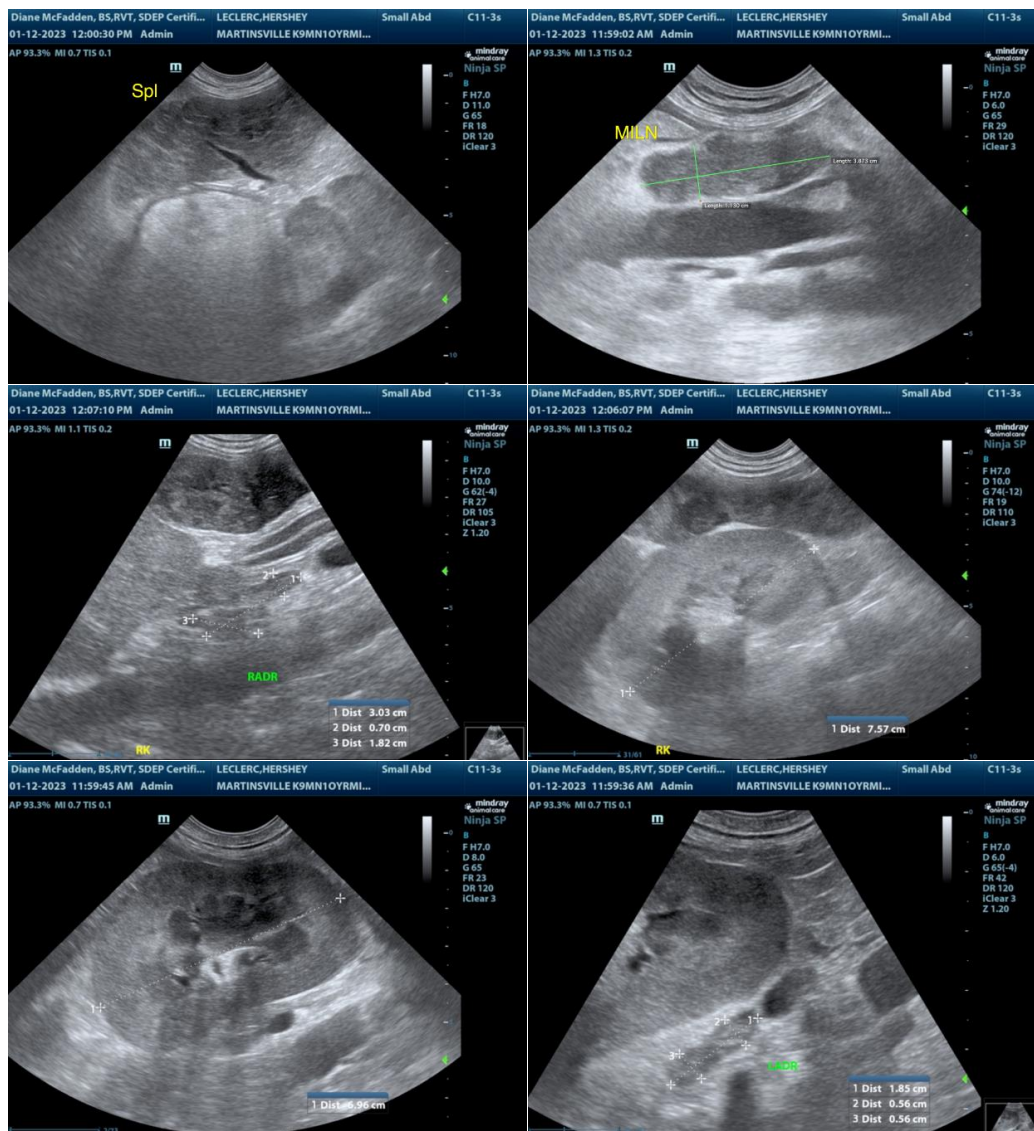
Dr. Shendell

INVOICE

15807

DATE

1/12/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com