

**PATIENT**

Charlie Harwood

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

NM

**AGE**

10 years

**WEIGHT**

25 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Katie Merkes

**INVOICE**

13096

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite about 1 week. Lethargic.

Abnormal PE/Chem/CBC/UA Results: Low platelets, non-regenerative anemia, enlarged lymphnodes. Giant spleen on xray. Also has a new development of a heart murmur and a cough.

**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.

No overt pathology was noted in the area of the residual prostate.

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 4.8 cm in length. The right kidney measured 5.0 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 0.58 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

**Spleen**

The spleen exhibited generalized enlargement with medial folding of the cranial and caudal spleen. A primarily maintained finely textured homogeneous parenchyma with decreased splenic parenchyma echogenicity was present. A solitary, mildly expansive, hypoechoic nodule to small mass was present within the mid splenic parenchyma measuring 2.1 cm in diameter.

**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. 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 with mild, congealed, nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed mild to focal comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

**PATIENT**

Charlie Harwood

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

NM

**AGE**

10 years

**WEIGHT**

25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Katie Merkes

**INVOICE**

13096

**DATE**

1/18/22

***Gastrointestinal***

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy primarily in the antrum and pylorus with mild retained pyloric fluid. Intact wall layering was maintained and distinct. The pylorus wall measured 0.50 cm width. Mild gastric distension with primarily anechoic fluid was present.

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, obstruction, or foreign material. The jejunum wall width measured 0.44 cm.

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

***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

***Free Abdomen***

Multiple mesenteric (hepatic, mesenteric root, jejunal, likely splenic) and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the hepatic lymph nodes measured 3.8 cm x 2.8 cm width. An example of a medial iliac lymph node measured 1.2 cm in diameter. No evidence of peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Generalized splenomegaly with solitary, mildly expansive, hypoechoic nodule to small mass
- Hepatomegaly
- Focal to mild transdiaphragmatic comet tail artifact
- Multiple hypoechoic to swollen mesenteric and medial iliac lymph nodes

***Secondary Findings***

- Mild age-related kidneys
- Mild gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, primary concern for multicentric round cell neoplasia i.e., lymphoma or other involving the spleen, multiple intraabdominal and medial iliac lymph nodes with potential for hepatic involvement. Correlation with pending cytology with potential for oncology consultation is recommended. Potential for non-neoplastic etiologies such as nonspecific inflammatory etiologies for the splenic, hepatic, and lymph node presentation is possible yet thought less likely. Three view chest radiographs are recommended.



**PATIENT**

Charlie Harwood

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

NM

**AGE**

10 years

**WEIGHT**

25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

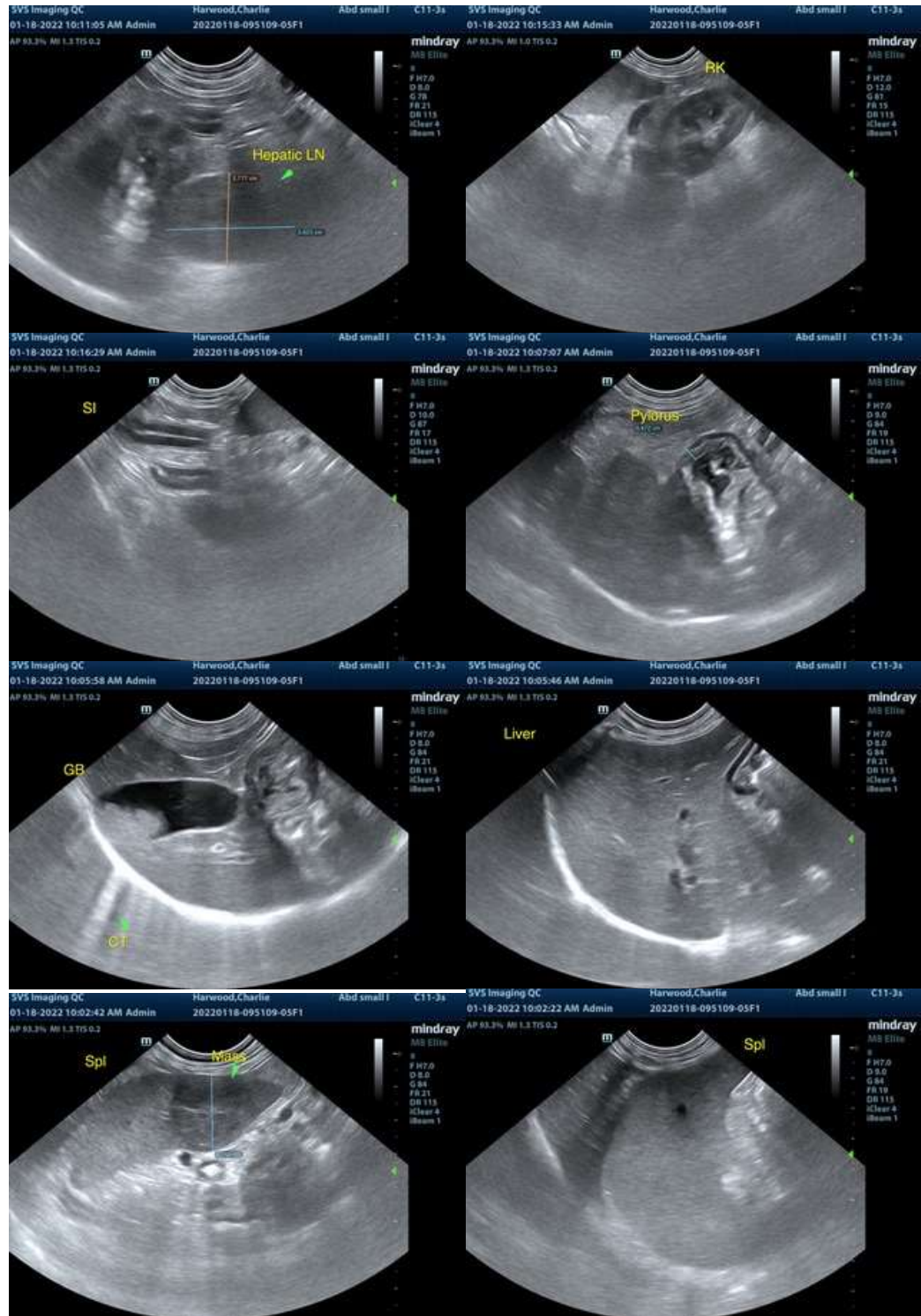
Dr. Katie Merkes

**INVOICE**

13096

**DATE**

1/18/22





**PATIENT**

Charlie Harwood

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

NM

**AGE**

10 years

**WEIGHT**

25 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Katie Merkes

**INVOICE**

13096

**DATE**

1/18/22

The information and recommendations provided are based on the images presented by the referring veterinarian. 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