



PATIENT

Benji McDowell

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

89.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

20618

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Came in this morning due to difficulty breathing and shaking. Yesterday he was urinating every hour, and today started urinating every 30 mins today, upon arrival lymph nodes were very swollen and very heavy breathing

*The submitted study contained 17 videos and 7 still images for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and proximal urethra were not definitively visualized.

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 7.4 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

Generalized splenic enlargement was noted, exhibiting areas of mild capsule asymmetry. Generalized mild to moderate splenic parenchyma heterogeneity was noted, exhibiting discrete diffuse hypoechoic micronodular changes. Definitive or expansive mass was not visualized. Overtly normal splenic vascularity was noted.

Liver

The liver exhibited potential for borderline to mild enlargement with maintained symmetrical capsule contour. Normal hepatic parenchyma echogenicity was noted, exhibiting moderate coarse echotexture and evidence of mild parenchymal remodeling.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized stomach exhibited overtly normal and intact wall layering. The lumen of the stomach was subjectively empty.

The visualized segments of small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio without overt evidence of obstructive pattern.

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 was evident.



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Free Abdomen

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Several to multiple variably sized, hypoechoic to swollen intraabdominal lymph nodes were present. The lymph nodes exhibited abnormal width: length ratio (>0.5). The lymph nodes were bordered by echogenic to reactive mesentery. The lymph nodes measured 4.5 cm and 3.2 cm and 3.5 cm x 2.3 cm. No overt peritoneal effusion was noted.

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Canine

ULTRASONOGRAPHIC FINDINGS

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- Splenomegaly, exhibiting nonhomogenous micronodular parenchyma
- Several to likely multiple variably enlarged hypoechoic to swollen intraabdominal lymph nodes
- Subjective borderline/mild hepatomegaly, exhibiting mild nonhomogenous parenchyma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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10 Years

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia, involving the spleen and several to multiple intraabdominal lymph nodes. Primary concern for round cell neoplasia, i.e., lymphoma or other. Potential for benign etiologies for the hepatosplenic and lymph node presentation, i.e., splenic hyperplasia, hematopoiesis, splenitis, benign hepatic parenchymal changes, lymphatic hyperplasia, lymphadenitis or similar is possible yet thought less likely.

WEIGHT

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Assuming normal clotting status, and using a 25-gauge needle, hepatosplenic and accessible lymph node FNA is suggested for cytology, further assessment and possible oncology consult. Guarded prognosis. Correlation with full CBC/chemistry panel and urinalysis, as well as three view chest radiographs, if not done, is suggested.

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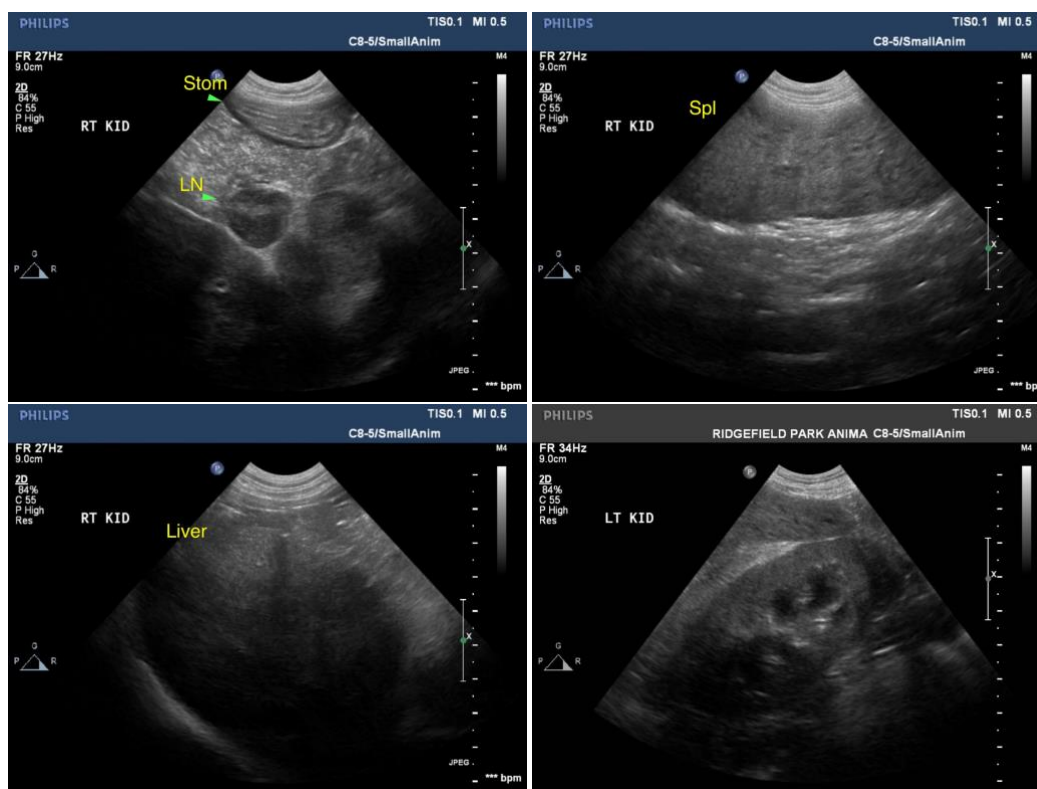
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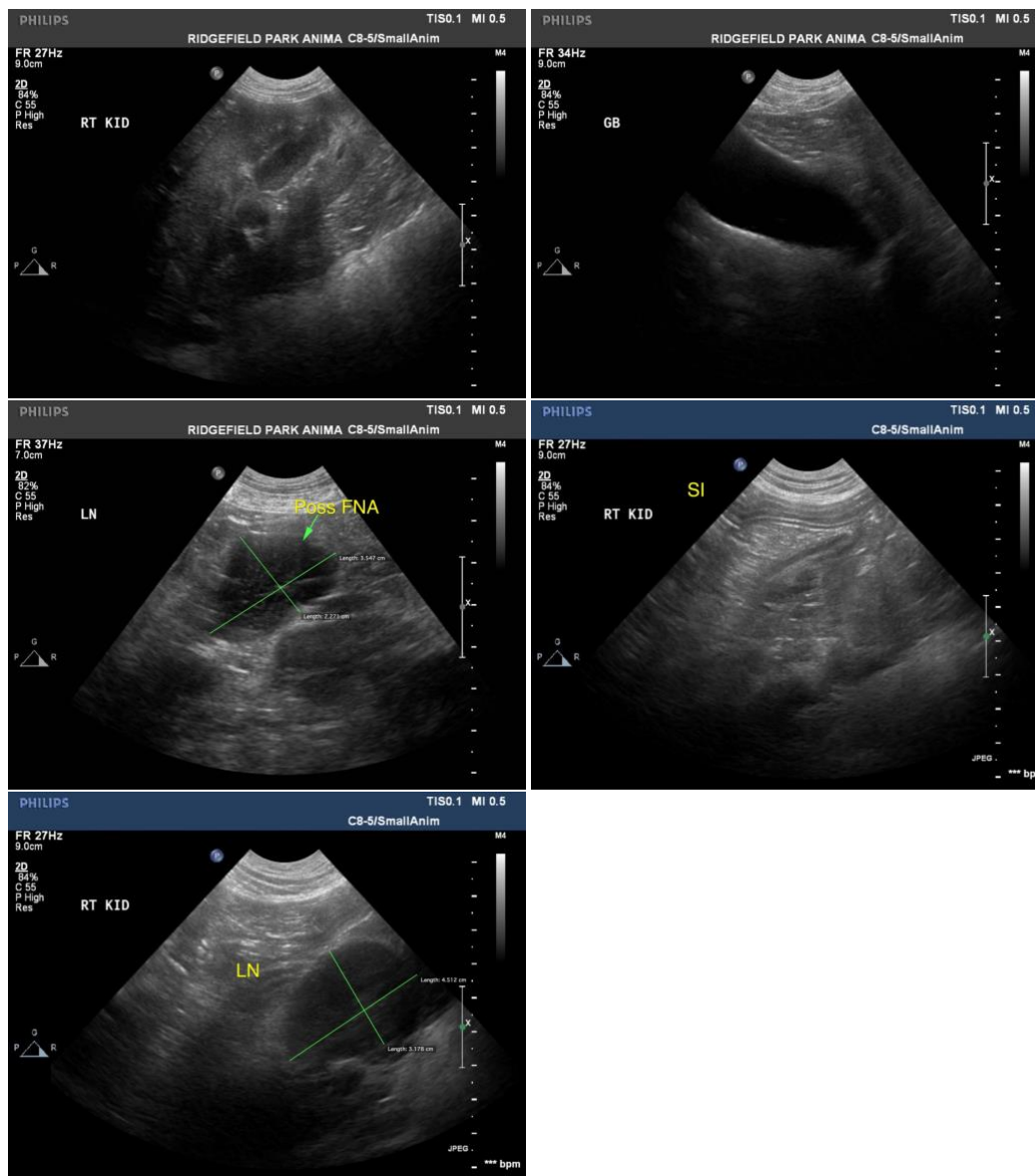
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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