



**PATIENT**

Gigi Deliz

**SPECIES**

Canine

**BREED**

Golden/Labrador  
Mix

**SEX**

S/F

**AGE**

14 years

**WEIGHT**

68 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tudor Suci

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. John Mucera

**INVOICE**

15901

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

History of mammary carcinoma grade 3 (surgically removed, narrow margins, no metastasis in the nearby lymph node, removed along with the mass) on June 2022. Treated with piroxicam (last treatment 2 months ago).

Pre-op bloodwork was NSF. Referred for AUS for a mass in the right inguinal area, presumed metastatic lymph node (mass is approx 5-7 cm long, hard and irregular at touch, not attached to the underlying structures).

**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 evidence of medial Iliac or sublumbar lymphadenopathy or masses.

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 6.1 cm in length. The right kidney measured 6.9 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 0.88 cm width at the caudal pole and 0.77 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 0.59 cm width at the caudal pole.

**Spleen**

The spleen exhibited subjective normal size with areas of minor capsule asymmetry with subtle generalized parenchyma heterogeneity. A solitary, mildly expansive nonhomogeneous splenic nodule was noted mid to possibly caudal spleen with mild associated capsule distortion yet without evidence of parenchymal escape or nodular rupture. The nodule measured 2.3 cm in diameter.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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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.

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

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***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.

**AGE**

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***Free Abdomen***

No overt intraabdominal lymphadenopathy, omental masses, or evidence of peritoneal effusion was present. Solitary, enlarged, mildly irregular, hypoechoic, right inguinal lymphadenopathy was present measuring 4.2 cm x 2.0 cm, and exhibiting borderline abnormal width: length ratio ( $\approx 0.5$ ).

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

- Enlarged, hypoechoic to irregular inguinal lymph node - given patient history primary concern for lymphatic metastasis vs. other neoplastic criteria, potential for inguinal lymphadenitis is considered less likely
- Nonspecific yet suspicious mildly expansive, nonhomogeneous splenic nodule - hyperplasia, hematopoiesis, focal splenitis, granuloma, and emerging primary / metastatic nodular neoplasia are all potentials.
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling - no overt evidence of hepatic neoplastic / metastatic criteria

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Assuming normal clotting status, FNA cytology of the enlarged inguinal lymph node, as well as splenic nodule, using a 25-gauge needle, is recommended for further assessment and potential for oncology consult. Three-view chest radiographs are recommended if not done.

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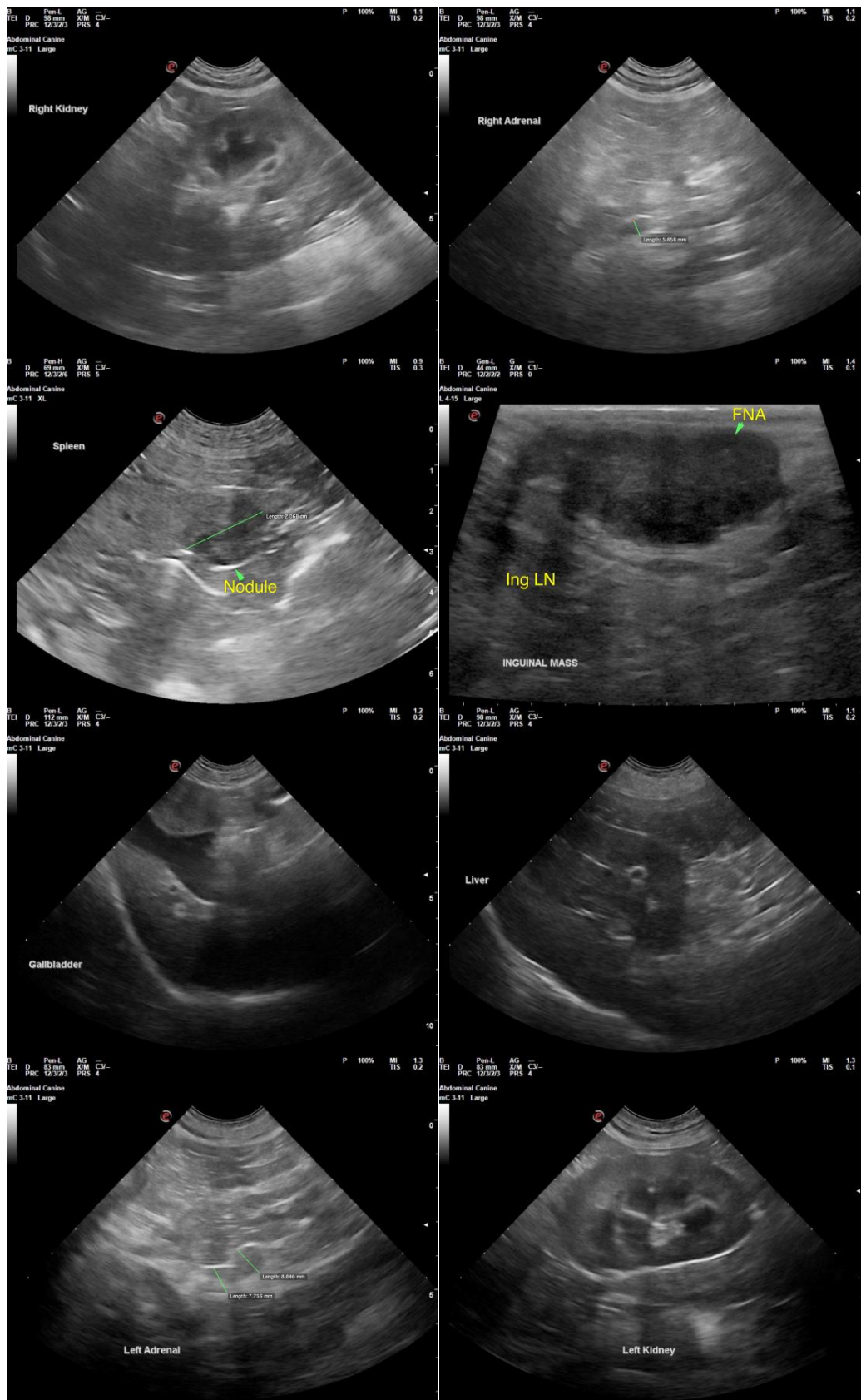
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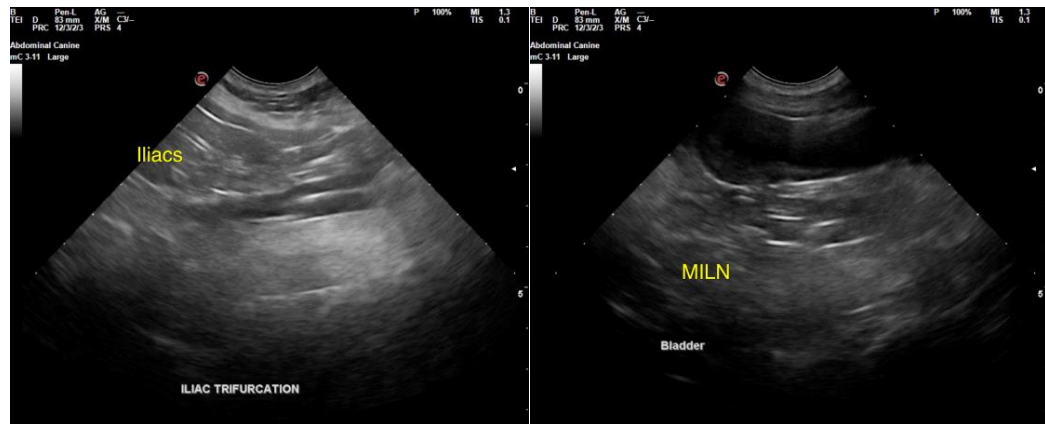
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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