



**PATIENT**

Alibi Reabe

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

84 lbs.

**PRESENTING CLINICAL SIGNS**

follow up from September. Current meds: enrofloxacin, Proin, carbrofen, Lomustine 90mg  
Abnormal PE/Chem/CBC/UA Results: Triglyc 373, Precision PSL 254, HCT 35, Neut 54, Monocytes 12, eos 11

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 area of the aortic trifurcation 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 7.4 cm in length. The right kidney measured 7.1 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left and right adrenal glands were indistinctly visualized. A peanut-shaped, nonhomogeneous mass was noted in the area of the left adrenal gland exhibiting pinpoint mineralization and measuring approximately 4.8 cm length x 2.5 cm width.

**IMAGING PERFORMED BY**

Jessica Miller

**Spleen**

The spleen exhibited previously noted to progressive expansive nonhomogeneous mass measuring 4.1 cm in diameter. Overall, the spleen exhibited generalized mild parenchymal heterogeneity.

**HOSPITAL NAME**

AH of Roxbury

**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.

**REFERRING VET**

Dr. Elia

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**Gastrointestinal**

Previously noted regional gastric mural thickening and hypoechoic mural echogenicity was present. The gastric body wall width measured up to 1.0 cm.

**DATE**

10/6/21

The small intestine exhibited generalized intact wall layering with variable wall thickening and altered muscularis/mucosa ratio.

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



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**Pancreas**

Alibi Reabe

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.

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Canine

**Free Abdomen**

**BREED**

Doberman

Multiple mesenteric lymph nodes, as well as medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a medial iliac lymph node size was 2.3 cm x 10.0 cm. An example of a mesenteric lymph node size was 2.1 cm x 0.7 cm.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

**Primary Findings**

12 years

- Persistent to mildly progressive splenic mass
- Hepatic parenchymal remodeling
- Persistent mesenteric and medial iliac lymphadenopathy
- Static gastric and variable intestinal wall thickening

**WEIGHT**

84 lbs.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, this study exhibited persistent to mildly progressive previously noted changes involving the spleen, stomach, small intestine, and persistent lymphadenopathy consistent with the previous diagnosis of lymphoma. Oncology consultation could be considered.

**IMAGING PERFORMED BY**

Jessica Miller

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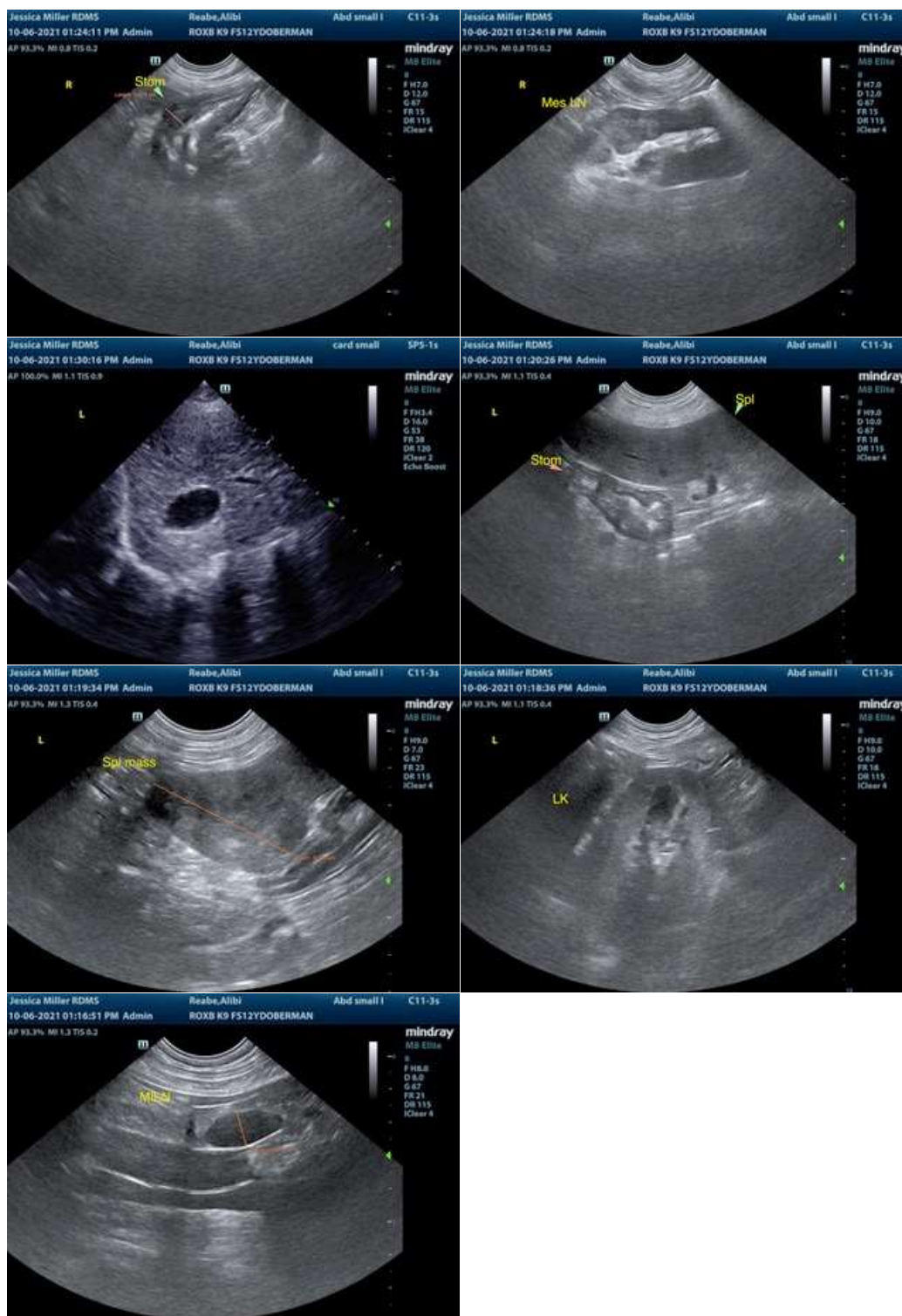
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Alibi Reabe

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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**info@SonoPath.com**

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