

**PATIENT**

Anela Toilolo-Kuehu

SPECIES

Canine

BREED

American Bully

SEX

Fe

AGE

2yr

WEIGHT

50.6

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

Emma Flott

HOSPITAL NAMEPortland Veterinary
Wellness Center**REFERRING VET**

Mary-Ann Onuta

**INVOICE
23022****DATE**
11/22/2025**PRESENTING CLINICAL SIGNS**

Patient presented last week with mass on L shoulder. On exam, all external lymph nodes palpated enlarged and firm. FNA of lymph nodes confirmed large cell lymphoma. Screening AUS for staging.

Abnormal PE/Chem/CBC/UA Results: PE - enlarged submandibular, prescapular, axillary, inguinal, and popliteal LN CBC - leukocytosis (25,000), neutrophilia (14,000), lymphocytosis (9,000) Chem - TP 4.8, Albumin 2.4,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.1 cm in length (probable mild underestimation of left kidney size). The right kidney measured 7.7 cm in length.

The area of the uterus appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was not definitively visualized owing to periadrenal lymphadenopathy. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited subjective normal size, maintained symmetrical capsule contour and generalized micronodular to honeycomb splenic parenchyma pattern.

Liver/Gallbladder

The liver presented mildly 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed mild 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.

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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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.

Free Abdomen

No overt peritoneal effusion was present.

Multiple variable asymmetrically enlarged non-homogenous hypoechoic mesenteric and medial iliac lymphadenopathy. An example of mesenteric lymph node measured 6.2 cm x 3.1 cm, a medial iliac lymph node measured 6.3 cm x 2.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Multicentric, swollen non-homogenous mesenteric/ medial iliac lymphadenopathy
- Micronodular splenic parenchyma.
- Hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric, round cell neoplasia/ lymphoma criteria is met involving the spleen, lymph nodes, and potentially liver. In conjunction with peripheral lymphadenopathy and confirmed large cell lymphoma an oncology consult is recommended.



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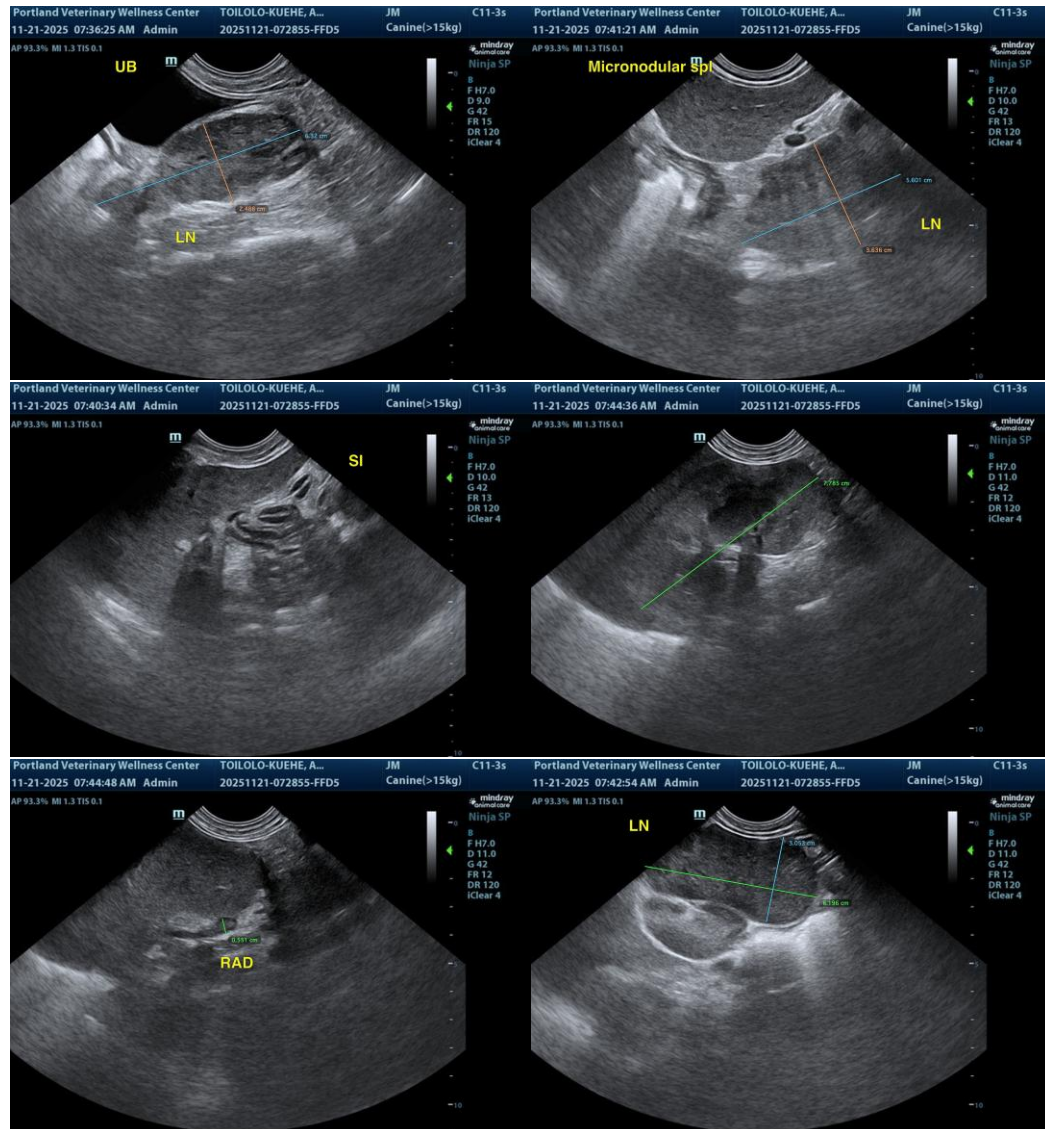
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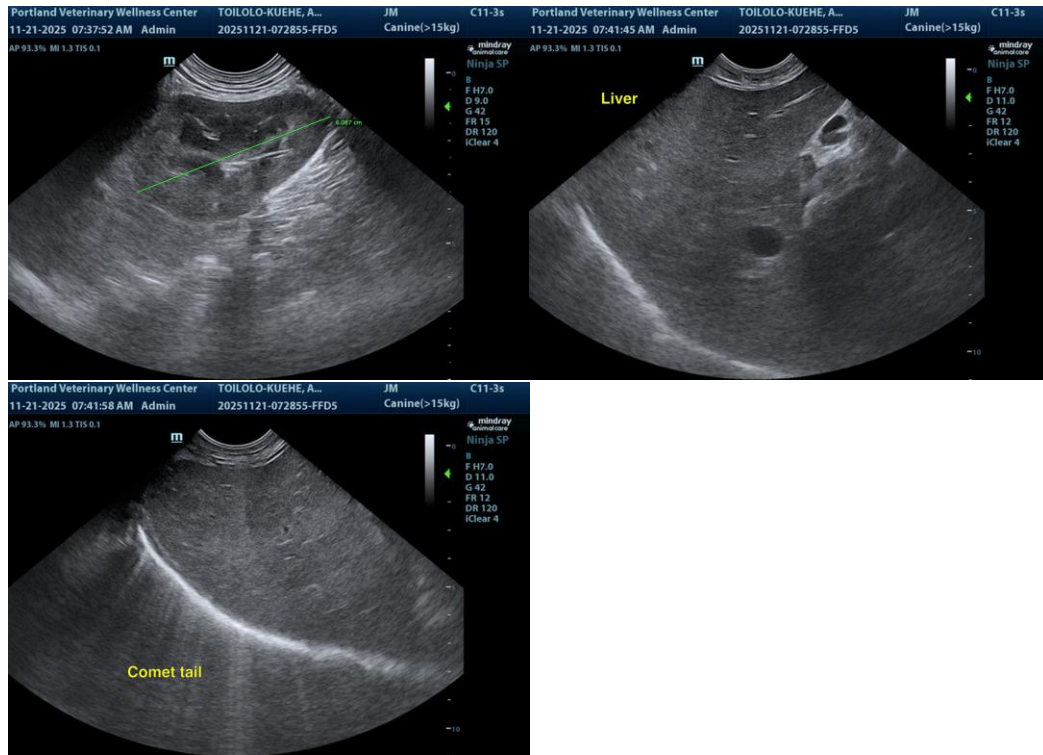
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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