



PATIENT

Alibi Reabe

SPECIES

Canine

BREED

Doberman Pinscher

SEX

FS

AGE

12 years

WEIGHT

86.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

12700

DATE

12/3/21

PRESENTING CLINICAL SIGNS

recheck abdomen; Primary concern is Alibi has started coughing

Abnormal PE/Chem/CBC/UA Results: ALKP 142, Precision PSL elevated 245, WBC 4100 with increased monocytes and eosinophils

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.

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 8.2 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 3.8 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

Previously noted, nonhomogeneous to expansive splenic mass was present and appeared to be subjectively static compared to previous ultrasound.

Liver/ Gallbladder

The liver was normal in size and contour with subjective mild hypoechoic to coarse parenchyma. No distinct hepatic masses or nodules were noted. 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 stomach exhibited thickened walls with decreased mural echogenicity and loss of distinct wall layering. The stomach contained a mild amount of retained anechoic fluid and luminal gas. The gastric body wall width measured 0.8 cm width.

The small intestine exhibited intact wall layering with segmental altered 1:3 muscularis: mucosa ratio owing to prominent muscularis layer. No distinct small intestinal masses were noted. Abnormal areas of small intestine exhibiting altered muscularis: mucosa ratio measured up to 0.59 cm wall width.

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



PATIENT

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

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Multifocal, mesenteric to medial iliac lymphadenopathy, as well as focal, likely inguinal, lymph node was 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 a medial iliac lymph node measured 2.1 cm x 1.2 cm. An example of a probable inguinal lymph node measured 3.7 cm x 2.3 cm. An example of a mesenteric lymph node measured 3.0 cm x 2.0 cm. Generalized reactive mesentery primarily noted around the stomach and enlarged lymph nodes was present. Small pockets of scant peritoneal free fluid were present.

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Brief sonographic assessment of the heart and thorax revealed subjective normal cardiac structure and function without evidence of left or right heart chamber enlargement. Concurrent pleural effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Static splenic mass
- Hypoechoic to coarse hepatic parenchyma
- Progressive multicentric mesenteric medial iliac and inguinal lymphadenopathy
- Thickened stomach and segmental small bowel
- Generalized primarily perigastric and perilymphatic reactive mesentery
- Noncardiogenic pleural and scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this study exhibits progressive to significant changes compared to the previous study and consistent with progressive multicentric lymphoma, in light of the patient's history. Thoracic cavity involvement or potential pleural effusion owing to lymphatic obstruction may be possible. Oncology consultation is recommended. However, a likely unfavorable prognosis is unfortunately indicated.

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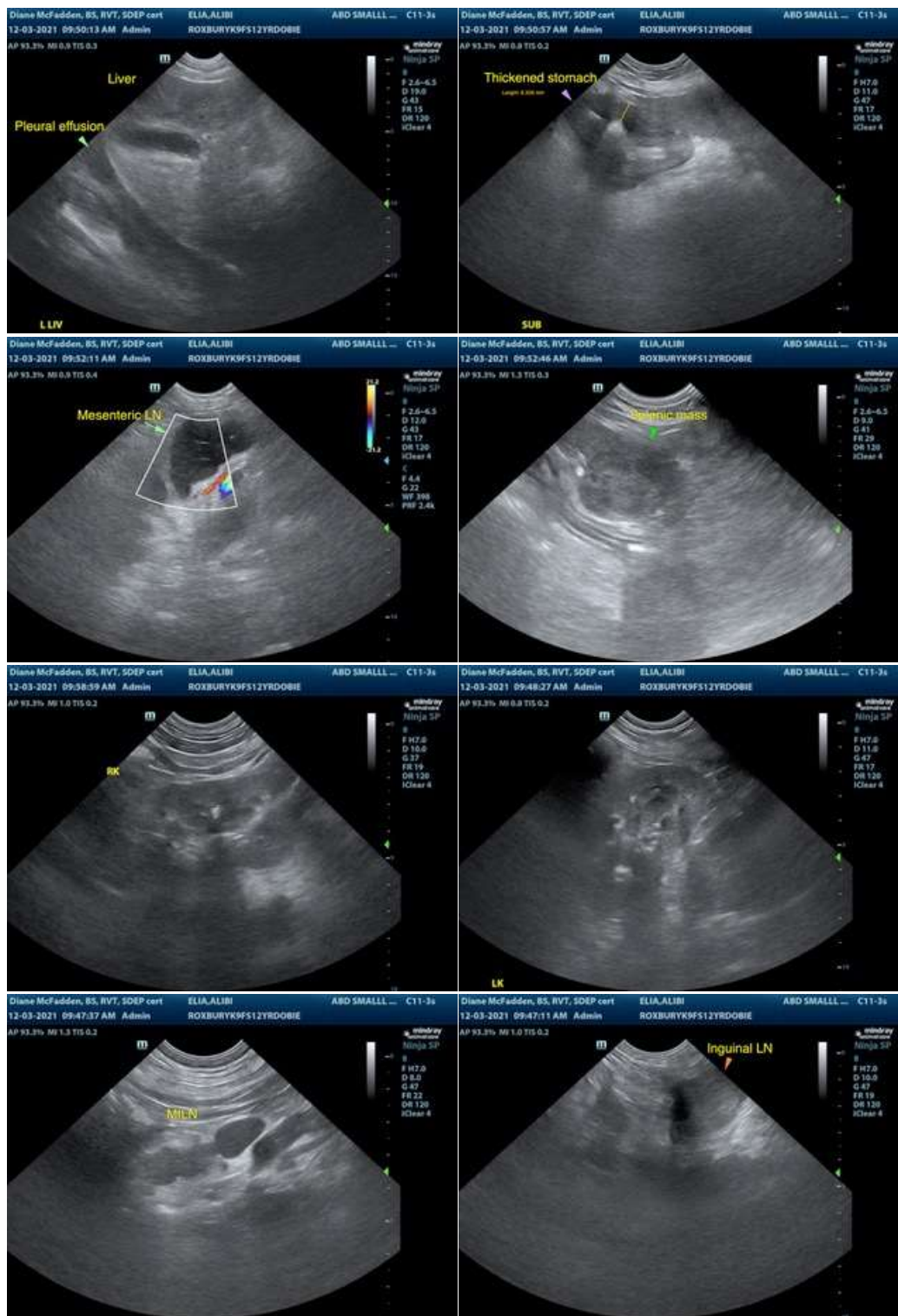
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com