

**PATIENT**

Sparky Rowald

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

59 Pounds

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacy Kula

INVOICE

20947

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Chronic vomiting starting on 1/19 and diarrhea with blood starting on 1/24. Vomiting primarily overnight and mostly bile. Will eat and drink during the day with no issues. All peripheral lymph nodes enlarged, sent out samples for cytology review to ISU on Wednesday for suspected lymphoma.

Abnormal PE/Chem/CBC/UA Results: Lungs: wheezy throughout, RR: 20. Abdomen: soft on palpation but he grunted for palpation in all areas. All peripheral lymph nodes enlarged. CBC: WBC: 19.78 (5.05-16.76), NEU: 15.73 (2.95-11.64), MONO: 2.0 (0.16-1.12), MPV: 14.1 (8.7-13.2), RBC AND PLT totals WNL. Chem 10: all values wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. Anechoic urine was present with mild dependent luminal mineral. No evidence of urinary bladder tumors. The urethra was normal to a depth of 3.0 cm.

The area of the residual prostate appeared normal and 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 6.9 cm in length. The right kidney measured 7.2 cm in length. Pinpoint medullary mineral was present bilaterally.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged, exhibiting nonhomogenous uniform nodular parenchyma. The left adrenal gland measured 4.1 cm in length x 1.8 cm at the caudal pole in width.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 3.2 cm length x 0.69 cm width in the caudal pole.

Spleen

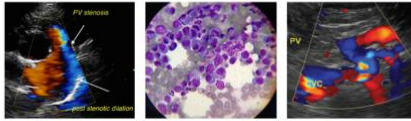
The spleen exhibited borderline enlargement with areas of mild capsule asymmetry. Generalized parenchyma heterogeneity was present. Multiple variably sized, nondisruptive hypoechoic splenic nodules were present, an example measured 1.0 cm in diameter.

Liver

The liver presented enlarged in size. Subjective mild reduced parenchyma echogenicity was present. 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. No hepatic masses or nodule were noted.

The gallbladder was non-distended in size with moderate hyperechoic nonorganized luminal debris and evidence of minor gallbladder wall edema. The cystic and common bile ducts were normal. No evidence of posthepatic obstruction.

Gastrointestinal

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The stomach presented intact to variably thickened hypoechoic wall layering with mild hypoechoic pyloric wall thickening. Mild retained nonshadowing echogenic ingesta/chyme was present. The pylorus wall measured 0.75 cm.

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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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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the colon lumen with lumen dilation.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen**AGE**

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Multiple, variable in size, yet hypoechoic to swollen mesenteric and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Regional perilymphatic hyperechoic omentum and tissue was noted. An example of medial iliac lymph node measured 5.0 cm x 3.4 cm. An example of mesenteric lymph node measured 2.7 cm x 2.1 cm. Intermittent small pockets of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

- Mild dependent urinary bladder mineral
- Multicentric hypoechoic to swollen mesenteric and medial iliac lymphadenopathy
- Nodular left adrenomegaly
- Nonhomogenous to nodular spleen
- Hepatomegaly, exhibiting mild parenchyma hypoechoogenicity
- Moderate gallbladder debris with minor gallbladder wall edema
- Mild to variably thickened stomach with mild retained gastric ingesta/chyme
- Mild descending colitis pattern

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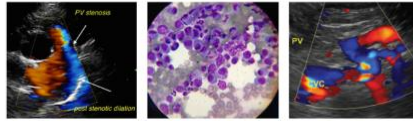
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

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Unfortunately, sonographic abnormalities consistent with multicentric round cell neoplasia, involving multicentric intrabdominal and medial iliac lymph nodes, spleen, likely liver, and early gastrointestinal involvement. Multicentric lymphoma is considered probable pending peripheral lymph node cytology. Oncology consult is recommended.

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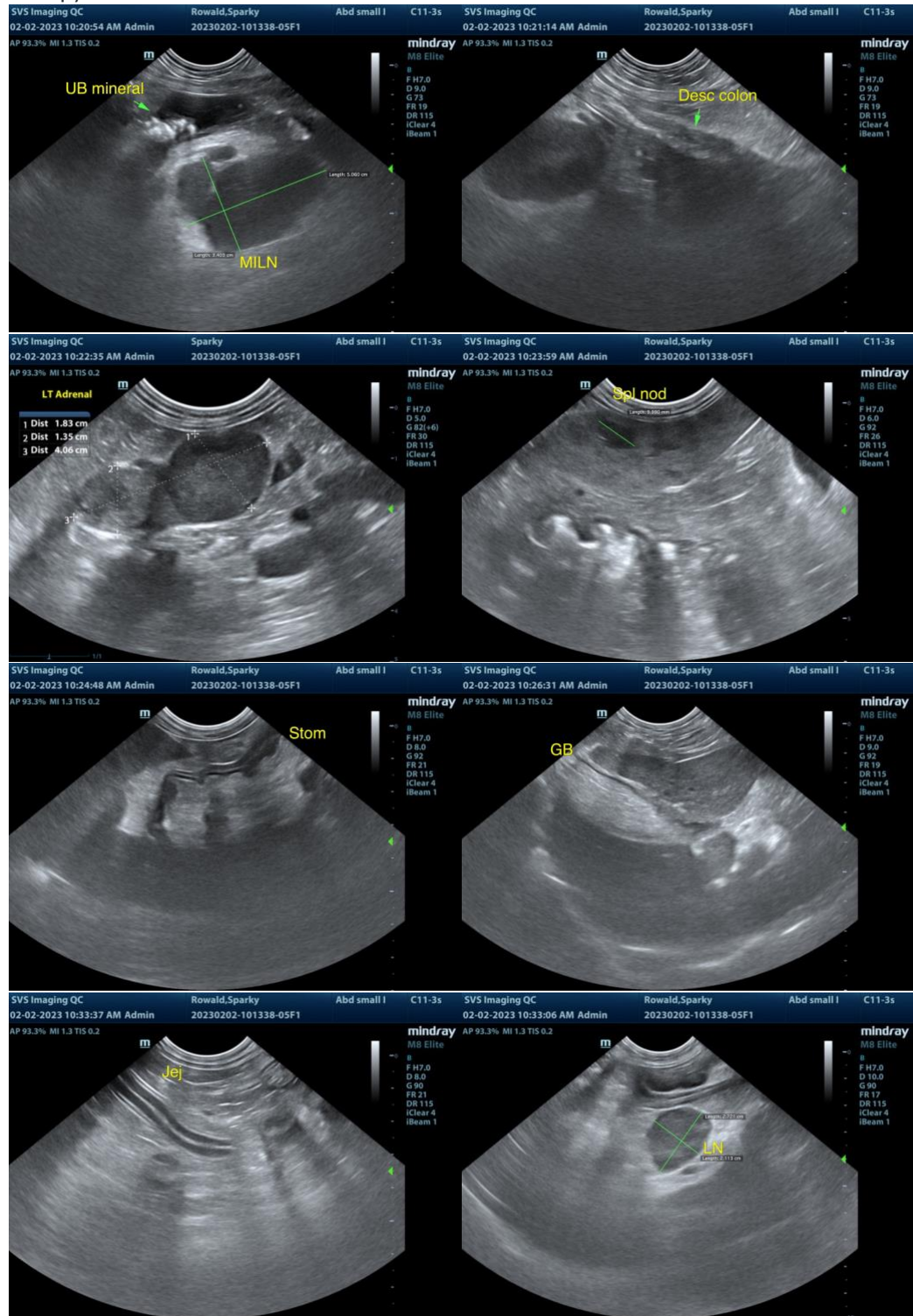
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Empirically, as needed gastrointestinal support, including gastroprotectant protocol and empirical therapy for colitis would be reasonable.





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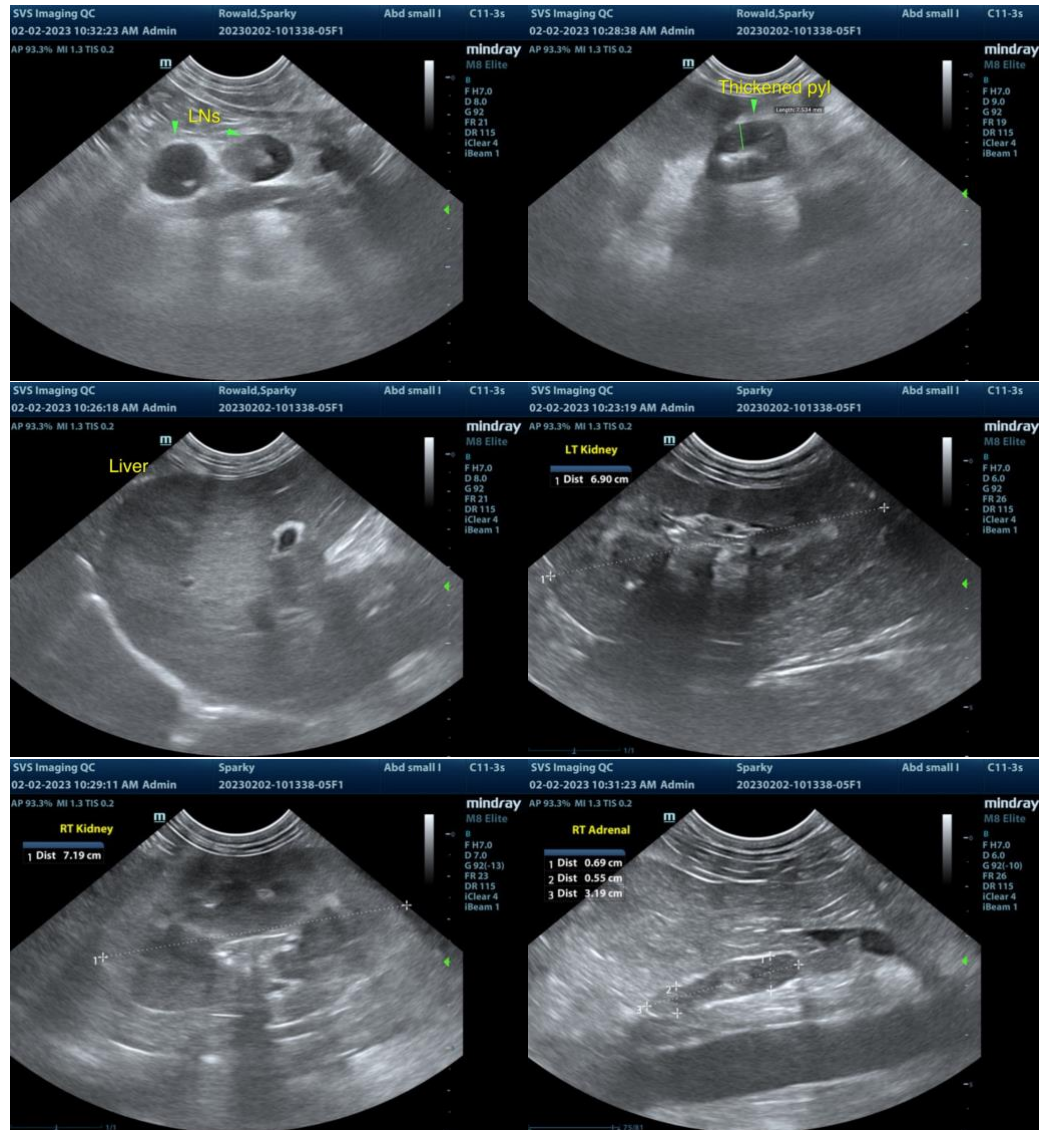
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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