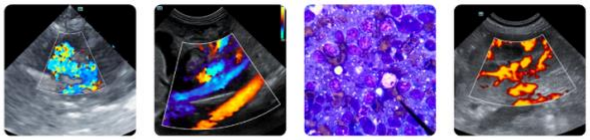


PATIENT

Olivia Paredes

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed Female

AGE

10 Years 2 Months

WEIGHT

11.44

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Kurt Mychajlonka, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Kurt Mychajlonka, DVM

INVOICE

35702

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History of high Lymphocytes. Patient had bloodwork done at another clinic for annual dental cleaning. Rechecked bloodwork 3 weeks later. Path review concerned for Lymphoma vs. Chronic lymphocytic leukemia.

Abnormal PE/Chem/CBC/UA Results: 1/4/26 Total Protein high 7.5 WBC high 21.3 NRBC high Platelet count high 675 Absolute Lymphocytes high 16188 Absolute Monocytes high 852 1/21/26 Triglyceride high 745 WBC high 18.9 Platelet count high 656 Absolute Lymphocytes high 12474.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Pinpoint to focal medullary mineral was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 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 0.54 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

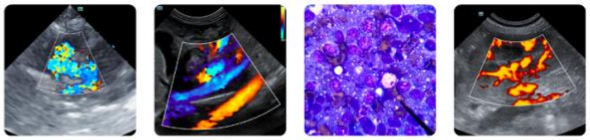
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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.

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



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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.

The gallbladder was non distended in size with nondependent nonorganized debris. Mild dependent mineralized debris to small gallbladder calculi were noted. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of 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 ileus, obstruction or foreign material. Mild hyperechoic duodenal mucosal speckling was noted.

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

Intermittent, mildly prominent mid abdomen mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum.

No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly
- Nonorganized nondependent debris and mild mineralized dependent debris/mineral
- Sonographically normal spleen
- Structurally normal gastrointestinal tract with mild gastric ingesta and nonspecific duodenal mucosal speckling
- Intermittent mild mesenteric lymphadenopathy – emerging neoplastic criteria, hyperplasia, inflammation possible
- Transdiaphragmatic comet tail artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic +/- splenic FNA cytology, to assess for occult disease, is recommended. The mesenteric lymph nodes, given the current size, are not accessible to FNA cytology; sonographic monitoring is indicated. The duodenal mucosal speckling is nonspecific and possibly an incidental finding, yet may suggest mild nonspecific enteritis, if

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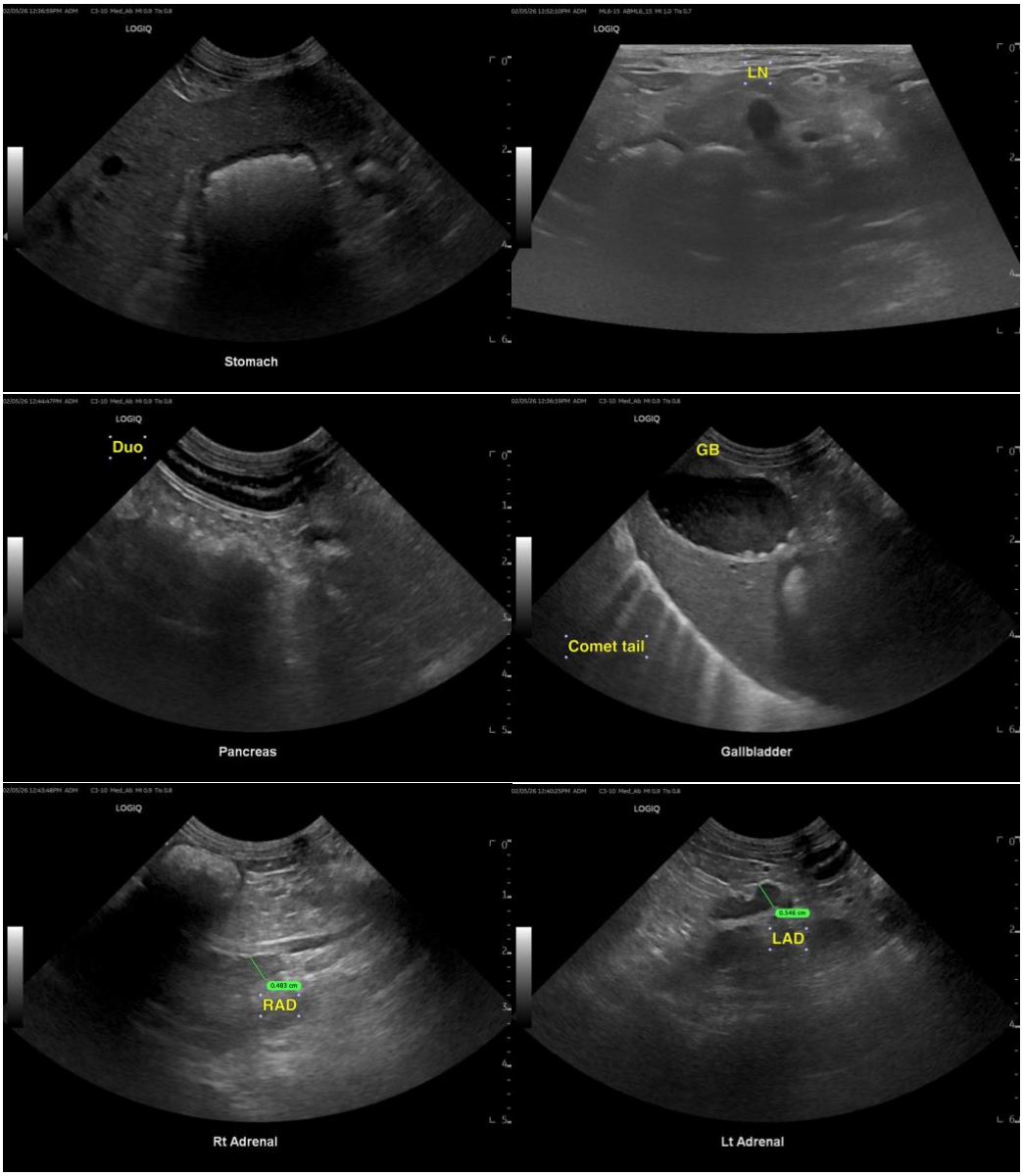
gastrointestinal signs are present. Flow cytometry may be considered if not done. Three view chest radiographs are suggested if not done.



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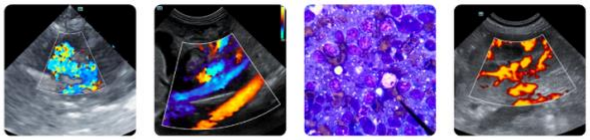

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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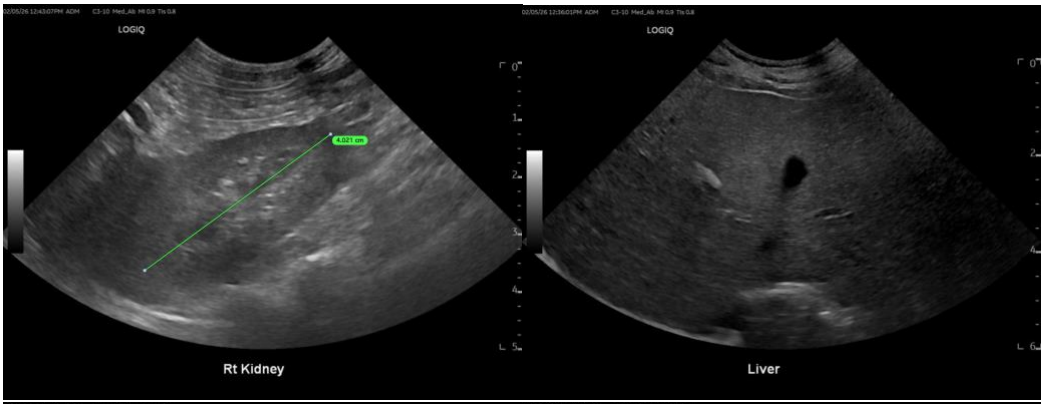

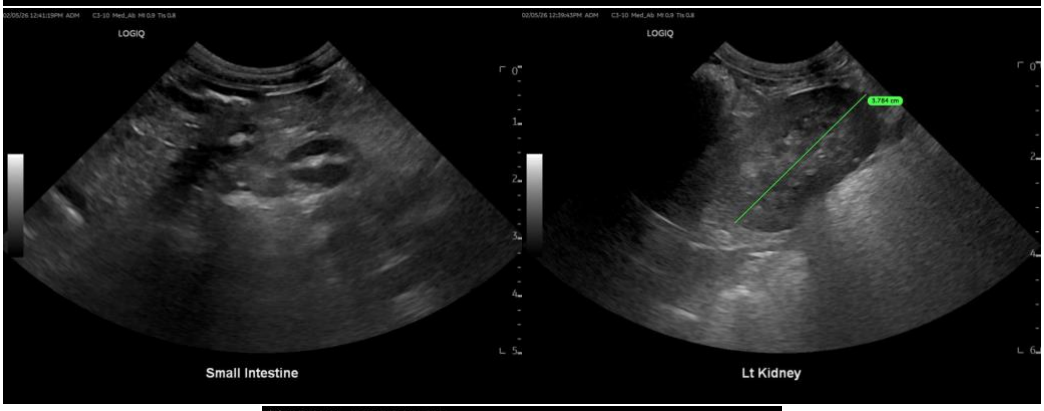

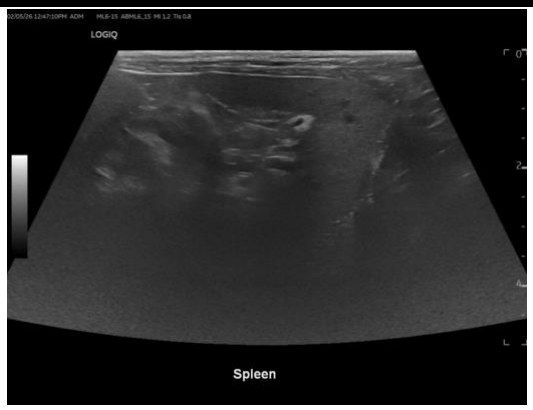

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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