



PATIENT

Banjo Florence

SPECIES

Canine

BREED

Bloodhound

SEX

MN

AGE

2yr

WEIGHT

160+ lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Mack E

INVOICE

12915ag

DATE

02/06/2023

PRESENTING CLINICAL SIGNS

Patient has been diagnosed with anterior uveitis and has been on ophthalmic steroids and oral steroids Prednisone 20mg bid for over a month. Specialist is wanting to rule - out lymphoma . Patient is also overweight significantly. Samples sent to Idexx of spleen and abdominal lymph nodes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 9.0 cm in length. The right kidney measured 9.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized, likely owing to suppression secondary to prednisone therapy. No obvious pathology was present in the area of the bilateral adrenal glands.

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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Gastrointestinal

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 ileus, obstruction or foreign material.

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

Pancreas



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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.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent mildly prominent homogenous caudal mesenteric to medial iliac lymph nodes. The nodes appear to exhibit a normal width: length ration <0.5. An example measured 2.9 cm x 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Intermittent mild homogenous caudal mesenteric to medial iliac lymphadenopathy
- Otherwise sonographically normal abdomen

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the non-specific mild caudal mesenteric to medial iliac lymphadenopathy, no evidence of visceral pathology is present. The visualized lymph nodes were not overtly suggestive of sonographic neoplastic criteria. Correlation with pending LN and splenic FNA cytology recommended. Sonographic monitoring of the lymph nodes for evidence of progression if no evidence of neoplastic criteria on cytology is recommended.

AGE

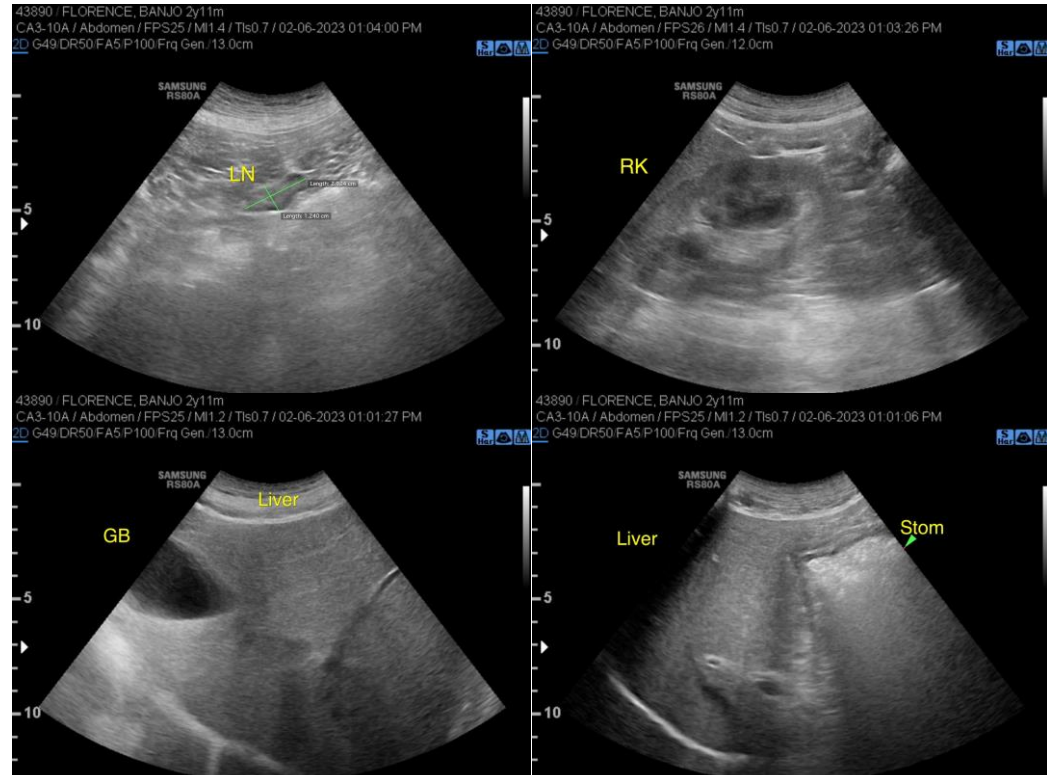
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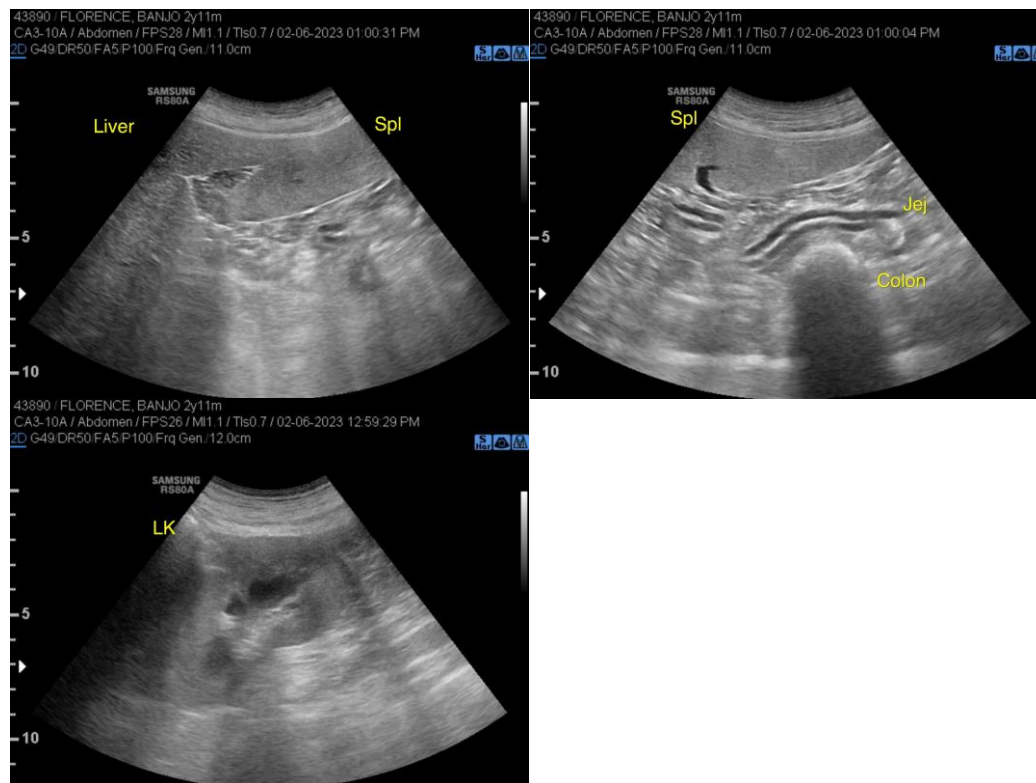
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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