



## PATIENT

Massimo Bologna

## SPECIES

Canine

## BREED

Husky

## SEX

MI

## AGE

4

## WEIGHT

NA

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Camille Petrizzo

## HOSPITAL NAME

Greater Staten Island  
Veterinary Service

## REFERRING VET

Dr. Camille Petrizzo

## INVOICE

24054

## DATE

03/01/2026

## PRESENTING CLINICAL SIGNS

Massimo is a 4 year old MI Husky Mix who presented to the GSIVS ER Department on 3/1/2026 for evaluation of vomiting and diarrhea. Owner reports that Massimo was mostly normal yesterday. After eating lunch he was not interested in eating food. When owner woke up they found multiple piles of diarrhea over the house some were bloody and owner report that others were black in color. He had a small vomitus this morning.

Abnormal PE/Chem/CBC/UA Results: CSL: RBC 5.06 (5.65-8.87) HCT 31.3 (37.3-61.7) RETIC 241.9 (10.0-110.0) RETIC- HGB 20.0 (22.3-29.6) MONO 1.27 (0.16-1.12) Chem: within normal limits  
AXR: decreased serosal detail in abdomen, concern for cranial abdominal mass

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Both kidneys were enlarged in size, exhibiting bilateral expansive primarily homogenous to mildly hypoechoic masses. The left kidney measured ~ 7.5 cm in length. The right kidney measured ~ 8 cm in length. An example of a left kidney mass measured 3.8 cm in diameter. An example of a right kidney mass measured 4.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

The prostate gland was not definitively visualized.

### Adrenal Glands

The left/ right adrenal glands not definitively visualized owing to mid abdomen to periaxial lymphadenopathy.

### Spleen

The spleen exhibited normal size and primarily symmetrical contour with non-homogenous parenchyma exhibiting multiple mild hypoechoic non-homogenous splenic nodules. An example of splenic nodule measured 1.3 cm in diameter.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent debris. 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.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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### *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.

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### *Free Abdomen*

No overt peritoneal effusion was present.

## SEX

MI

Enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination. The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 4.3 cm length and 1.5 cm width.

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An enlarged non-homogenous asymmetrical mid to cranial abdomen lymph node vs unspecified mass was present measuring 3.4 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Bilateral renal masses
- Diffuse hypoechoic swollen mesenteric lymphadenopathy, lymphatic vs unspecified nonhomogeneous mass
- Splenic nodules
- Enterocolopathy

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplasia is present with round cell neoplasia i.e. lymphoma probable. FNA cytology of a LN, renal mass, and spleen using 25 ga needle and normal clotting status recommended with oncology consult. Unfortunately, an unfavorable prognosis is indicated.

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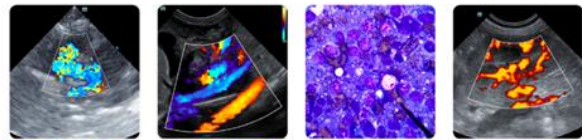
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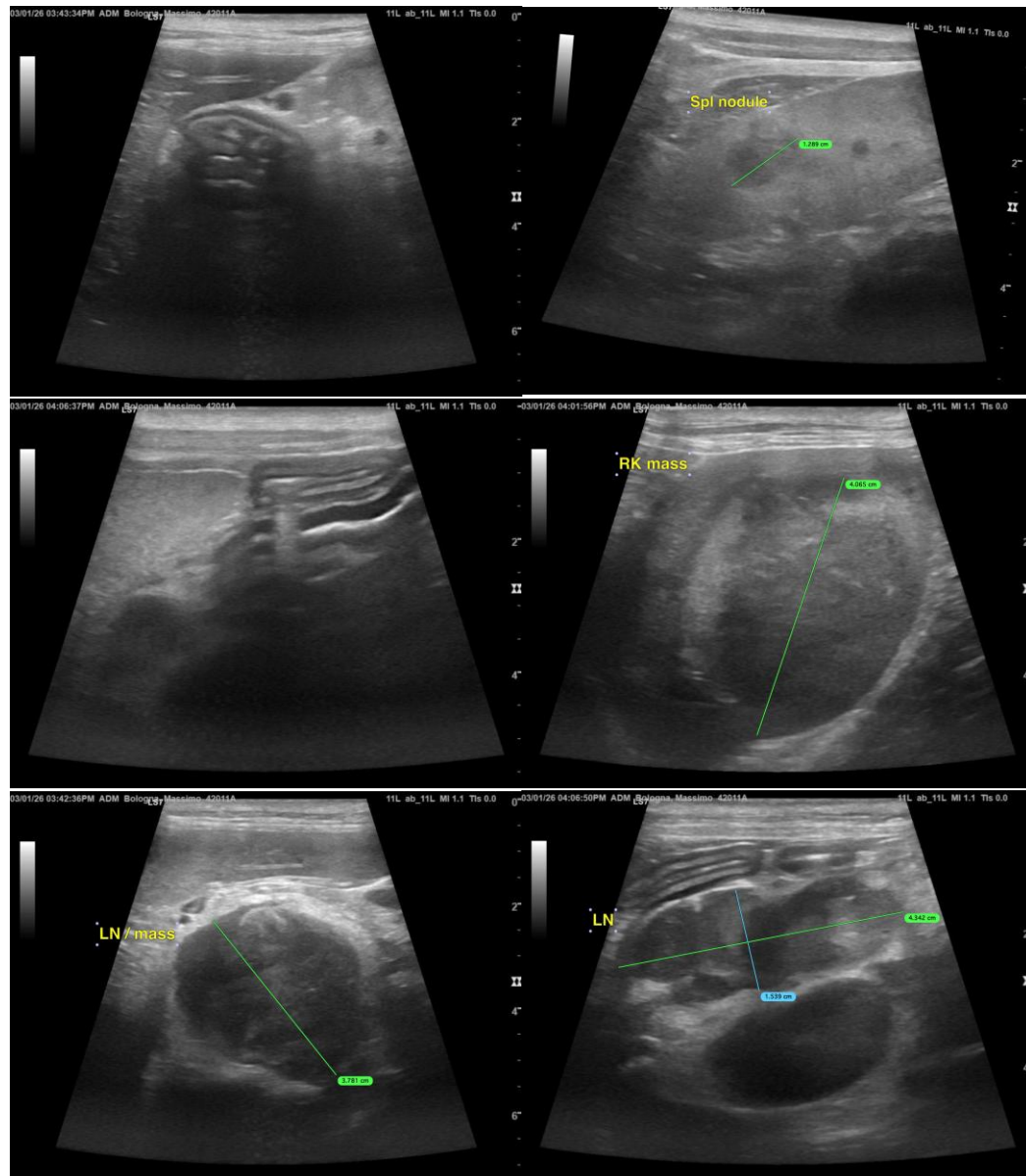
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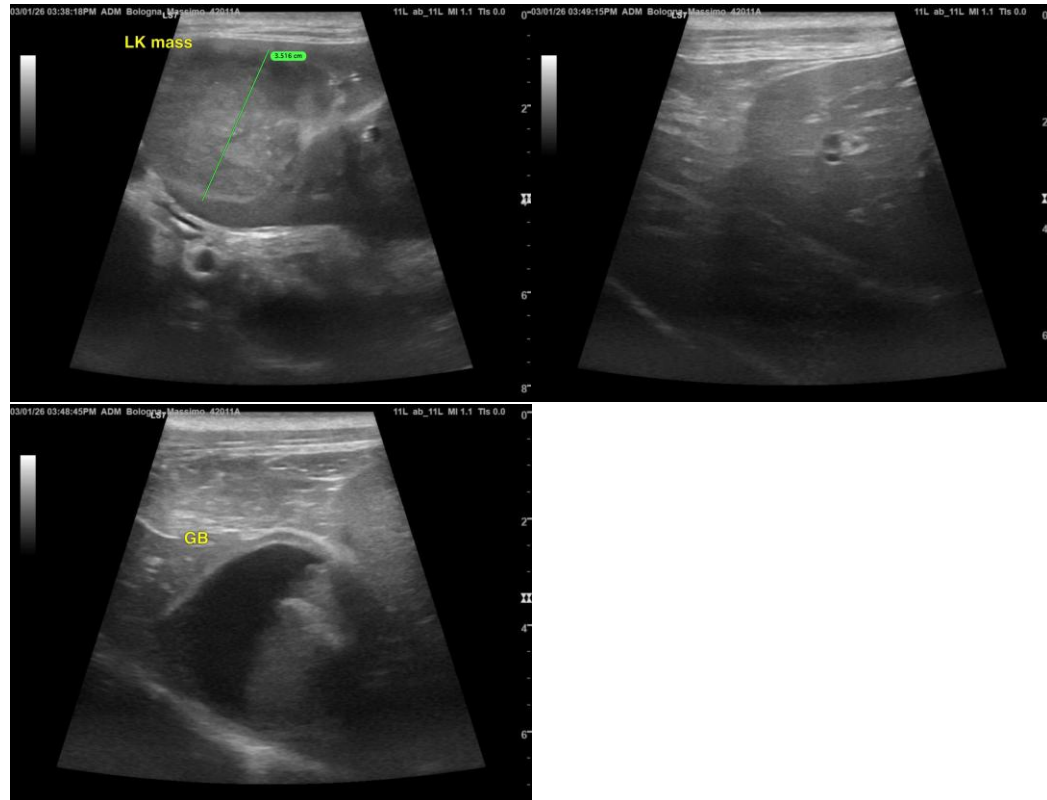
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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