



**PATIENT**

Iggy Barr

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

41.1 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Shelton

**INVOICE**

14008

**DATE**

03/02/26

**PRESENTING CLINICAL SIGNS**

- Clinical Exam Findings: Presented Feb 6th for increased frequency of vomiting despite good appetite. Controlled well with Cerenia given every 48 hours and a bland diet. If not on Cerenia. Vomiting returns
- ABNORMAL Labwork Values: WBC 32,000, Neutrophils 13,000, Lymphocytes 16,000, Monocytes 2,000, Eosinophils 2,800, HCT 40.3, Platelets 205,000. TP 4.6, LP 20, GGT <10, PLI 174, Heartworm negative. Plan to run cortisol day of ultrasound
- Current Medications: Cerenia 1mg/kg every 8 hours

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.1 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 0.60 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 0.63 cm width at the caudal pole.

**Spleen**

The spleen was mildly enlarged in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

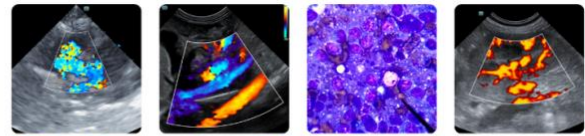
**Liver & Gallbladder**

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented diffuse to variably thickened wall exhibiting indistinct to loss of mural detail and hypoechoic mural echogenicity. The stomach contained a mild amount of retained anechoic fluid



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and a mild amount of non-shadowing hyperechoic ingesta. Stomach wall measure up to 1.0 cm width. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal corrugation with generalized empty lumen to the level of the colon.

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

**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**

Intermittent mild to variably swollen nonhomogenous perigastric to cranial, omental, and focal medial iliac lymph nodes were present. Perigastric hyperechoic omentum. No obvious effusion. Example of a lymph node measured 1.8 cm in diameter.

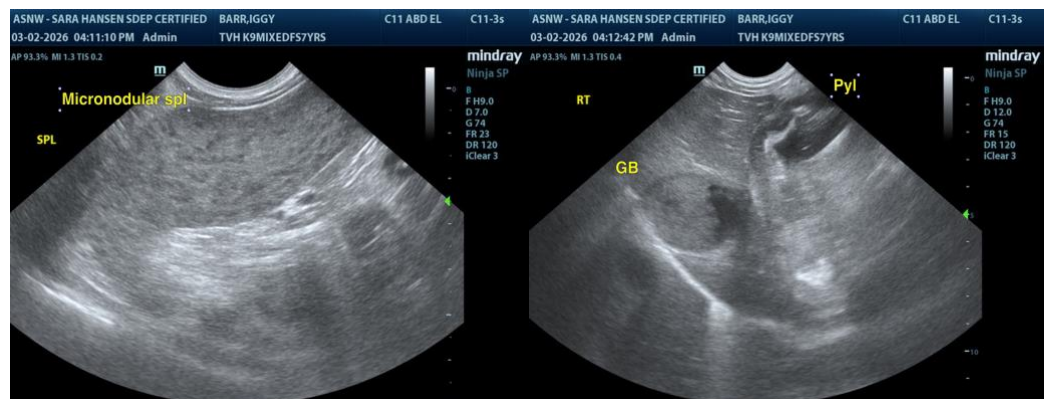
**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly with micronodular parenchyma.
- Thickened hypomotile stomach exhibiting indistinct/loss of gastric mural detail.
- Normal empty gastrointestinal tract with mild duodenal corrugation.
- Mild heterogeneous pancreas.
- Perigastric hyperechoic omentum and intermittent variably swollen mesenteric/medial iliac lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric splenic gastric and lymphatic neoplastic criteria is met with multicentric round-cell neoplasia such as lymphoma is probable. Hepatogastric and lymphatic inflammatory, infectious disease, splenic lymphoid hyperplasia, hematopoiesis, gastritis with gastric edema and metabolic gastric ileus thought less likely.

Assuming normal clotting status and using 25-gauge needle, splenic +/- accessible lymph node and gastric wall FNA cytology warranted for further clarification with potential for oncology consult. Continued gastrointestinal support including broad spectrum gastroprotectants is recommended.





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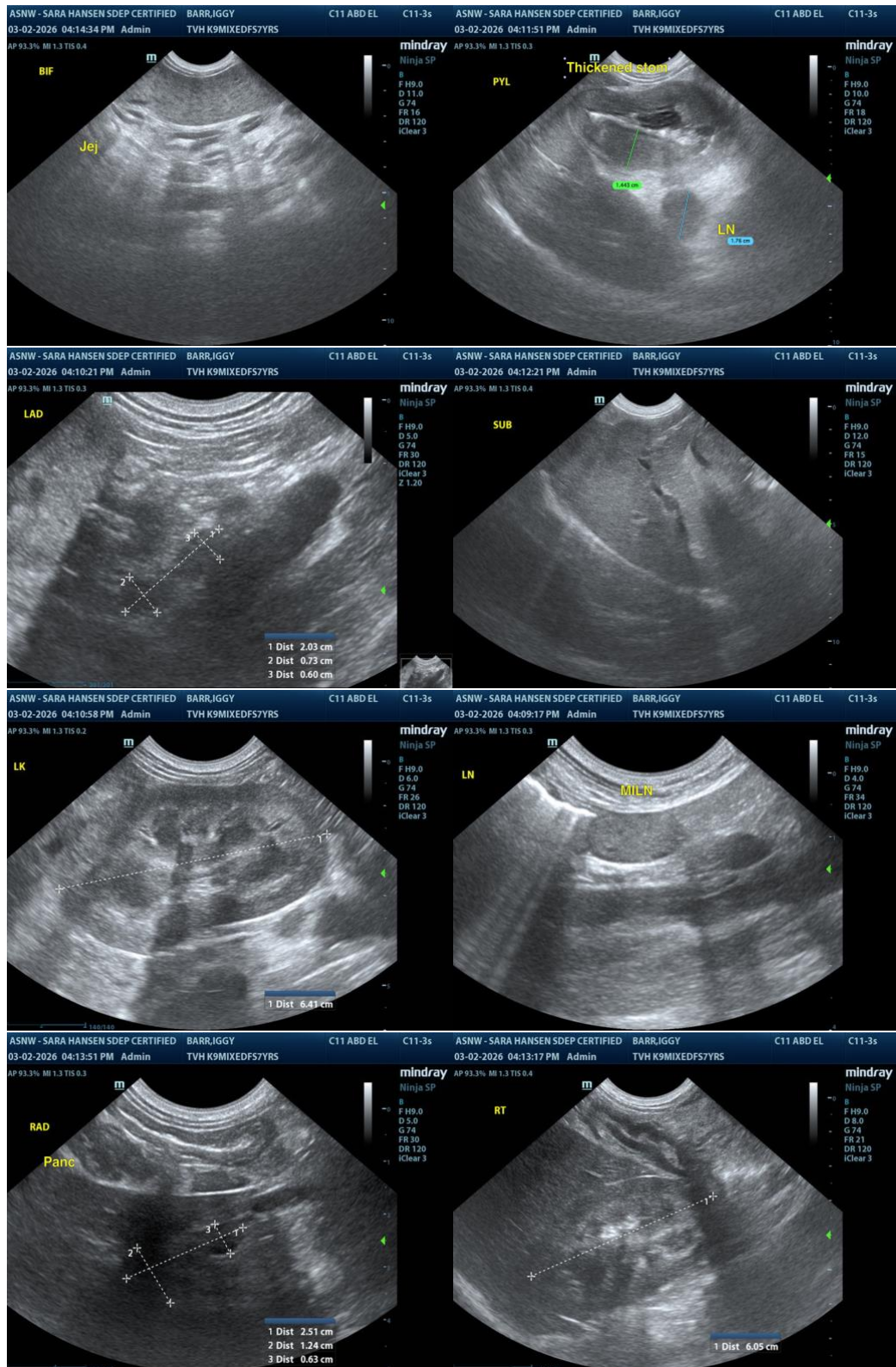
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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