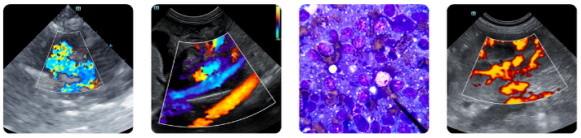

PATIENT

Axel Miller

SPECIES

Canine

BREED

German Shepard

SEX

Male Neutered

AGE

8y

WEIGHT

86.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

NCA Northside AH

REFERRING VET

Dr. Russell

INVOICE

13398

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: BCS 6/9; Dx w Large Cell Lymphoma at chronic dermatitis appt. 4/1/2026 (hx of atopy; food allergy). Enlarged LNs (popliteal, axillary). Had AUS Jan 2025-attached)

Current Medications: RC HP, Proviable, Cytopoint (Gabapentin/Trazodone)

Abnormal PE/Chem/CBC/UA Results: BW 12/4/2025-Glob-4.0; ALT-256

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 changes were noted.

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

Variably enlarged to swollen, hypoechoic medial iliac/sublumbar lymph nodes present with an example measuring 5.7 cm x 2.8 cm.

Normal size and margination was 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 7.3 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting mild subnormal size and measuring 0.47 cm width at the caudal pole. The right adrenal gland was not definitively visualized with no obvious pathology.

Spleen

The spleen presented generalized enlargement exhibiting a non-homogeneous indistinctly micronodular parenchyma. Intermittent, non-capsule deforming, hypoechoic splenic nodules present with an example measuring 1.7 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was normal in size with symmetrical contour and normal vascular volume. Non-homogeneous, mixed echogenic to non-uniform hepatic parenchyma. A definitive hepatic mass was not overtly visualized. Indistinct portal vascular borders. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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

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

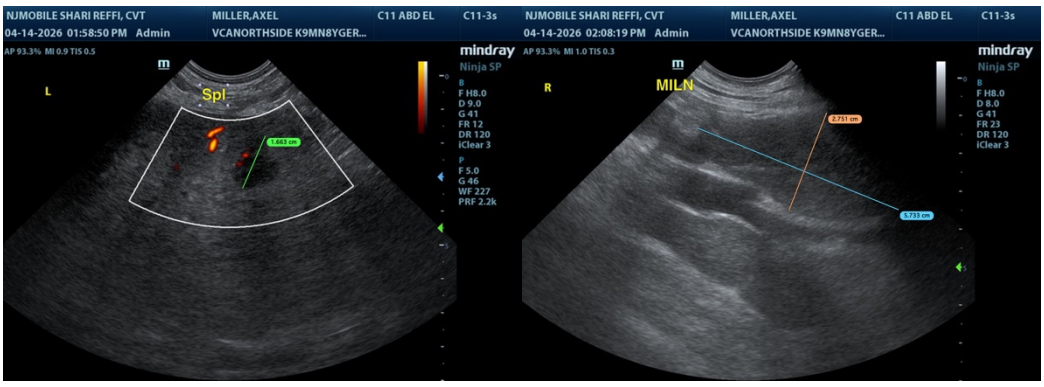
Significant to swollen mid abdomen mesenteric lymphadenopathy and no evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic to swollen medial iliac/sublumbar lymphadenopathy
- Splenomegaly exhibiting non-homogeneous micronodular to focally nodular parenchyma
- Hepatopathy exhibiting non-homogeneous/heterogeneous parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The medial iliac/sublumbar lymphadenopathy and spleen are consistent with neoplastic to metastatic criteria and consistent with multicentric round cell neoplasia, i.e. lymphoma, in conjunction with patient history. Potential for hepatic involvement is not excluded. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatic splenic and accessible lymphadenopathy cytology for staging and oncology consult.



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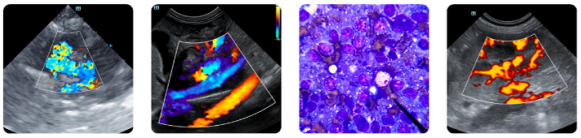

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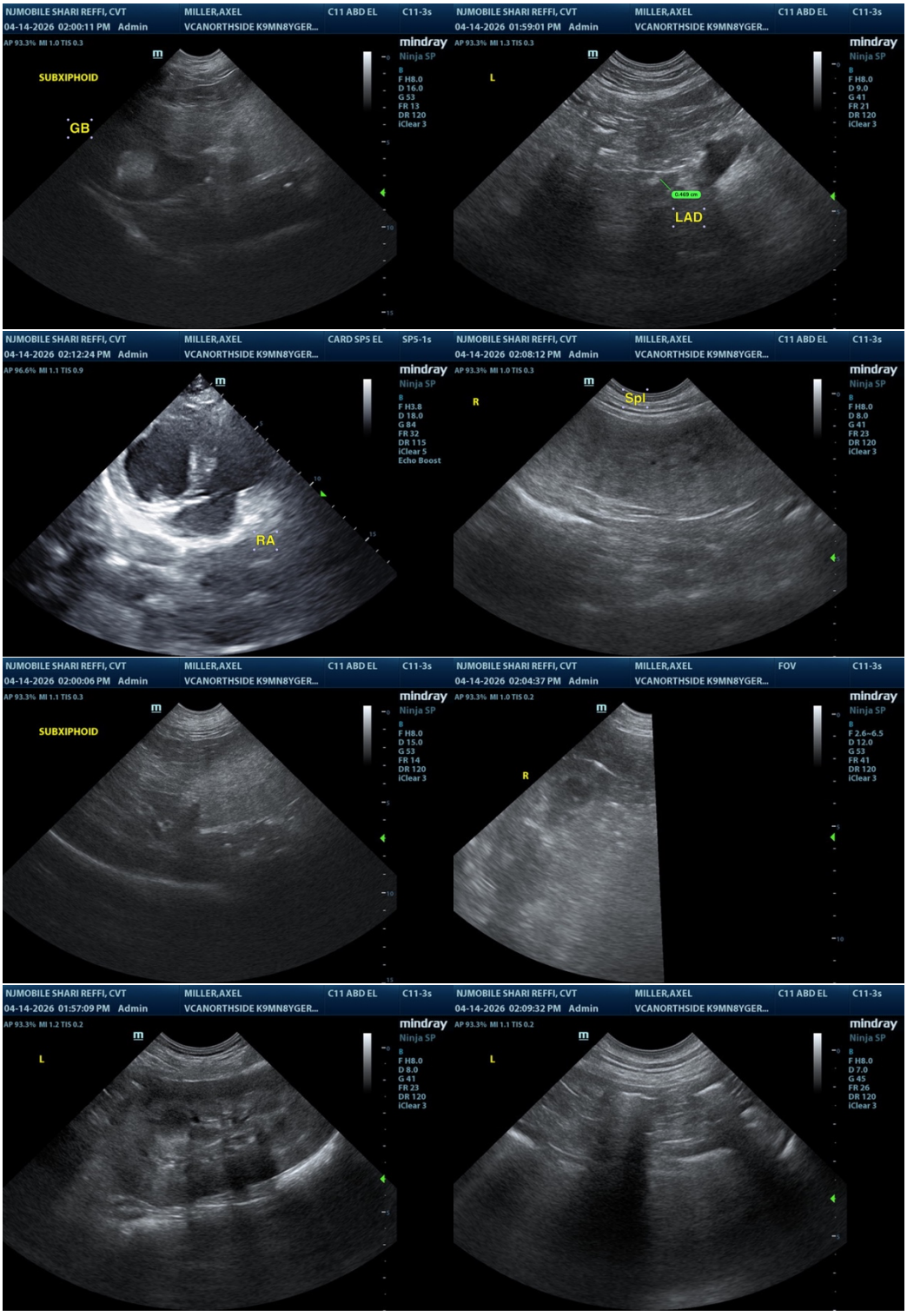

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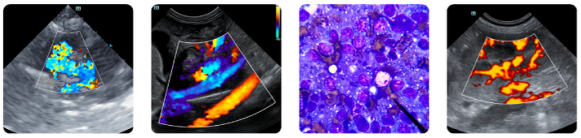

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com