



## PATIENT

Walnut Printz

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Neutered Male

## AGE

7 Years 6 Months

## WEIGHT

42.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Renee Trionfetti  
VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Dr. Heatherlynn  
McFarlane DVM,  
DACVIM (Internal  
Med)

## INVOICE

15128

## DATE

04/15/26

## PRESENTING CLINICAL SIGNS

AUS to further stage a recent diagnosis of Large Cell Lymphoma via FNA of peripheral LNN. Initially presented to IM service for further work-up of vomiting. Vomiting started 2 months ago and initially was sporadic but has progressed to a daily occurrence. Vomit initially is undigested food that occurs ~3-4hrs after eating. Evaluated at PETS ER where blood work was overall unremarkable and abdominal radiographs did not identify any FB/obstructive pattern but possibly had loss of cranial abdominal serosal detail (not available for review at time of consult). Treated with anti-nausea medications (Ondansetron, Cerenia) and transitioned to Hills I/D low fat which did help the signs initially but returned after stopping the medications. No improvement after restarting ondansetron and famotidine.

On presentation to IM, temperature was mildly elevated (103.3F). Exam revealed moderate to marked peripheral lymphadenopathy (submandibular, prescapular, axillary, inguinal, and popliteal). Rest of the examination was unremarkable. Upcoming appointment with Oncology.

Meds: Prednisone 20mg q12hr -- rx 4/14/26 (unsure if started yet), Cerenia, Ondansetron

Abnormal PE/Chem/CBC/UA Results: Peripheral LNN Cytology: Large cell lymphoma, high degree of confidence. CXR: reveals widening of the cranial mediastinum extending into the thoracic inlet which corresponds to a rounded mass effect in this region on both lat views. No abnormalities are identified in the remainder of the thorax. Suspected cranial mediastinal mass. Differentials include lymphadenopathy (lymphoma, other neoplasia, fungal), cyst, neuroendocrine tumor, thymoma. CBC: WBC 17.1K (H), Neut 14.3K (L), Lymph 1.7K, Eos 0.34K, HCT 50%, PLT 214K

## 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.

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

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 6.8 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.62 cm width at the caudal pole.

### Spleen

The spleen presented mildly enlarged with maintained symmetrical capsule contour and nonhomogenous indistinct micronodular to focally hypoechoic nodular splenic parenchyma.

### Liver & Gallbladder



<b>PATIENT</b>	The liver presented normal in size, contour and vascular volume. Mild to variable heterogeneous to mixed echogenic hepatic parenchyma exhibiting variable coarse echotexture. No visualized hepatic mass or nodules.
Walnut Printz	
<b>SPECIES</b>	The gallbladder was non distended in size with moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Canine	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Labrador Retriever Mix	The stomach presented intact mildly thickened wall exhibiting subjective mild mural hypoechoogenicity. Empty lumen with mild lumen gas.
<b>SEX</b>	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.
Neutered Male	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
7 Years 6 Months	The area of the pancreas was sonographically normal.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
42.2 kg	Multicentric variably swollen hypoechoic nonhomogenous mesenteric, medial iliac and cranial thoracic/mediastinal lymphadenopathy was present with surrounding hyperechoic perilymphatic tissue. No overt peritoneal or visible pleural effusion. The medial iliac lymph node measured 5.8 cm x 2.3 cm. The mesenteric lymph node measured 4.0 cm x 3.5 cm. The cranial thoracic/mediastinal lymph node measured approximately 3.5 cm x 3.0 cm.
<b>INTERPRETED BY</b>	Brief subjective echocardiogram revealed normal cardiac structure with adequate LV systolic function. No overt cardiac tumor or evidence of pericardial effusion.
R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Renee Trionfetti VMD	<ul style="list-style-type: none"><li>• Multicentric hypoechoic to swollen abdominal, medial iliac/sublumbar and cranial thoracic/mediastinal lymphadenopathy.</li><li>• Enlarged spleen exhibiting micronodular to focal nodular parenchyma.</li><li>• Mild nonhomogenous mixed echogenic liver.</li><li>• Mild nonorganized gallbladder debris (non-mucocele).</li><li>• Mildly thickened empty stomach, sonographically unremarkable empty small intestine.</li></ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Blue Pearl Wyomissing	The multicentric bicavitary and retroperitoneal lymphadenopathy and spleen is consistent with multicentric neoplastic criteria with aggressive round cell neoplasia i.e. lymphoma in conjunction with patient history is likely.
<b>REFERRING VET</b>	Assuming normal clotting status and using a 25-gauge needle, FNA cytology of accessible abdominal lymph node and spleen for further staging is recommended. Possible early gastric or gastrointestinal involvement is of suspicion.
Dr. Heatherlynn McFarlane DVM, DACVIM (Internal Med)	
<b>INVOICE</b>	
15128	
<b>DATE</b>	
04/15/26	



**PATIENT**

Walnut Printz

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Neutered Male

**AGE**

7 Years 6 Months

**WEIGHT**

42.2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Renee Trionfetti  
VMD

**HOSPITAL NAME**

Blue Pearl Wyomissing

**REFERRING VET**

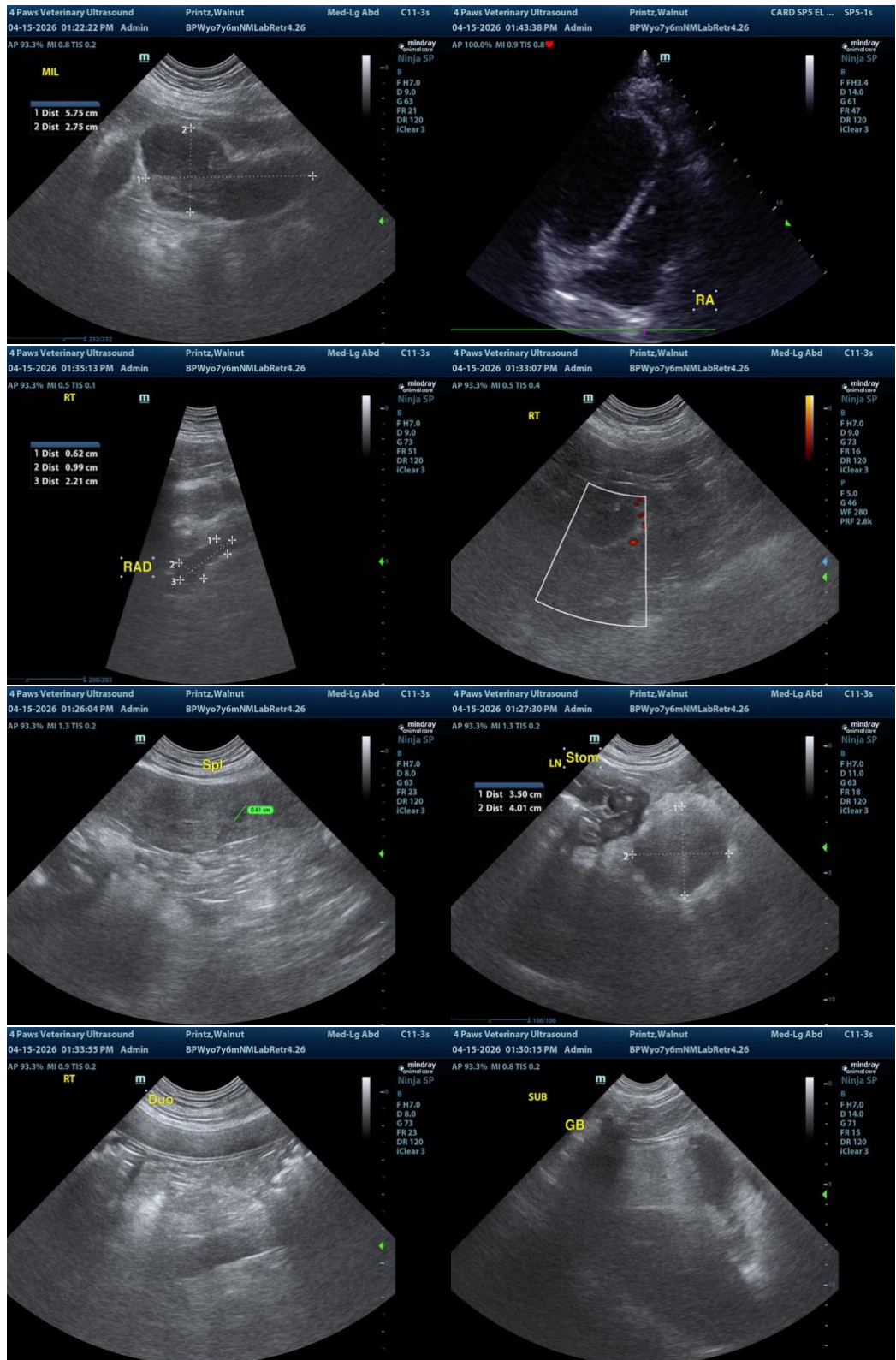
Dr. Heatherlynn  
McFarlane DVM,  
DACVIM (Internal  
Med)

**INVOICE**

15128

**DATE**

04/15/26





**PATIENT**

Walnut Printz

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Neutered Male

**AGE**

7 Years 6 Months

**WEIGHT**

42.2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Renee Trionfetti  
VMD

**HOSPITAL NAME**

Blue Pearl Wyomissing

**REFERRING VET**

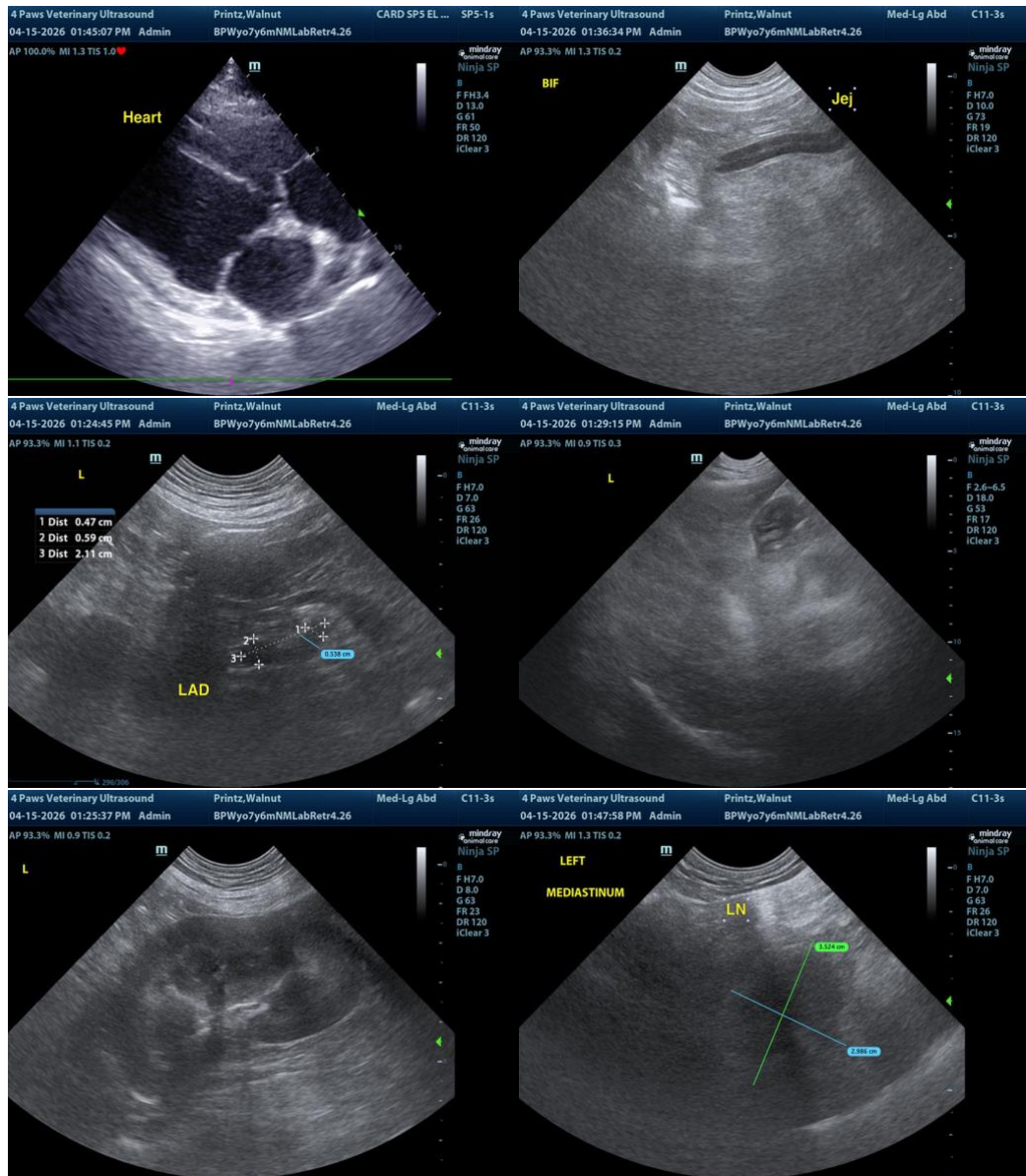
Dr. Heatherlynn  
McFarlane DVM,  
DACVIM (Internal  
Med)

**INVOICE**

15128

**DATE**

04/15/26



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](mailto:info@SonoPath.com)