



**PATIENT**

Jynx Macdonald

**PRESENTING CLINICAL SIGNS**

History: PALE MM

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: NON REGENERATIVE ANEMIA, PCV- 22 FECAL ANALYSIS - GIARDIA POSITIVE, HOOKWORM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Boston Terrier

**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.

**SEX**

Spayed female

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 4.2 cm in length. The right kidney measured 4.6 cm in length.

**AGE**

11 months

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

16 pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited marked generalized enlargement and asymmetrical lateral and medial capsule contour with generalized nonhomogeneous to nodular parenchyma measuring 4-5 cm in width.

**IMAGING**

**PERFORMED BY**

Dr. Sharkaway

**Liver**

The liver was mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild nonuniform to coarse echotexture. No hepatic masses noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content and mild nondependent sludge. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

**REFERRING VET**

Dr. Sharkaway

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.

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

**Pancreas**

**DATE**

04/16/2022



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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.

**SPECIES**

Canine

**Free Abdomen**

Generalized hyperechoic mesentery was noted with mild volume peritoneal free fluid.

**BREED**

Boston Terrier

Enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2 cm length and 1.4 cm width.

**SEX**

Spayed female

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

11 months

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative marked splenomegaly exhibiting nonhomogeneous to nodular parenchyma.
- Mild hepatomegaly exhibiting nonhomogeneous parenchyma.
- Multifocal hypoechoic to swollen mesenteric lymph nodes with mild volume peritoneal free fluid.
- Mild hypomotile gastritis.

**WEIGHT**

16 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for definitive diagnosis, the severe splenomegaly and parenchymal changes are consistent with infiltrative neoplasia such as lymphoma, sarcoma or other. Multicentric neoplasia is suspected given the concurrent presence of hypoechoic to swollen mesenteric lymphadenopathy consistent with metastatic lymphatic criteria. Potential for omental seeding and hepatic involvement is highly suspected.

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Assuming normal clotting status and using a 25g needle a splenic FNA +/- accessible LN FNA and effusion analysis could be considered with potential for oncology consult. An favorable prognosis is indicated.

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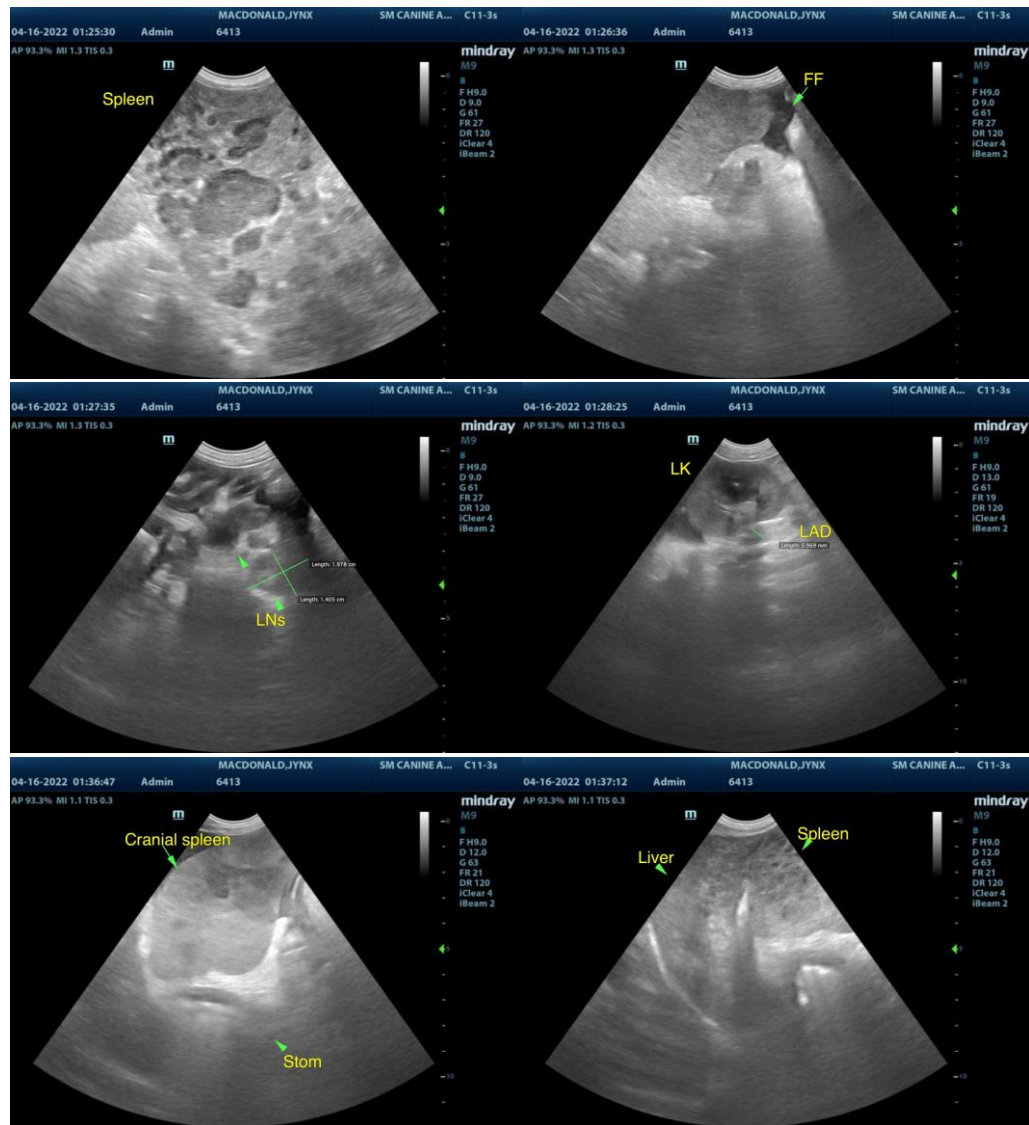
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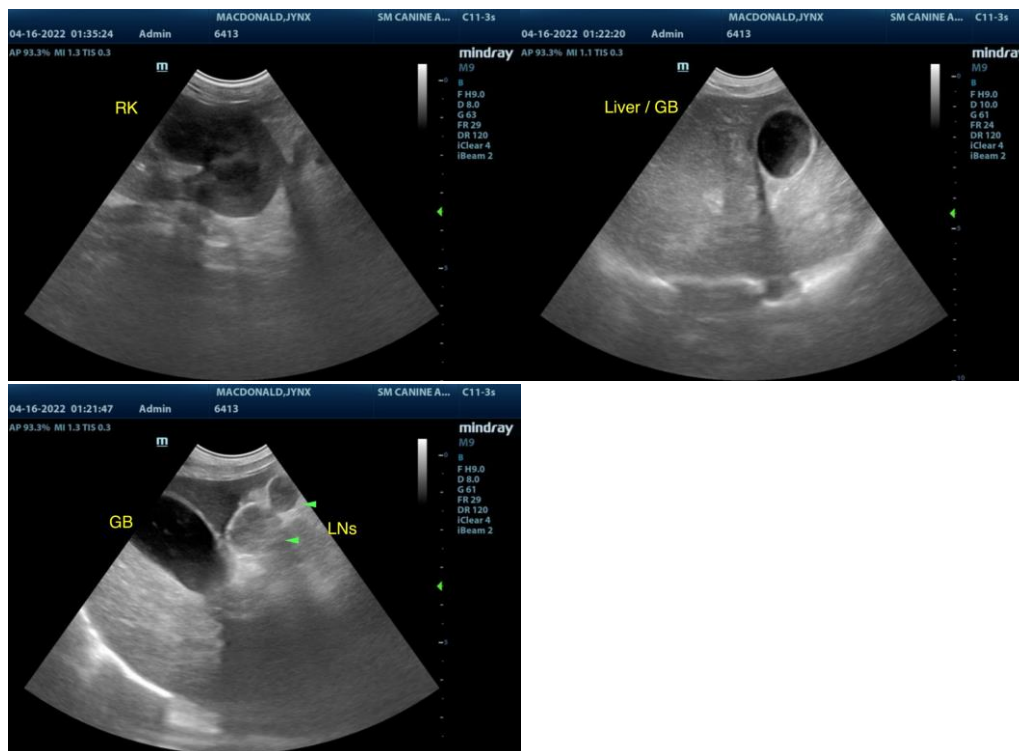
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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