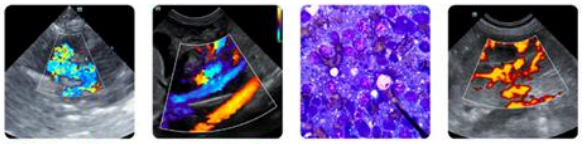


PATIENT

Penny Jeffery

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

7.75yr

WEIGHT

13.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Audra Alley

INVOICE
24911

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

August 2025- removal of Mast cell tumor, high grade (Grade 2). Treated with Vinblastine after surgical excision. Last scan performed February 2026 showed mild enlargement of one iliac lymph node and a small splenic nodule. Following up to monitor for progression.

Abnormal PE/Chem/CBC/UA Results: No new diagnostics

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.

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 3.9 cm in length. The right kidney measured 3.98 cm in length.

A mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.1 cm x 0.38 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 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 0.42 cm width at the caudal pole.

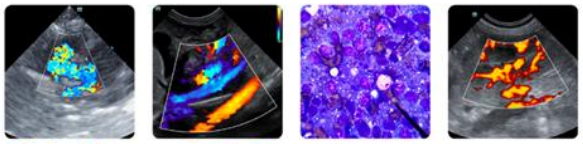
Spleen

The spleen exhibited normal size and contour with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Two visualized discrete hypoechoic to non-homogenous non-capsule deforming splenic nodules were present. An example measured ~ 0.4 to 0.5 cm in diameter. The capsule was smooth and regular without apparent expansion. 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. A solitary visualized discrete hypoechoic non-capsule deforming liver nodule measuring 0.46 cm was present. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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 mechanical/metabolic 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

No evidence of mesenteric lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Static mild medial iliac lymphadenopathy
- Discrete hepatosplenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted medial iliac lymph node and splenic nodules appear sonographically similar compared to the previous study without evidence of progression. In conjunction with newly noted discrete hepatic nodule, hepatosplenic lymphoid nodular hyperplasia, hematopoiesis, and static reactive benign medial iliac lymphadenopathy is favored. Technically, hepatosplenic and medial iliac metastatic disease, given patient history, is not definitively excluded.

Assuming normal clotting status, using 25ga needle, hepatosplenic nodule FNA cytology could be considered for further clarification. Continued sonographic monitoring with initial recheck in 4-6 weeks would be reasonable.

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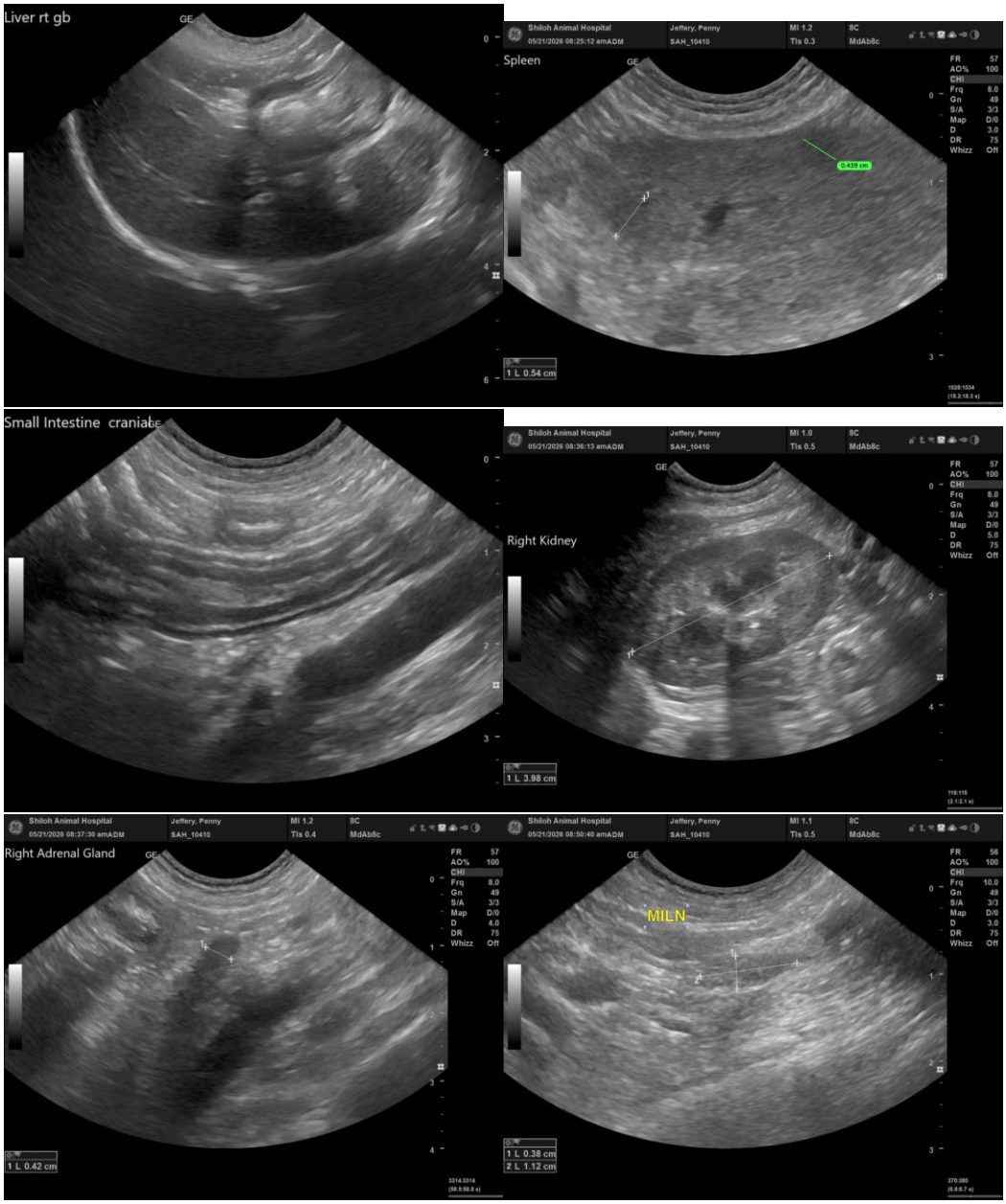

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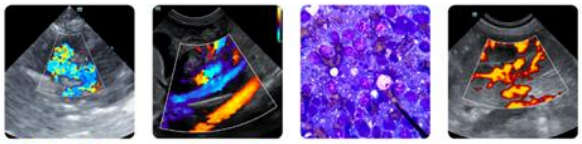

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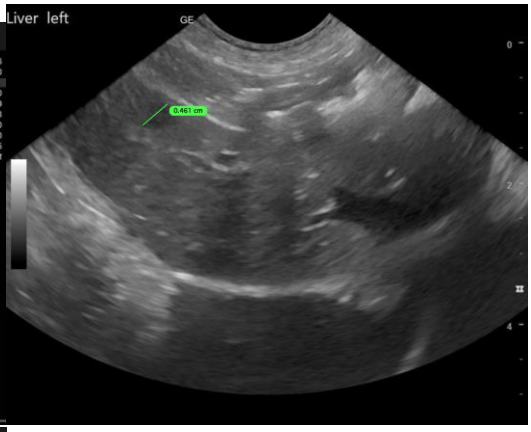

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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