



**PATIENT PRESENTING CLINICAL SIGNS**

Dylan Kosloff Multicentric T-cell lymphoma, was doing well until recent 5# weight loss in 1 week Pred 5 (increased recently to 10), Denamarin, HepatoBenefits, Simplicef 200

**SPECIES** WBC 4.5, Lymphopenia, Thrombocytopenia, Calcium 14.2, Phosphorus 7.1, ALP 207, ALT 120, TBILI 0.4

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Irish Setter The urinary bladder, trigone, and cystourethral junction 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 was noted.

**SEX** MN The area of the residual prostate was free of pathology.

**AGE** No evidence of pathology was noted In the area of the iliac trifurcation including no evidence of medial iliac or sublumbar lymphadenopathy.

2004 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 8.5 cm in length. The right kidney measured 8.5 cm in length.

**WEIGHT**

75

**Adrenal Glands**

**INTERPRETED BY**

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

The bilateral adrenal glands were mildly subnormal in size likely owing to prednisone therapy. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland measured 0.54 cm width at the caudal pole.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No splenic masses or nodules were noted.

**HOSPITAL NAME**

Pocono Peak VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Thompson

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderate coarse echotexture. Subtle areas of caudal capsule asymmetry were noted. No hepatic masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

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**DATE**

6/1/22



**PATIENT** *Gastrointestinal*

Dylan Kosloff The stomach presented intact wall layering with a normal wall layer ratio. Very minor retained nonshadowing ingesta / chyme and luminal gas were present. The ventral gastric body wall width measured 0.48 cm.

**SPECIES**

Canine 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. The small intestinal wall width measured 0.42 cm.

**BREED**

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

**Pancreas**

**SEX** 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 were evident.  
**MN**

**AGE** *Free Abdomen*

2004 No omental masses, lymphadenopathy or evidence of peritoneal free fluid were present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- 75
- Nonspecific hepatomegaly
  - Overtly normal gastrointestinal tract
  - Sonographically unremarkable spleen

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, screening ultrasound-guided hepatosplenic FNA is warranted for screening cytology or if based on oncology recommendation.

**IMAGING**

**PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as, if not recently done, three view chest radiographs to assess for or rule out occult disease as contributing factors to the patient's weight loss are recommended. CBC pathology review is suggested.

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**PATIENT**

Dylan Kosloff

**SPECIES**

Canine

**BREED**

Irish Setter

**SEX**

MN

**AGE**

2004

**WEIGHT**

75

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**IMAGING  
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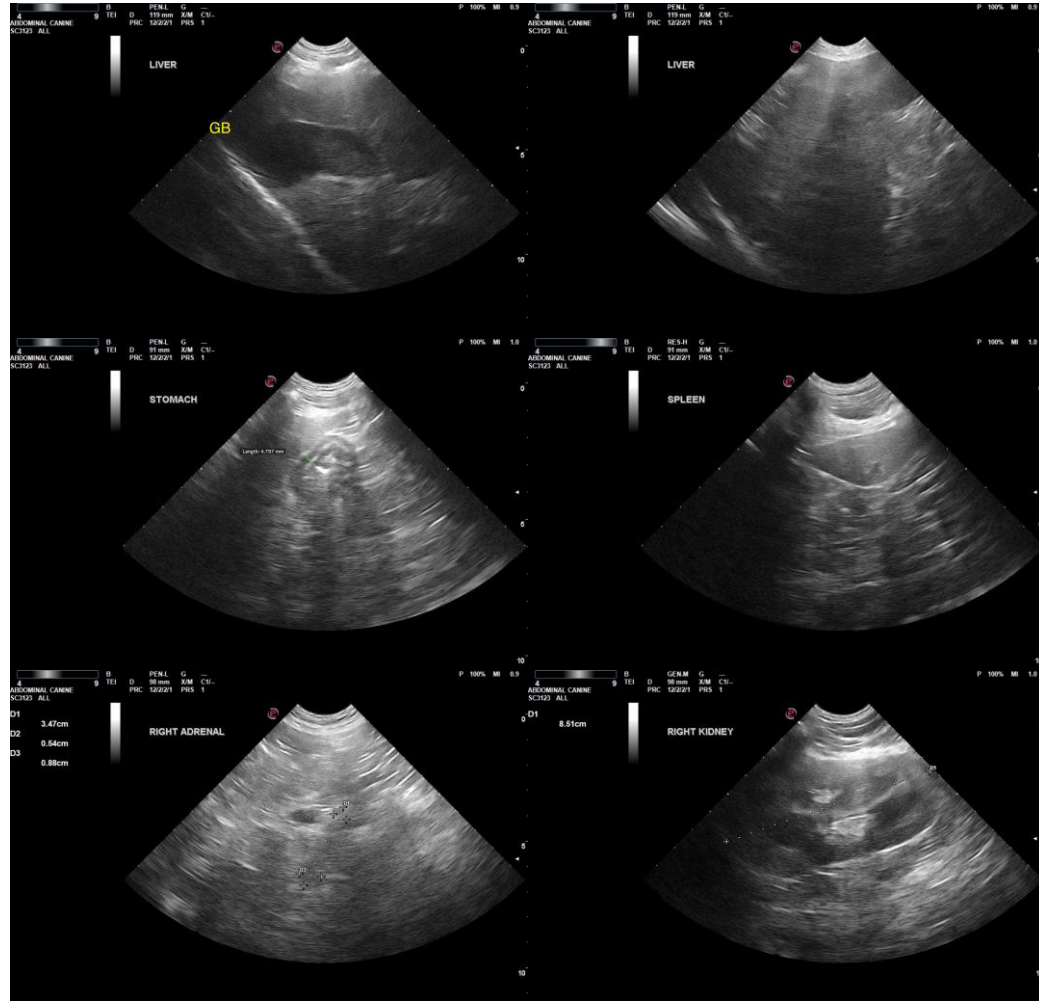
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**PATIENT**

Dylan Kosloff

**SPECIES**

Canine

**BREED**

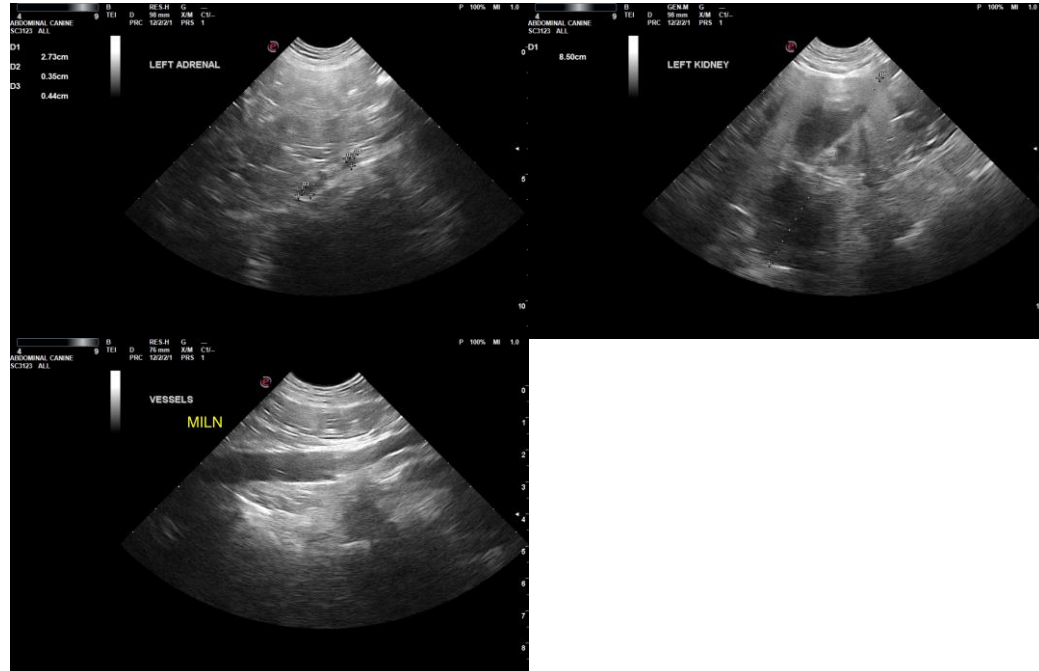
Irish Setter

**SEX**

MN

**AGE**

2004



**WEIGHT**

75

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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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

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