

**PATIENT**

Tonka Defrieze

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

NM

**AGE**

10 years

**WEIGHT**

62 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Joy

**INVOICE**

14230

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

ADR. Lethargic, not eating.

Abnormal PE/Chem/CBC/UA Results: showed anemia (regenerative) and thrombocytopenia. Xrays show strong suspicion of mass in mid abdomen (suspect spleen). Abdominocentesis yielded small amounts of dark blood that contained fibrin clots.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was primarily present in the lumen with minor dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

A solitary medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 1.8 cm x 0.75 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary cortical cyst was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.45 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 3.7 cm length x 0.59 cm width at the caudal pole.

**Spleen**

The spleen exhibited generalized enlargement with mild asymmetrical lateral and medial capsule contour. Generalized nonhomogeneous to nodular splenic parenchyma was present with normal splenic vascularity. The spleen measured 3.5 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver exhibited mild enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Intermittent nonhomogeneously hyperechoic intraparenchymal macronodules to small masses were noted. An example of macronodule to small mass in the deep mid liver measured 4.3 cm in diameter. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact yet subjectively mildly thickened walls. The gastric body wall width measured 0.46 cm.

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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 jejunum wall measured 0.30 cm width.

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

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**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 were evident.

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**Free Abdomen**

Multiple midabdominal mesenteric and hepatic 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. An example of a hepatic lymph node measured 2.1 cm x 1.6 cm. No evidence of peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Splenomegaly exhibiting diffuse heterogeneous to nodular parenchyma
- Hepatomegaly exhibiting hypoechoic parenchyma with intermittent nonhomogeneously hyperechoic intraparenchymal macronodules / small masses
- Multifocal hypoechoic to swollen intraabdominal and focal mildly enlarged medial iliac lymphadenopathy

**Secondary Findings**

- Mild dependent urinary bladder luminal mineral

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, the splenic presentation is most consistent with neoplastic criteria with primary concern for lymphoma, given the concurrent intraabdominal and medial iliac lymphadenopathy. Multicentric neoplastic criteria is met with primary concern for multicentric lymphoma. Potential for hepatic and early gastric involvement is possible.

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Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA and if accessible intraabdominal lymph node FNA for screening cytology and potential for oncology consultation is recommended. Three view chest radiographs are suggested if not done. A very guarded prognosis pending additional diagnostics and oncology consultation.

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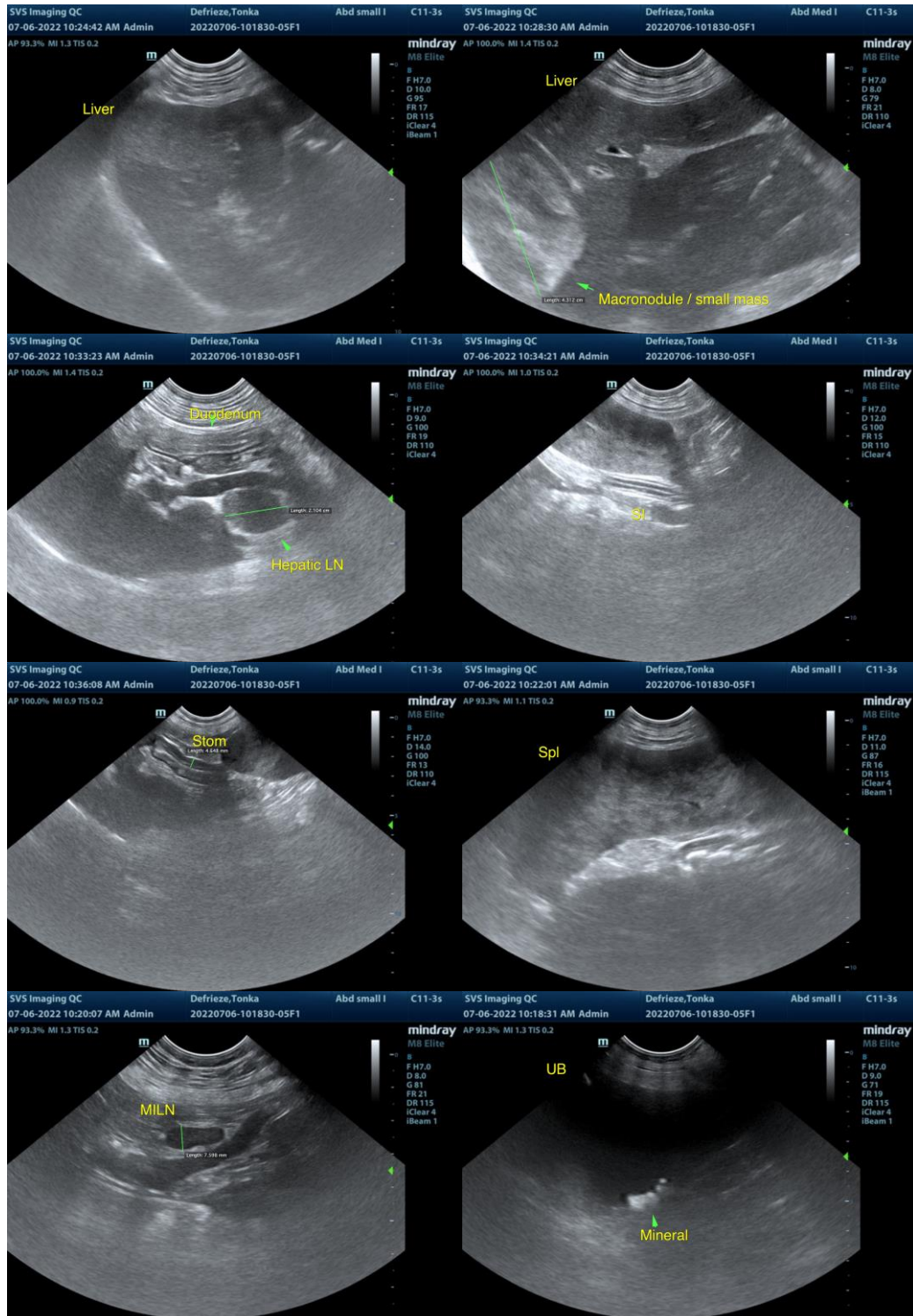
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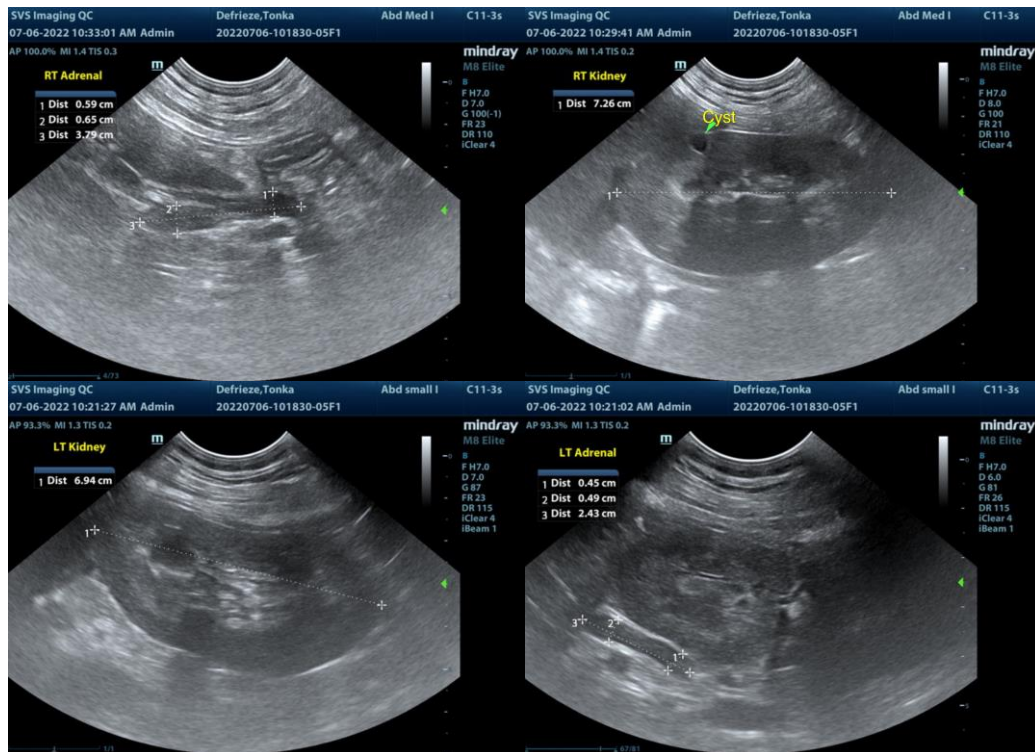
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**