



PATIENT

Rocco Passaretti

SPECIES

Canine

BREED

American
Staffordshire Terrier

SEX

MN

AGE

8

WEIGHT

80

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gabriel

HOSPITAL NAME

Central Jersey Vet

REFERRING VET

Dr. Gabriel

INVOICE

11392ag

DATE

08/18/2022

PRESENTING CLINICAL SIGNS

presented for acting lethargic and eating less and not himself breathing labor recently and soft stools

Abnormal PE/Chem/CBC/UA Results: xray : mild interstitial pattern chem : high globulin , low albumin , high ast , tbil. alp low chlosteral , glucose , triglycride cbc : lymphocytosis with path review indicate large lymphocyte and concern of leukemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 7.2 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited generalized enlargement and areas of capsule asymmetry with a finely textured and homogenous parenchyma exhibiting decreased parenchyma echogenicity. Intermittent variably sized non-homogeneous splenic nodules to macronodules were present, an example measuring 4.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented enlarged in size. 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. Distinct masses or nodules were not evident. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric ingesta/chyme with no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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Small pockets of perihepatic and perisplenic free fluid were present. Mild hyperechoic mesentery was noted. Suspect hepatic lymphadenopathy adjacent to the portal vein.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly exhibiting decreased parenchyma echogenicity, multiple variably sized to expansive nodules
- Hepatomegaly exhibiting parenchyma hypoechogenicity
- Suspect associated hepatic lymphadenopathy
- Gastroenteritis pattern

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic presentation is suggestive of round cell infiltrative neoplastic criteria. Assuming normal clotting status and using a 25g needle a hepatosplenic parenchyma and splenic nodule FNA is recommended for screening cytology and potential oncology consult. The possibility of early GI or lymphatic involvement could be possible. A very guarded prognosis pending sampling.

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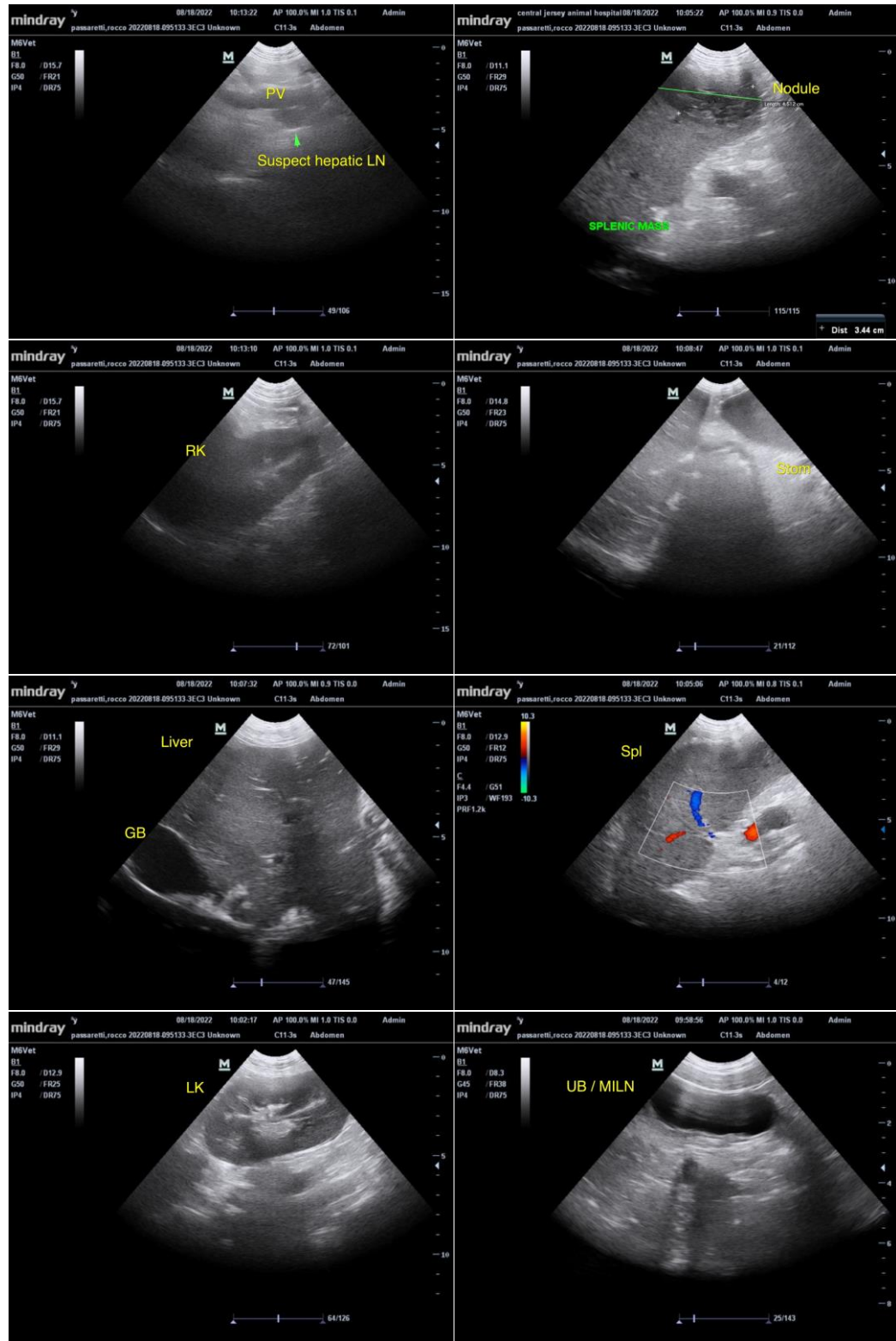
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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