



**PATIENT**

Kaly Abdollahzadeh

**SPECIES**

Canine

**BREED**

Mix

**SEX**

SF

**AGE**

12

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tudor Suci

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Robert Thomas

**INVOICE**

14891

**DATE**

8/23/23

**PRESENTING CLINICAL SIGNS**

Seen at the family vet for weight loss (lost 14 lbs in one year), diarrhea for several weeks (varying from watery to soft), poor appetite.

Abnormal PE/Chem/CBC/UA Results: High globulin 4.1(1.6-3.6). Mild increase of the SDMA (14.5), with normal creatinine (1.3) and BUN (18). Leukocytosis (19.3), with neutrophilia 11001 (2060-10600) and lymphocytosis 7720 (690-4500)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventral urinary bladder wall thickness measured 0.66 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. 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. There was no evidence of urinary bladder tumors.

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. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland measured 0.59 cm width at the caudal pole.

**Spleen**

The spleen exhibited subjective borderline enlargement with primarily symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. There were no visualized masses or nodules. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver exhibited moderate to possible marked enlargement with rounded to mildly asymmetrical capsule contour and primarily homogeneous parenchyma exhibiting potential for decreased parenchyma echogenicity. Subtle increased prominence of the portal vascular borders was noted. Overtly normal hepatic vascular volume was present without evidence of congestive criteria. There were no visualized hepatic masses noted.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



**PATIENT**

Kaly Abdollahzadeh

**SPECIES**

Canine

**BREED**

Mix

**SEX**

SF

**AGE**

12

**WEIGHT**

40 lbs

***Gastrointestinal***

The stomach presented intact, mildly prominent wall layering. The stomach lumen was empty with mild luminal gas. The gastric body wall width measured 0.56 cm.

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 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***

Multiple, variably enlarged, nonhomogeneous, hypoechoic mesenteric lymph nodes were present with some lymph nodes exhibiting abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 3.1 cm x 1.7 cm. Generalized increased omental echogenicity was noted. Intermittent scant to minor pocket of peri hepatic to peri intestinal free fluid was noted.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tudor Suciu

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Robert Thomas

**INVOICE**

14891

**DATE**

8/23/23

**ULTRASONOGRAPHIC FINDINGS**

- Borderline splenomegaly exhibiting mild parenchyma heterogeneity
- Enlarged to swollen mildly hypoechoic liver
- Mild gallbladder sediment (non-mucocele)
- Nonspecific gastroenteritis pattern
- Heterogeneous pancreas
- Multifocal variably enlarged to swollen hypoechoic mildly nonhomogeneous mesenteric lymphadenopathy
- Generalized increased omental echogenicity and intermittent scant peri hepatic / peri intestinal free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia is warranted. The lymph nodes exhibited evidence of neoplastic criteria in conjunction with hepatomegaly and borderline to heterogeneous splenomegaly, strongly concerning for multicentric neoplastic criteria. Benign etiologies i.e., nonspecific inflammatory disease or other are possible yet thought less likely.

Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic and accessible lymph node FNA cytology is warranted for further assessment, potential for oncology consult, +/- chemotherapeutic intervention. Three-view chest radiographs are recommended if not recently done. An extremely guarded prognosis is indicated, pending sampling which is required for further assessment.



**PATIENT**

Kaly Abdollahzadeh

**SPECIES**

Canine

**BREED**

Mix

**SEX**

SF

**AGE**

12

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tudor Suci

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

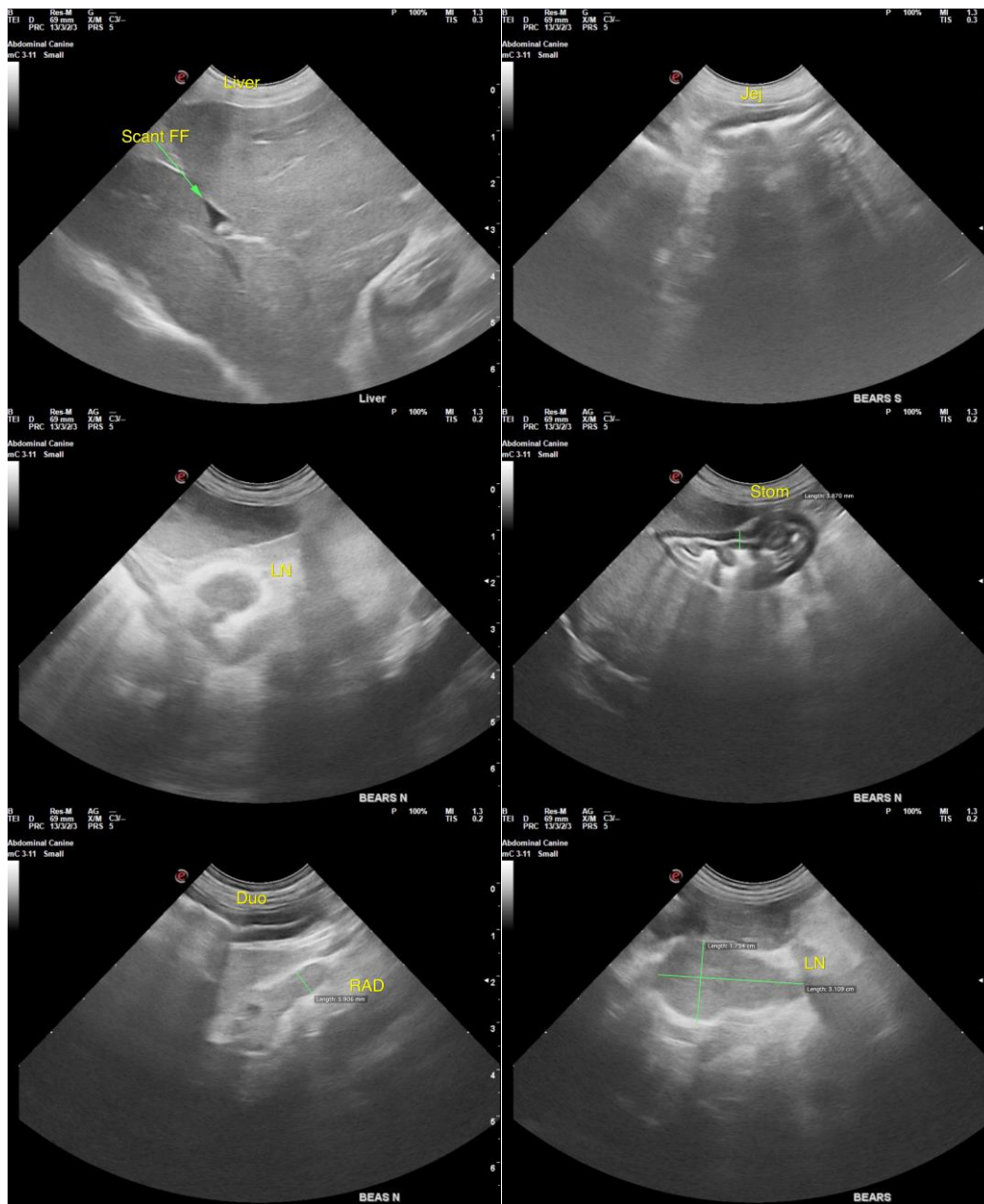
Dr. Robert Thomas

**INVOICE**

14891

**DATE**

8/23/23





**PATIENT**

Kaly Abdollahzadeh

**SPECIES**

Canine

**BREED**

Mix

**SEX**

SF

**AGE**

12

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tudor Suci

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

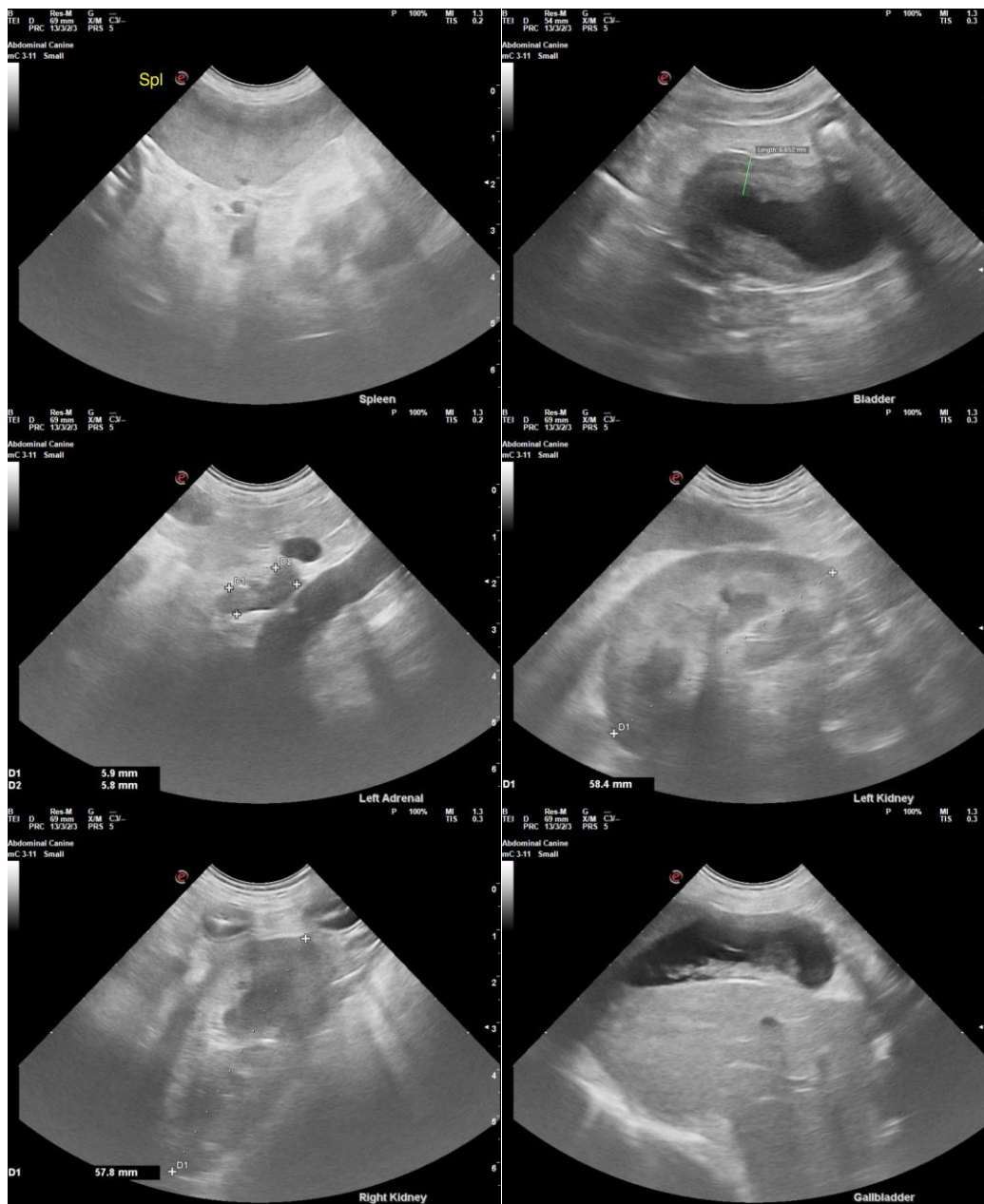
Dr. Robert Thomas

**INVOICE**

14891

**DATE**

8/23/23



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](mailto:info@sonopath.com)