



**PATIENT**

JJ Hoffman

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

40 Pounds

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

Dr. Meghan Myers

**INVOICE**

43284

**DATE**

6/19/23

**PRESENTING CLINICAL SIGNS**

History of small cell lymphoma- was treated with chlorambucil and was in remission for over a year. Some oral lesions have returned and biopsied as small cell lymphoma. starting chlorambucil again, xray showed enlarged spleen. Ultrasound for staging.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Kidneys measure 6.1 cm each.

*Adrenal Glands*

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal gland measures 3.8 mm cranially and 5.8 mm caudally. Right adrenal gland measures 6.1 mm cranially and 3.1 mm caudally.

*Spleen*

The splenic parenchyma is diffusely mottled with small hypoechoic nodules, all measuring less than 1.0 cm in size. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

*Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

*Gastrointestinal*

The stomach is moderately distended with normal ingesta. The gastric wall is 4.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 5.6 mm. Jejunum wall measures 4.6 mm.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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*Pancreas*

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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*Free Abdomen*

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**PRIMARY FINDINGS**

- Diffusely nodular spleen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic changes are non-specific and could be consistent with nodular hyperplasia, extramedullary hematopoiesis, splenitis, or infiltrative neoplasia such as lymphoma. Fine needle aspirate for cytology would be necessary to definitively rule out the possibility of neoplastic infiltrates in the spleen. No other evidence of abdominal lymphoma is observed.

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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.

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info@SonoPath.com

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