



PATIENT

Pebbles Pedersen

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

40 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Dr. T Vet Care

REFERRING VET

Dr. Turk

INVOICE

73742

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Weight loss, inappetant. Initially fever of 103.7. Enlarged mandibular and Popliteal lymph nodes. Possible soft tissue trauma

Medications: Carprofen (last dosage yesterday), Augmenting.

Abnormal PE/Chem/CBC/UA Results: Leukocytes, neutrophilic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (6.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are noted in the renal pelvis, consistent with benign nephrocalcinosis.

The left kidney presents normal size (6.0 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are noted in the renal pelvis, consistent with benign nephrocalcinosis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 7.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 7.0 mm.

Spleen

The spleen is diffusely enlarged and hypoechoic.

Liver

The liver is mildly diffusely enlarged and hyperechoic.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely mildly hypoechoic without significant surrounding steatitis.



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Free Abdomen

There are markedly enlarged, hypoechoic, rounded medial iliac lymph nodes present. Two representative nodes measure 3.17 cm x 2.3 cm and 1.2 cm x 0.93 cm. There are approximately 6-8 of these enlarged medial iliac lymph nodes present.

Throughout the remainder of the abdomen there are multiple enlarged mesenteric lymph nodes present. A representative node measures 2.8 cm x 2.5 cm.

No free abdominal fluid is seen.

Cardiac images were provided. No pericardial effusion seen.

ULTRASONOGRAPHIC FINDINGS

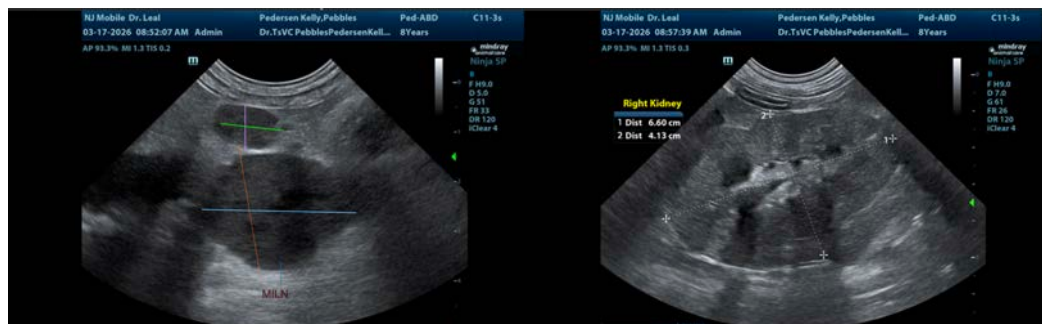
- Enlarged abdominal lymph nodes – Given the appearance of these lymph nodes, they are most likely enlarged due to a round cell neoplastic process such as lymphoma, mast cell disease, or histiocytic carcinoma. Much less likely these nodes are benign or due to an infectious etiology.
- Mild pancreatic inflammation – Most likely reactive to the presence of the markedly enlarged lymph nodes present throughout the abdomen. Less likely primary pancreatitis at this time.
- Enlarged spleen - Most likely infiltrative neoplasia such as lymphoma or mast cell disease.
- Enlarged liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect that all of these organs are most likely enlarged due to infiltrative neoplasia, less likely benign or infectious etiology.

Given the patient’s reported physical exam history, it would be recommended to aspirate popliteal or mandibular lymph nodes (or both) and submit for cytology. If cytology is non-diagnostic, then consider performing abdominal lymph node aspirates for cytology to determine etiology and formulate a treatment plan for the patient.

Ultimately, if lymph node cytology is inconclusive, you may need to consider aspirates of the spleen and/or liver for cytology. However, I suspect that either peripheral or abdominal lymph node cytology will be diagnostic in this case.





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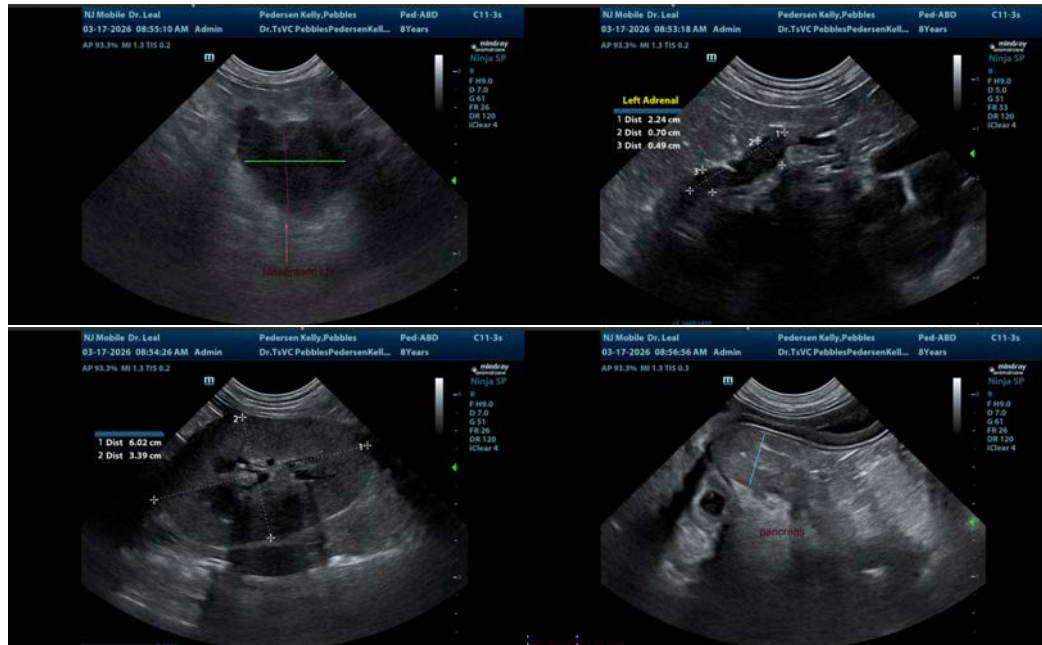
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

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