



PATIENT

Ollie Byrns

SPECIES

Canine

BREED

Bernedoodle

SEX

Neutered male

AGE

10 years

WEIGHT

33.6 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Vaccari

INVOICE

78055

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Inappetance, lethargy, vomiting, PU/PD 3-4 day duration. See labs below - marked hypoproteinemia and elevated liver values.

Abnormal PE/Chem/CBC/UA Results: 3/2026 - CBC/Chem21: WNL 5/27/26 CBC: MCHC 32.2 (32.3-38), Retics 206 (21-140), Lymphs 511 (980-4,200), Monos 799 (0-736), Eos 0 (141-1,927), Platelets decreased - estimated 50k-100k Chem27: SDMA 18 (0-14), Cystatin B 181 (0-99), Ca 7.7 (8.4-11.8), Na 139 (142-152), Cl 106 (108-119), TP 3.8 (5.5-7.5), Alb 2.0 (2.7-3.9), Glob 1.8 (2.4-4.0), ALT 881 (18-121), AST 332 (16-55), ALP 1,378 (5-160), GGT 23 (0-13), T. bili 3.5 (0-0.3), Bili unconj 1.2 (0-0.2), Bili con 2.3 (0-0.1), Chol 119 (131-345) UA: USG 1.012, pH 6.5, Bili 3+ UPC: not indicated T4: 0.6 cPL: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 5.25 cm and the right kidney was 5.28 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.46 cm by 0.59 cm by 0.46 cm and the right adrenal gland was 2.49 cm by 0.8 cm by 0.62 cm in size.

Spleen

There was generalized **splenomegaly** presented with a heterogenous appearance throughout the splenic parenchyma. There were no discrete masses or nodules present. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** presented with an abnormal appearance with overall hepatomegaly and a heterogenous and coarse appearance to the parenchyma. There were rounded borders and an expansile appearance. In the midaspect of the liver there was a hypoechoic nodule that measured 0.78 x 1.28 cm in size. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder contents appeared to be hyperechoic, non-shadowing, but suspended within the gallbladder lumen. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. There was a hypoechoic solid ovoid structure shown in the images provided within the midabdomen. This structure measured 1.67 x 2.97 cm and likely represents an enlarged mesenteric lymph node. However, a midabdominal mass cannot be excluded. There was a small to moderate volume of free abdominal effusion and hyperechoic and irregular appearing omentum throughout the abdomen.

Pancreas

The **pancreas** was not specifically identified in the images provided.

ULTRASONOGRAPHIC FINDINGS

Hepatomegaly with rounded borders and a coarse echotexture

Splenomegaly with a heterogenous appearance throughout the parenchyma

Hypoechoic, midabdominal structure, likely representing an enlarged mesenteric lymph node

Hyperechoic abdominal omentum

Small to moderate volume of free abdominal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern based upon the overall pattern of this patient's presentation is infiltrative round cell neoplastic process such as lymphoma, mast cell tumor or histiocytic sarcoma. Other differentials to consider would be severe inflammatory disease. A FNA of the liver, spleen, enlarged mesenteric lymph node and abdominal effusion would be recommended in order to obtain cytology information to reach a diagnosis. Based upon the thrombocytopenia noted on blood work it is recommended that a recheck CBC be performed prior to any needle aspirate procedure. PT and PTT may also be of benefit to determine the patient's risk of hemorrhage. If the platelets are found to be <75000, then there is an increased risk of hemorrhage with aspiration and a 25-gauge needle should be utilized to minimize that risk. If cytology is not definitive then biopsies may be required. However, based on the thrombocytopenia and low protein levels on blood work the risk of a biopsy procedure may be increased at this time. Fresh frozen plasma can be given to this patient to support underlying clotting function and protein levels prior to sampling. Supportive care can be provided until a definitive diagnosis has been reached. It is also recommended to obtain three view thoracic radiographs for further staging.



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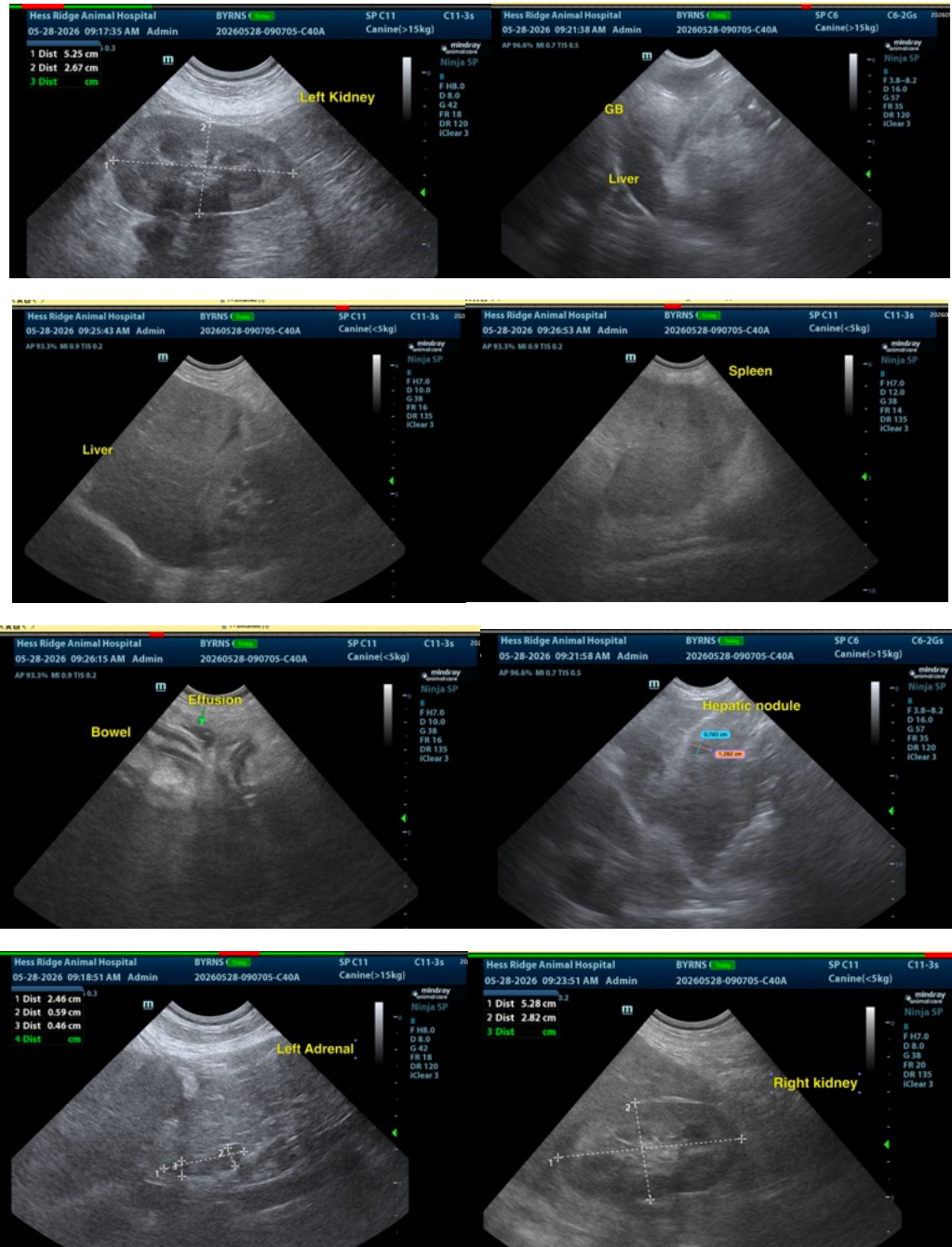
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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