



PATIENT

Greco Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

11 Years

WEIGHT

52 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Kimberly Carrion Rivas

HOSPITAL NAME

Consultorio Veterinario
las Brisas

REFERRING VET

Dr. David Trautmann

INVOICE

13418

DATE

01/27/26

PRESENTING CLINICAL SIGNS

- The patient presented with loss of appetite and weakness.
- In October of last year, a biopsy was performed on the lymph nodes in the neck area, and the result showed that he had lymphoma.
- He was treated with clindamycin and prednisone, and the swelling went down for a while.
- El patient returned due to the previously described symptoms, and an X-ray was performed in which a mass was observed in the area of the spleen and liver

Abnormal PE/Chem/CBC/UA Results: WBC: 55.64 PLT: 4 ALP> 2400 ALT: 322

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The prostate gland was not definitively visualized.

No obvious visualized medial iliac or sublumbal lymphadenopathy or masses.

Normal size and margination was 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 5.7 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size with asymmetrical splenic capsule contour. Multifocal, variably sized nonhomogenous hypoechoic nodules were present diffusely throughout the parenchyma with associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. An example of nodule measured 2.5 cm in diameter.

Liver & Gallbladder

The liver revealed mild subjective hepatomegaly with symmetrical to areas of mild asymmetrical hepatic capsule contour and variably mild to moderate heterogeneous hepatic parenchyma. Indistinct portal vascular borders. No mass or nodules were evident with normal vascular volume.

The gallbladder was non distended in size with mild hyperechoic congealed caudal lumen biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The visualized segments of small intestine were sonographically normal.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

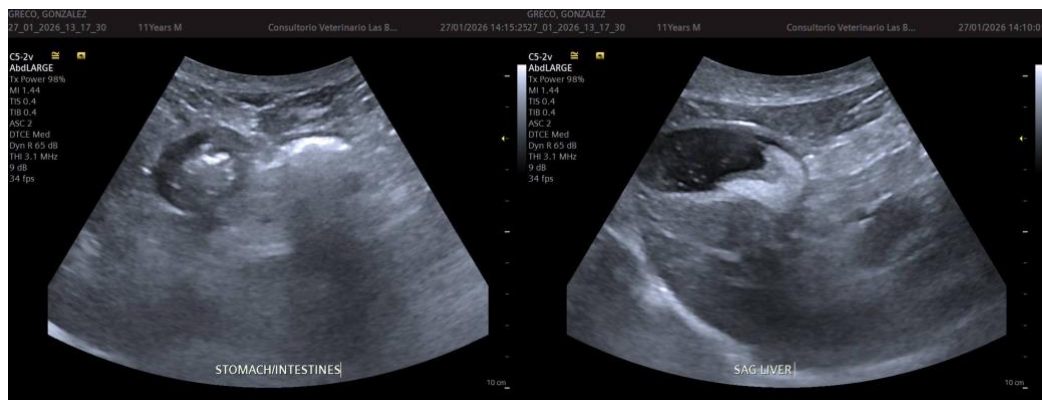
Multiple variably enlarged asymmetrically marginated nonhomogenous hypoechoic lymph nodes were present. The lymph nodes exhibited abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The lymph nodes measured 5.2 cm x 2.1 cm. Perilymphatic to regional mid abdomen mild hyperechoic omentum. No visualized significant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Diffuse to variable nodular spleen with or nodular capsule impingement/distortion.
- Mild nonorganized gallbladder debris (non-mucocele).
- Multifocal variable asymmetrical swollen to nonhomogenous abdominal lymphadenopathy.
- Sonographically unremarkable visible gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic or metastatic criteria is met involving the spleen, abdominal lymph nodes and likely, liver. Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatosplenic and accessible lymph node FNA cytology with potential for oncology consult and chemotherapeutic intervention. Curative surgical options are precluded.





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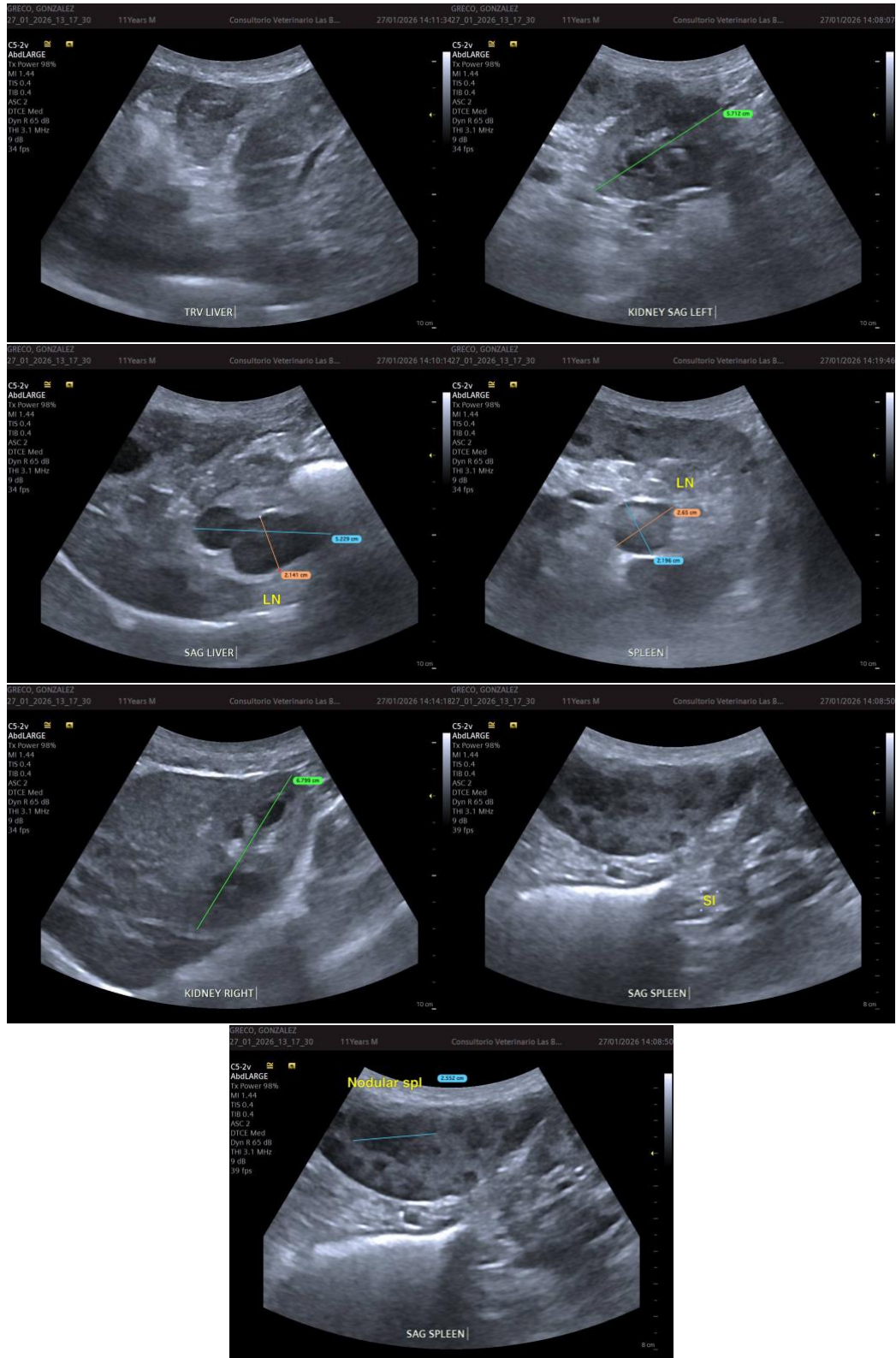
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com