



PATIENT

Wicked Norrman

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

3 Years 7 Months

WEIGHT

51.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

Dr. Chabora

INVOICE

13411

DATE

01/27/26

PRESENTING CLINICAL SIGNS

- weight loss; distended abdomen
- rule out abdominal mass- distended abdomen.
- Slight ascites.

Abnormal PE/Chem/CBC/UA Results: Chol 108, ALT 235, ALP 272, GGT 29, WBC 21.48, neuts 19.13, lymph 0.45 PLT 137,000 HCT 44.6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.0	36	6	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	116	1.5	0.9	51.4	3.6	3.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

Urinary System



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased perirenal omental artifact.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver revealed marked hepatomegaly with asymmetrical hepatic capsule contour and nonhomogenous hyperechoic to diffusely hypoechoic nodular hepatic parenchyma. An example of the liver nodule measured 3.9 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized and no evidence of gastric distention with retained ingesta, fluid or foreign material.

The small intestine presented primarily intact to variably thickened wall layering. Segmental caudal abdomen intestinal mass was present exhibiting markedly thickened hypoechoic wall and loss of segmental intestinal mural detail. An example of intact thickened small intestine wall measured 0.42 cm wall width. The intestinal mass measured approximately 6.0 cm in length with a wall width of 3.0 cm. No overt mechanical intestinal obstructive pattern.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen



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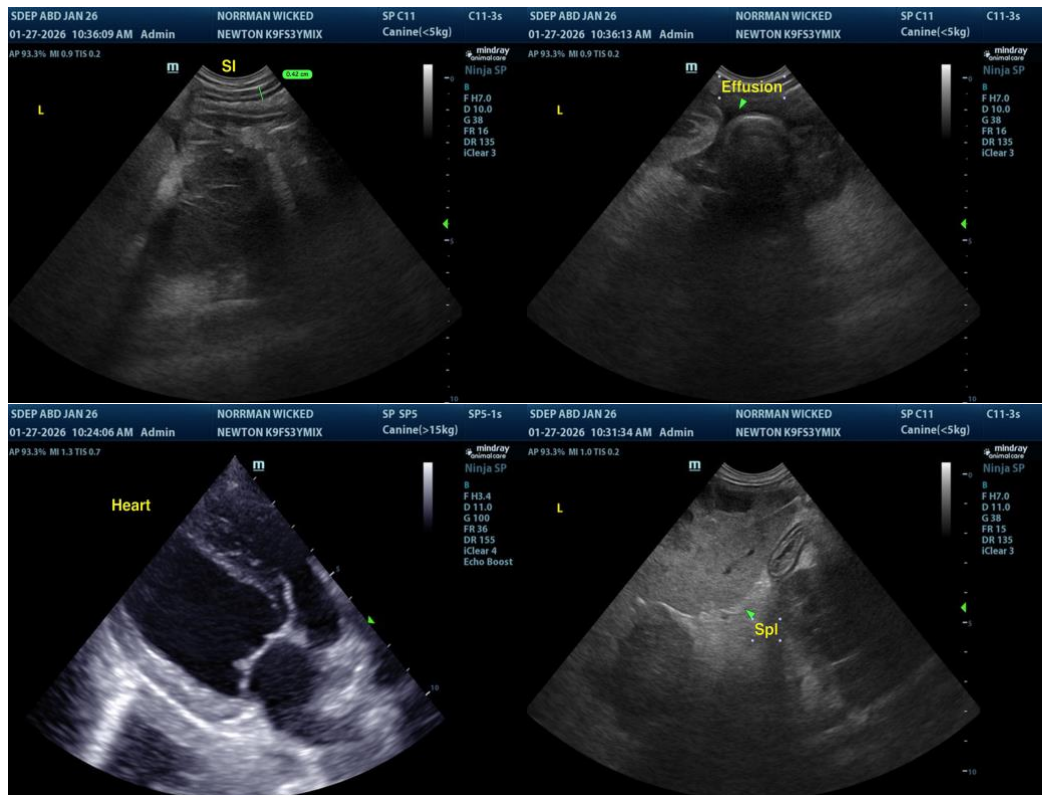
Multicentric markedly enlarged hypoechoic swollen nonhomogenous mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric lymph nodes measured 5.5 cm x 3.8 cm. Generalized increased omental echogenicity and minor pockets of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Marked hepatomegaly exhibiting diffuse nodular parenchyma.
- Variably thickened intestine wall with segmental intestinal mural mass.
- Multicentric hypoechoic to swollen mesenteric lymphadenopathy with scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric abdominal neoplasia is present with multicentric suspect high-grade round cell neoplasia, i.e. lymphoma favored. Assuming normal clotting status, FNA cytology of the liver, accessible lymph node +/- intestinal mass for further clarification, oncology consults and chemotherapeutic intervention, however, unfortunately, an unfavorable prognosis is indicated.





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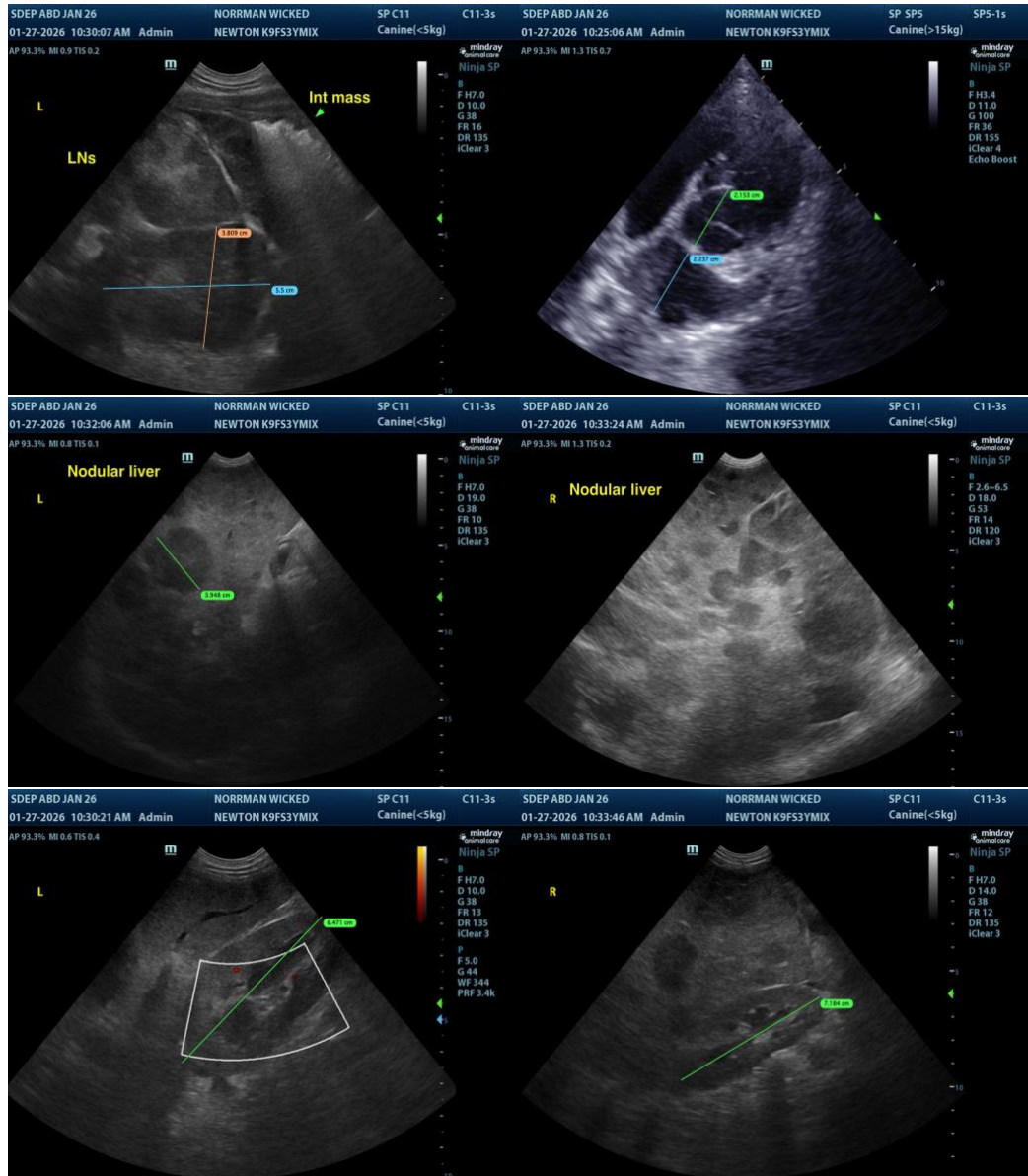
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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