



PATIENT

Rebel Barnhart

SPECIES

Canine

BREED

Siamese

SEX

Neutered Male

AGE

10 Years 4 Months

WEIGHT

9.56

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Solitaire Goldfield
DMV

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Solitaire Goldfield
DMV

INVOICE

12231

DATE

11/12/25

PRESENTING CLINICAL SIGNS

P is a 10yr4mo old MN Siamese presenting for evaluation today. O states that overall P is doing well. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing & vomiting noted by owner. No known allergies to vaccines/ medication. P has no recent travel history. O states P has been having soft serve diarrhea, separates water from food, currently eating sensitive skin & stomach, not coming to the door over the last 2 days, allergies have been ok. Previous episode of diarrhea (from August 2025) resolved. Medications for Diarrhea have not been working over past couple of weeks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was indistinctly visualized with no obvious pathology.

Liver

The liver presented with subjective mild generalized hepatomegaly, symmetrical contour and homogenous mildly hypoechoic parenchyma.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid without evidence of obstruction to the pyloric outflow.

Diffusely thickened small intestine wall exhibiting intact visualized wall with altered wall later ratio exhibiting thickened mucosa and muscularis layers. Thickened small intestine measured 0.40 cm wall width to the level of the ileocolic junction. Ileocolic junction measured 0.40 cm wall width.

Diffuse to variably thickened colon exhibiting segmental loss of colon mural detail and generalized nonformed fecal matter in lumen. The colon wall measured 0.53 cm wall width.



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Pancreas

The pancreas presented with prominent size, symmetrical contour and homogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

Multiple variably hypoechoic to swollen mesenteric lymphadenopathy was visualized with an example measuring 3.4 cm x 1.9 cm. Perilymphatic/peri-intestinal to generalized hyperechoic omentum with a mild volume of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

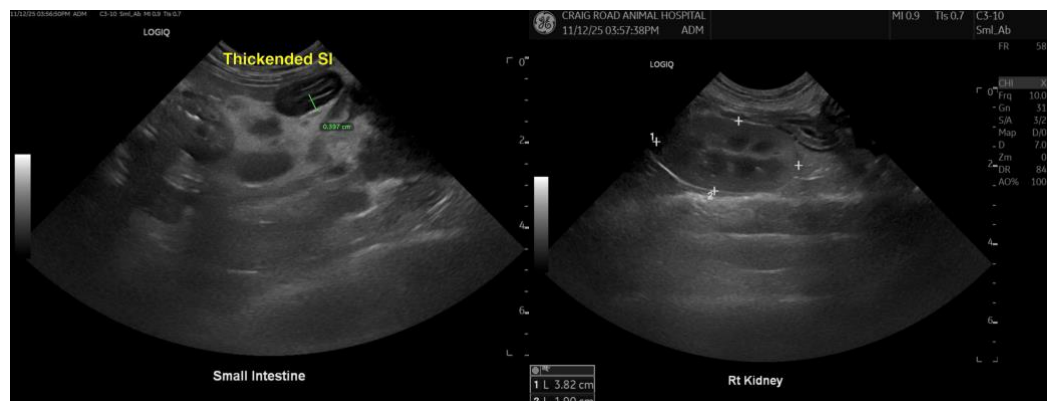
- Diffusely thickened small intestine/colon with segmental loss of colon mural detail and nonformed fecal matter.
- Multiple hypoechoic to swollen mesenteric lymphadenopathy.
- Enlarged hypoechoic liver.
- Mildly swollen hypoechoic pancreas.
- Generalized primarily peri-intestinal/perilymphatic omental hyperechogenicity and mild volume effusion.

Secondary Findings

- Bilateral mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enterocolic presentation combined with hypoechoic to swollen mesenteric lymphadenopathy meets neoplastic criteria with multicentric round cell neoplasia such as lymphoma with potential liver involvement, highly suspected. Assuming normal clotting status and using a 25-gauge needle, hepatic and accessible lymph node FNA cytology recommended for further clarification. Multicentric inflammatory disease i.e. significant triaditis thought less likely. A GI panel to include PLI, TLI, cobalamin and folate is recommended. A guarded prognosis pending sampling is considered essential for further assessment.





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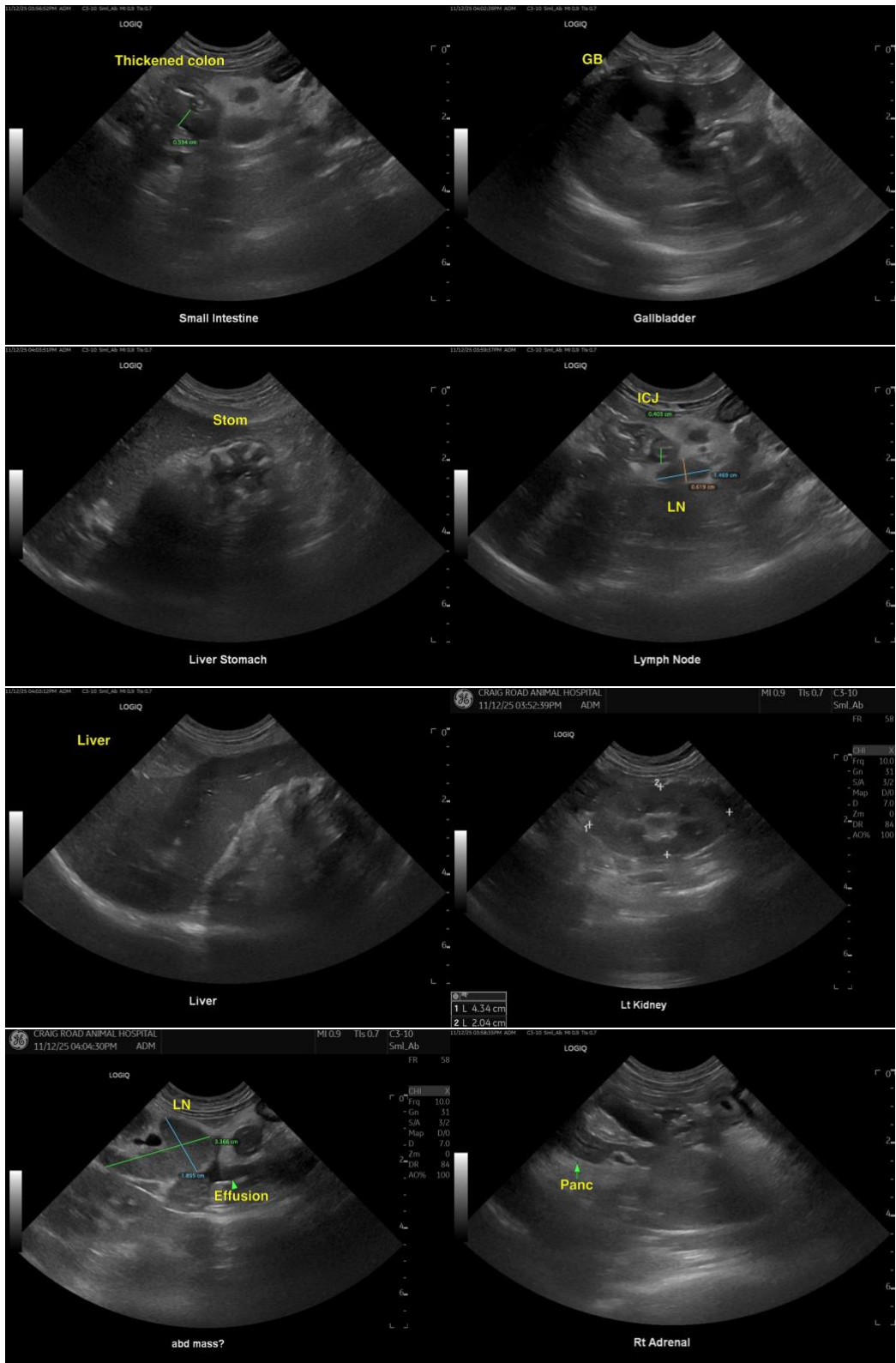
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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