



PATIENT

Koda Bear Goudy

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.92 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Fish Creek Pet Hospital

INVOICE

12266

DATE

11/14/25

PRESENTING CLINICAL SIGNS

4 day history of lethargy, hyporexia. Has been on steroids and Atopica for 3 years to manage pemphigus F. Non-regen anemia

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.

The area of the aortic trifurcation was free of pathology.

The left kidney presented with normal size and symmetrical margination. The right kidney was subnormal in size and asymmetrical margination with cortical infarcts. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of left kidney corticomedullary border demarcation and marked loss of right kidney corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 2.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The spleen measured 0.77 cm width level of the mid spleen.

Liver

The liver was subjectively normal in size, mildly rounded symmetrical capsule contour and mild hyperechoic parenchyma with intermittent well demarcated hypoechoic intraparenchymal nodules with an example measuring 1.0 cm in diameter.

The gallbladder was non distended in size with minor particulate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.21 cm wall width. Ileocolic wall measured 0.40 cm wall width.

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

Multiple variably swollen hypoechoic to mildly 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. An example of the lymph nodes measured 2.3 cm x 1.6 cm and 3.1 cm x 1.5 cm. Minor pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multifocal hypoechoic to swollen abdominal lymphadenopathy.
- Hyperechoic liver with hypoechoic intraparenchymal nodules.
- Structurally normal gastrointestinal tract with mild hypomotile stomach.
- Minor peritoneal effusion.

Secondary Findings

- Chronic degenerative renal changes with subnormal right kidney size and cortical infarcts.
- Mild urine sediment.
- Minor gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the hypoechoic to swollen mesenteric lymphadenopathy and liver meet multicentric neoplastic criteria with multicentric round cell neoplasia i.e. lymphoma or other probable. Multicentric, hepatolymphatic, inflammatory, infectious or granulomatous disease thought less likely with potential for suppression of pathology owing to steroid therapy.

Further assessment may include (assuming normal clotting status) hepatic and accessible lymph node FNA cytology +/- effusion analysis. Recheck retroviral status with monitoring of renal parameters and urinary work up may be considered.



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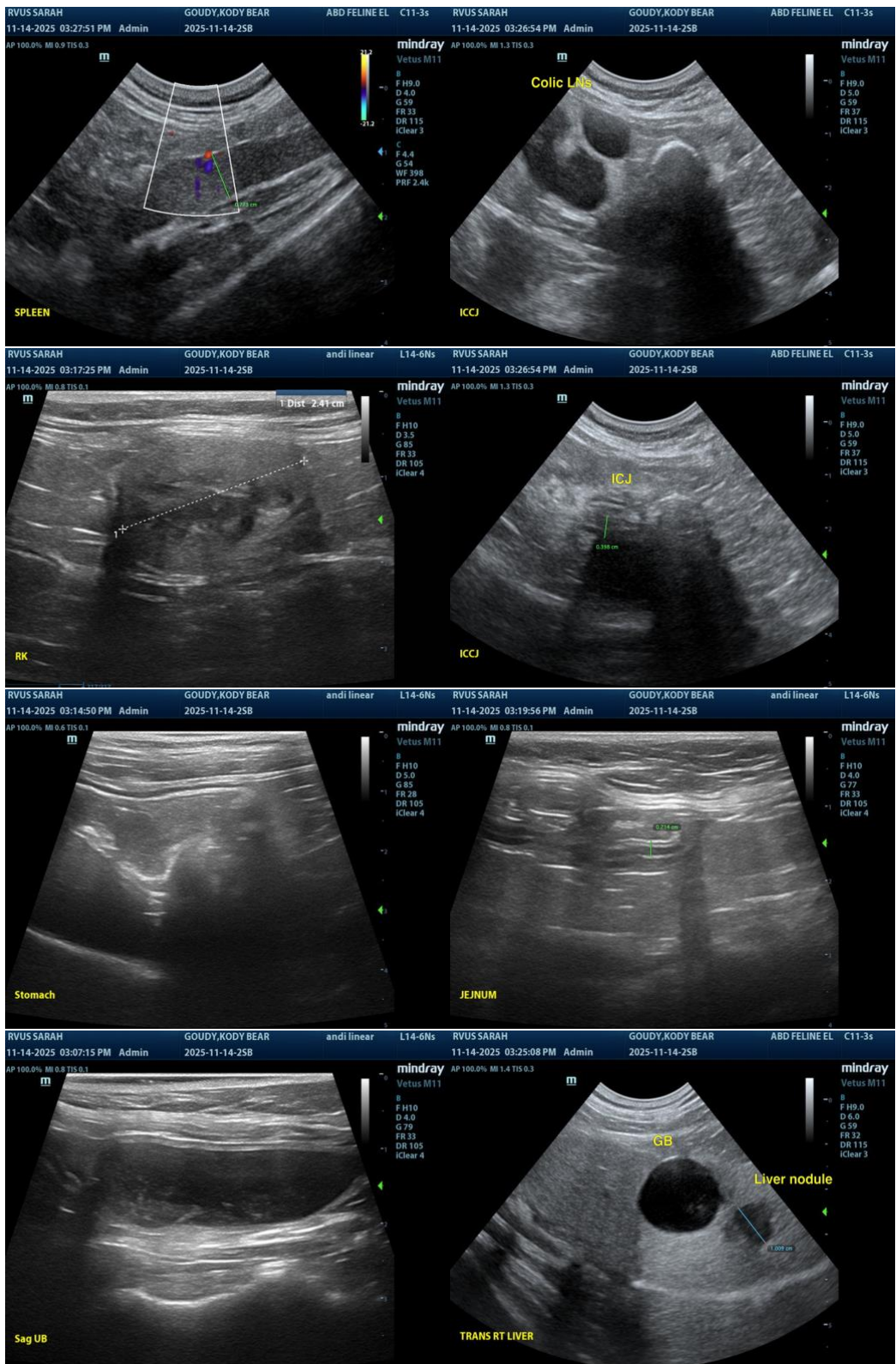
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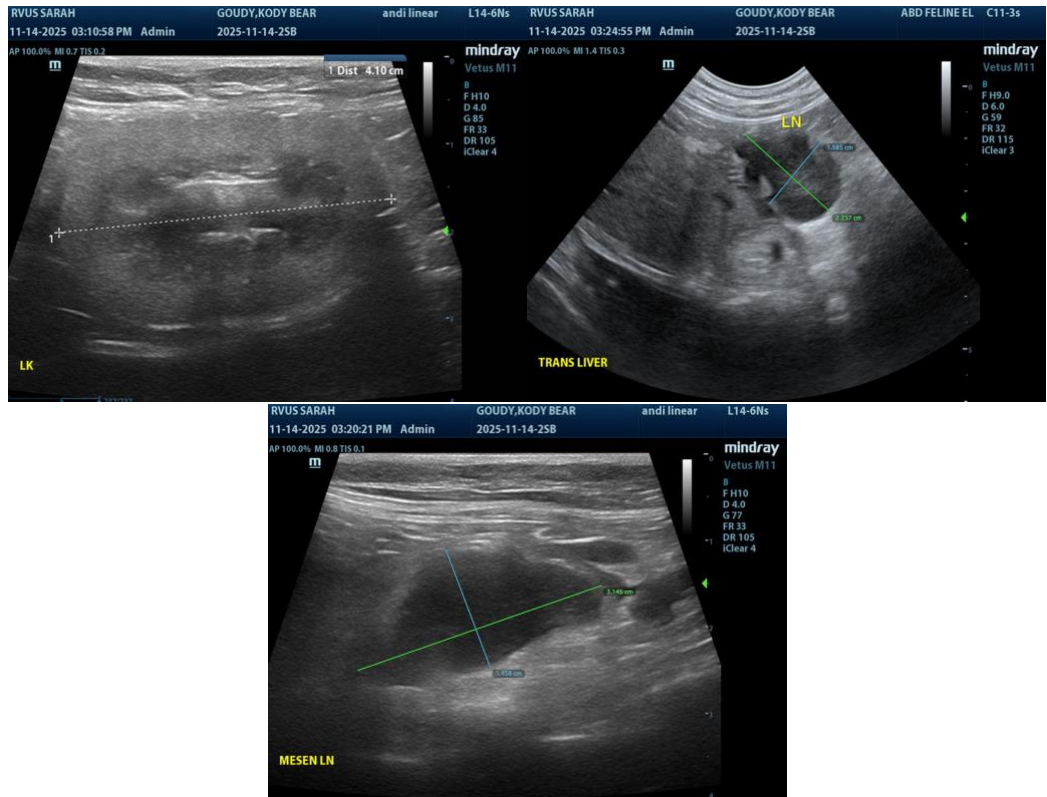
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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