



PATIENT

Penelope Powell

SPECIES

Canine

BREED

Golden Doodle

SEX

Female Spayed

AGE

7y

WEIGHT

34 kgs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Barton Heights

REFERRING VET

Dr. Candelaria

INVOICE

12848

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Icteric mm, sclera and skin. Elevated LE's.

Meds: Receiving Unasyn 20mg/kg; Cerenia 1mg/kg

Abnormal PE/Chem/CBC/UA Results: ALP 1952; ALT 1859

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild particulate, non-dependent urine in the lumen with no uroliths, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 6.6 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen was subjective mildly enlarged in size with mild generalized heterogeneous parenchyma. Solitary, mildly expansive, non-homogeneous, hypoechoic nodule was present measuring 2.0 cm in diameter.

Liver

The liver was subjective normal in size with normal vascular volume. Mild, non-homogeneous, hypoechoic parenchyma. No visualized hepatic intraparenchymal mass nodules. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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 was empty with no signs of ileus, obstruction or foreign material.

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.



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

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Pancreas

SPECIES

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.

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Free Abdomen

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Several to multiple enlarged, hypoechoic mesenteric root 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 lymph node measured 2.6 cm x 2.0 cm. No evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Hepatopathy
- Non-organized gallbladder debris
- Mildly enlarged non-homogeneous spleen with splenic nodule
- Hypoechoic to swollen mesenteric lymphadenopathy with perilymphatic hypoechoic omentum
- Normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Although sampling required for further clarification, the mesenteric lymphadenopathy meets neoplastic criteria with multicentric round cell neoplasia such as lymphoma. Primarily suspected significant mesenteric lymphadenitis, nonspecific hepatitis, vacuolar hepatic changes, hepatotoxicosis or other hepatopathy. Splenic hyperplasia, hematopoiesis or inflammation not definitively excluded. Further assessment may include, assuming normal clotting status, hepatosplenic and accessible lymph node FNA cytology with potential oncology consult if neoplastic process is confirmed. No evidence of post hepatic obstruction. Leptospirosis titer/PCR could be considered if neoplasia is ruled out and if potential exposure. Guarded prognosis.

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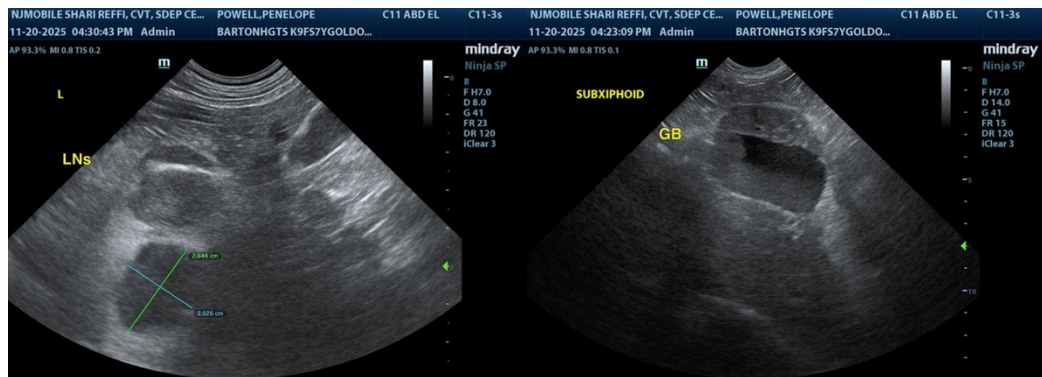
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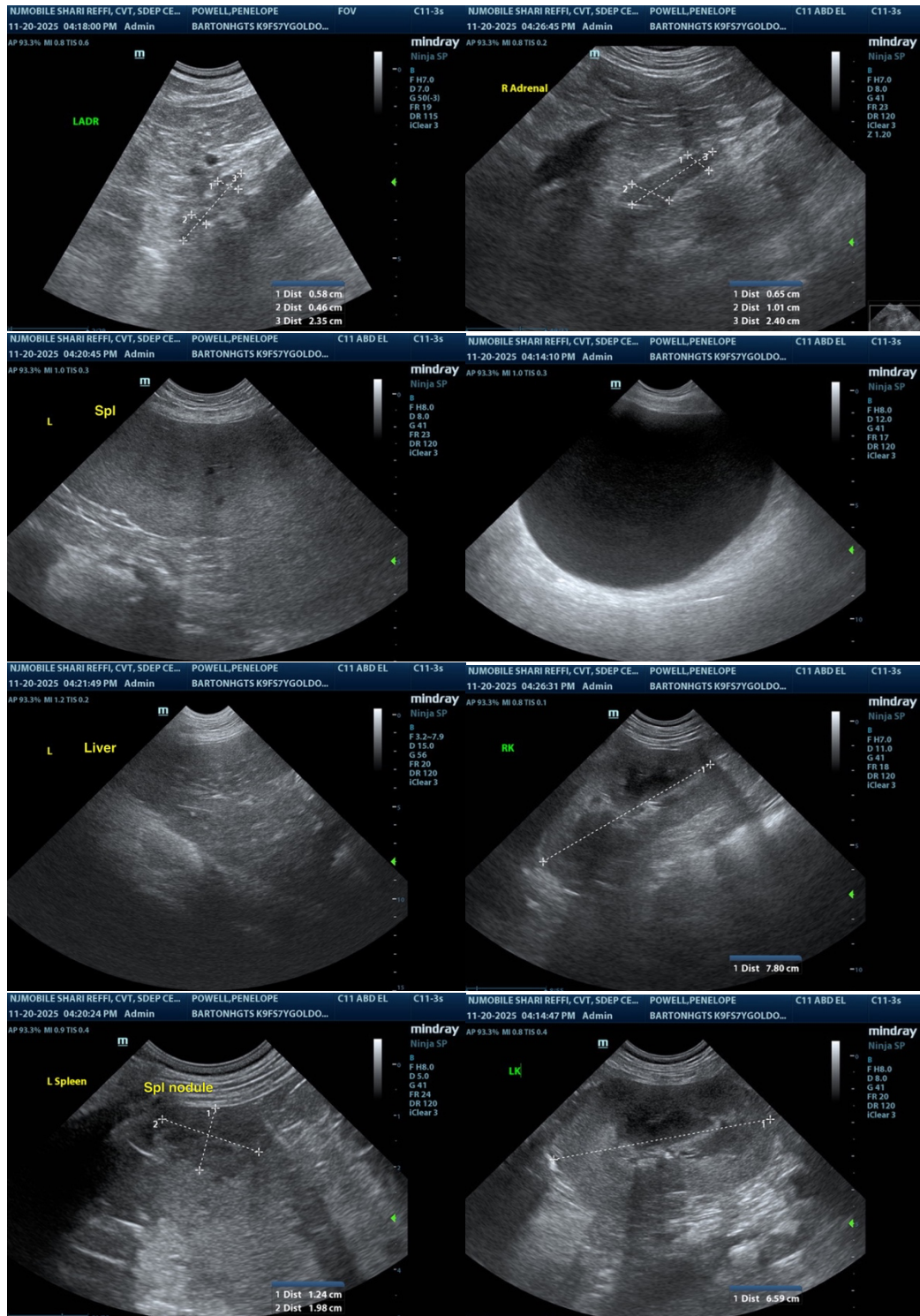
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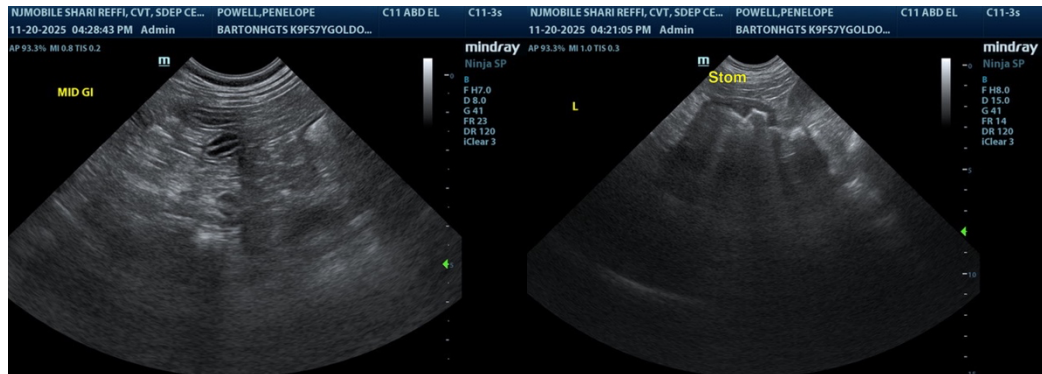
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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