



## PATIENT

Riley Williams

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

9 Years 2 Months

## WEIGHT

33 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Anthony Krawitz DVM

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Courtney Glotzer  
DVM

## INVOICE

12348

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

Presented a few days ago with very enlarged superficial lymph nodes. Lymphoma was suspected and an appointment scheduled with an oncologist. However today she presented for difficulty breathing seemingly from compression of the trachea and larynx from the masses.

Abnormal PE/Chem/CBC/UA Results: General BW WNL. FNA and immunochemistry sent out to see if T cell or B cell. This US is part of staging.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was mildly distended in size with normal tone. Anechoic urine was present without urine mineral or calculi present. No evidence of urinary bladder tumors. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology.

### Spleen

The spleen presented with normal size to mildly enlarged, mild asymmetrical capsule contour and diffuse micronodular to honeycomb splenic parenchyma.

### Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild 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 echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestine lumen.

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



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**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**

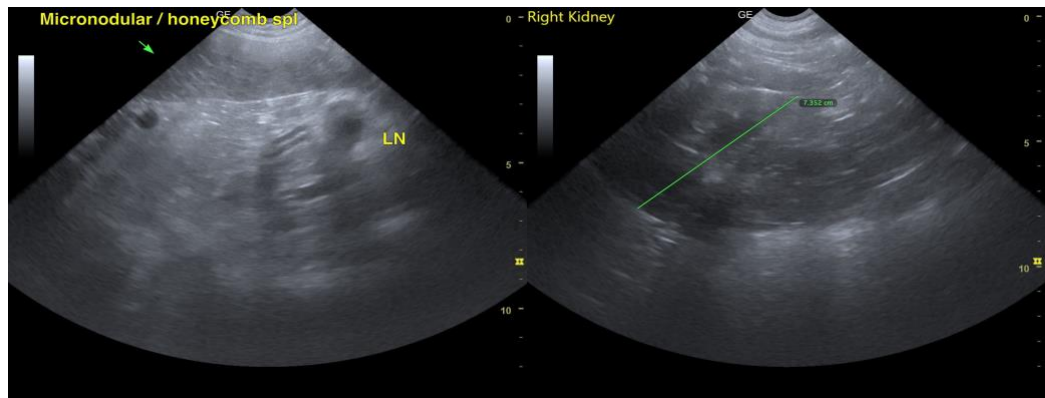
Multiple variably enlarged asymmetrical yet swollen hypoechoic mesenteric and medial iliac/sublumbar as well as inguinal lymph nodes were visualized. An example of lymph nodes measured 5.4 cm x 2.3 cm and 5.9 cm x 3.2 cm. No evidence of peritoneal or retroperitoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Micronodular/honeycomb splenic pattern.
- Hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Multiple asymmetrically enlarged to swollen mesenteric, medial iliac and inguinal lymph nodes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic and lymphatic presentation is consistent with multicentric round cell neoplastic criteria i.e. lymphoma in conjunction with patient's history. Assuming normal clotting status and using a 25-gauge needle, splenic, accessible lymph nodes and screening hepatic FNA cytology are recommended for further clarification and staging in conjunction with scheduled oncology consult.





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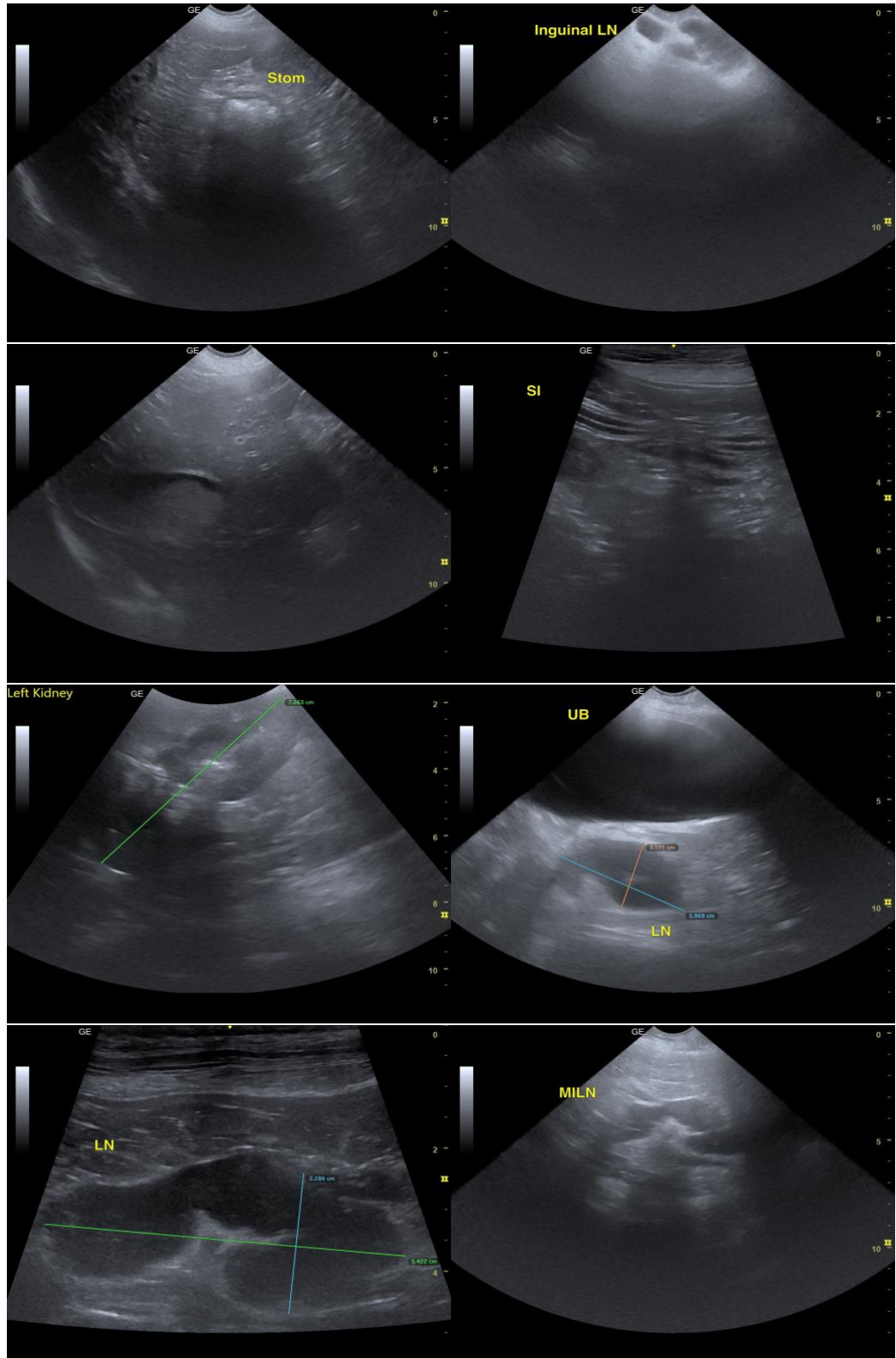
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)