



PATIENT

Rita Haworth

SPECIES

Canine

BREED

Springer Spaniel

SEX

FS

AGE

12yr

WEIGHT

37lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Dana Tsuchida

INVOICE

23298

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Decreased appetite and lethargy FNA of mandibular and popliteal lymph node - large cell lymphoma P currently on Hypothyroidism medication and Proin

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC: Within normal limits Chemistries: within normal limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 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 0.54 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 0.49 cm width at the caudal pole.

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 was subjectively borderline to mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic focally shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small contained segmental mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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No evidence of peritoneal effusion was present.

A mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.6 cm x 0.68 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Normal spleen.
- Mild hepatic parenchymal remodeling.
- Mild gallbladder debris.
- Normal gastrointestinal tract with gastric and segmental intestinal ingesta
- Mild medial iliac lymphadenopathy -not overtly consistent with neoplastic /metastatic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of definitive intra-abdominal primary or metastatic neoplastic criteria. Assuming normal clotting status using 25ga needle screening hepatosplenic FNA cytology is warranted given patient history. Correlation with most recent meal ingestion is recommended. If documented fasted some degree of metabolic gastrointestinal ileus could be considered. Sonographic or radiographic monitoring of gastrointestinal motility may be considered. Sonographic monitoring of the medial iliac lymph node for evidence of progression is indicated.

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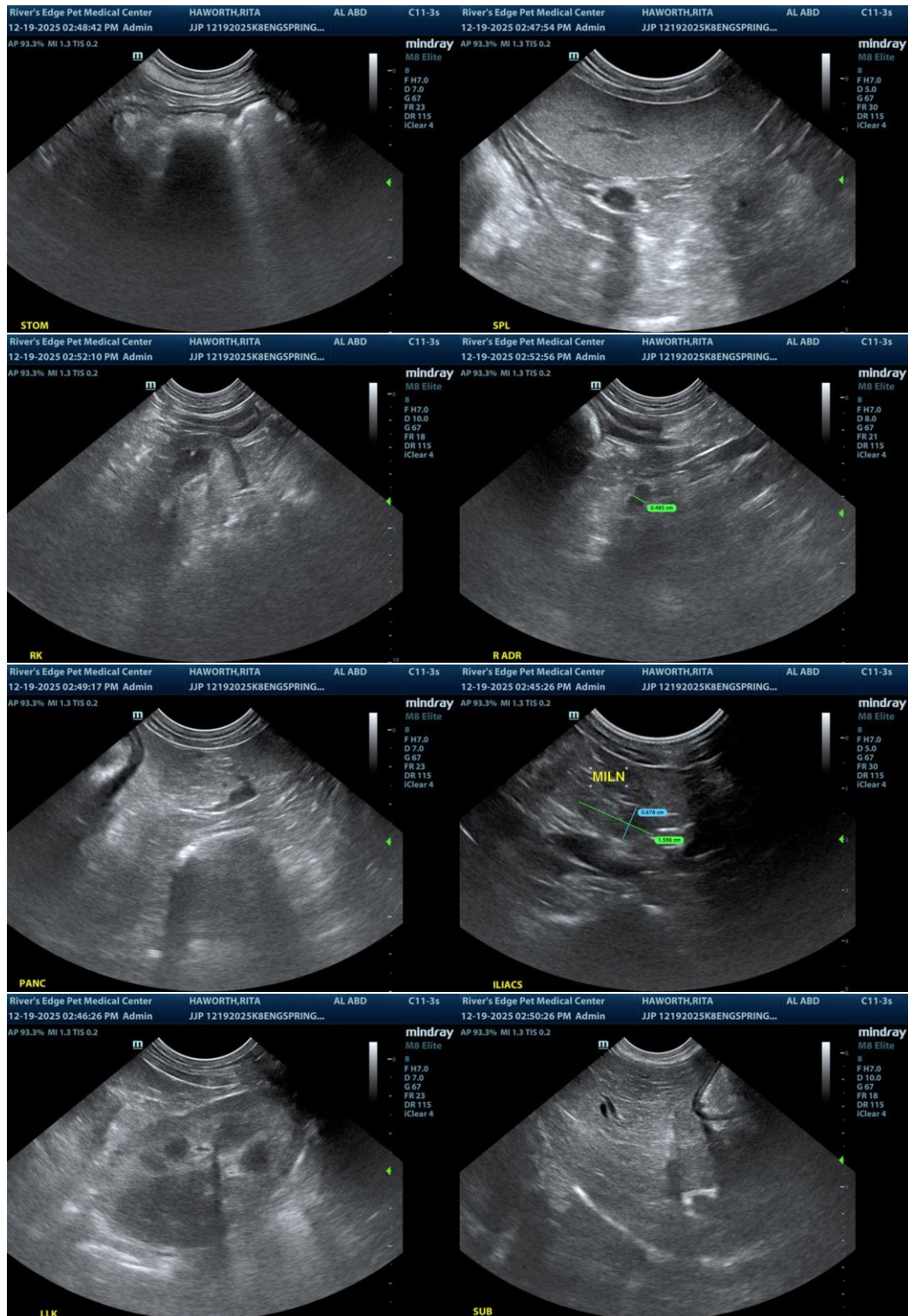
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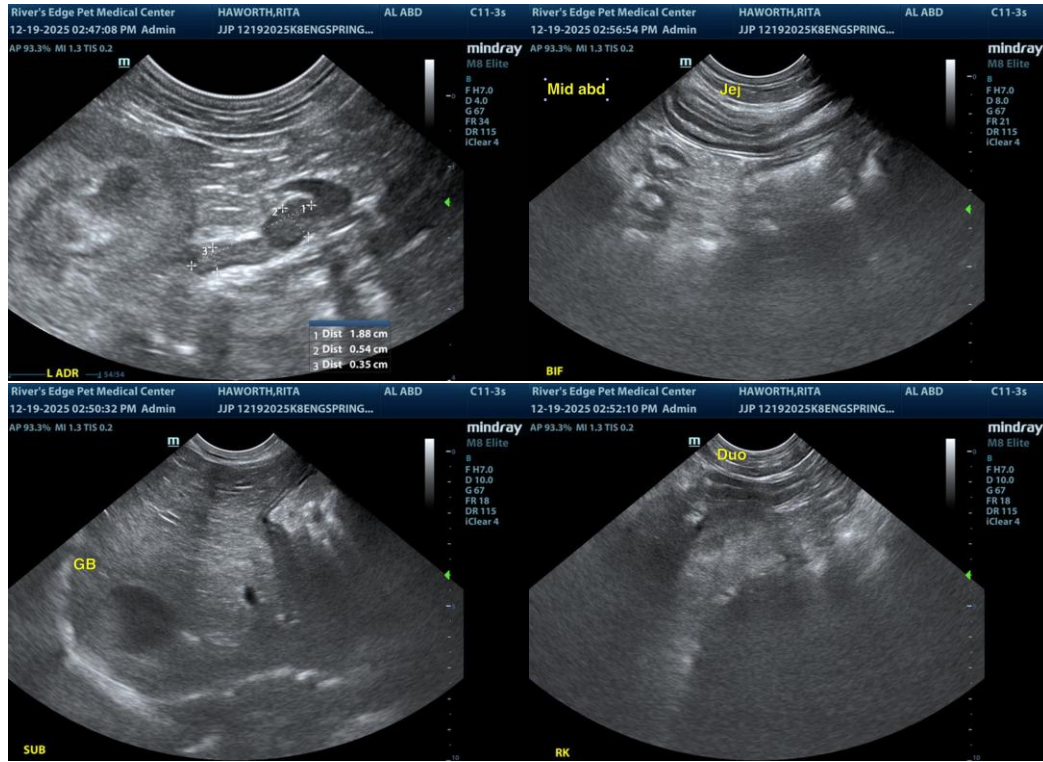
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com