

PATIENT

Benedictos Fluke

SPECIES

Canine

BREED

Blue Heeler Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Royal Loop Vet

REFERRING VET

Dr. Harbour

INVOICE

12857

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Currently treated with anti-neoplastic doses of prednisone for stage 5 lymphoma. AUS to investigate cause of GGT elevation.

Abnormal PE/Chem/CBC/UA Results: Elevated GGT and ALP

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was sonographically normal.

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 7.3 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The adrenal glands presented subnormal in size most consistent with suppression secondary to steroid therapy. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen was normal in size with possible borderline splenomegaly and splenic folding. Symmetrical contour with subtle nonhomogenous micronodular parenchyma exhibiting intermittent noncapsule deforming to small hypoechoic splenic nodules with an example measuring 0.95 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver revealed subjective mild hepatomegaly. Homogenous mild increased hepatic parenchyma echogenicity exhibiting mild 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. No mass or nodules were evident.

The gallbladder was non distended in size with minor peripheral lumen hyperechoic biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained primarily nonshadowing to focally shadowing ingesta (consistent with food echogenicity) without signs of 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.

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

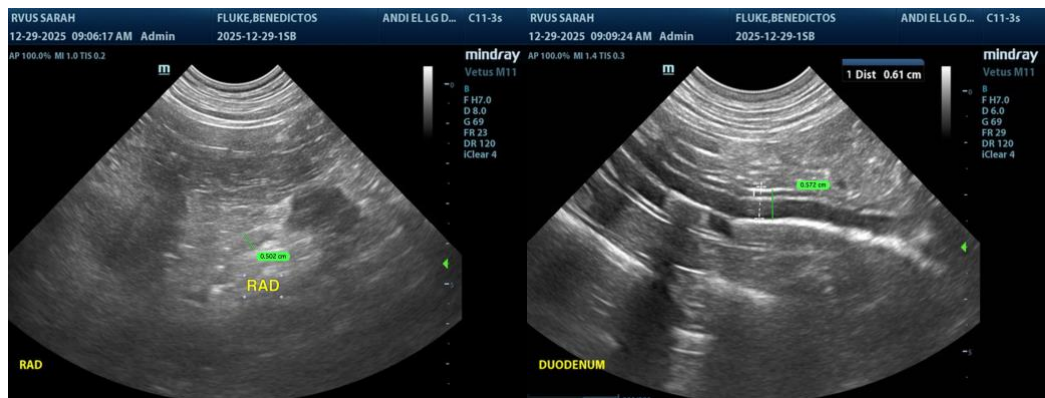
Intermittent mildly enlarged mesenteric and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Medial iliac lymph node size was 2.7 cm x 0.62 cm. Mild surrounding perilymphatic omentum. Mesenteric lymph node measured 1.6 cm x 0.64 cm. Scant mid abdomen peri-intestinal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged mildly hyperechoic liver.
- Mild nonorganized to focally mineralized peripheral lumen gallbladder debris (non-mucocele).
- Subtle micronodular spleen and hypoechoic splenic nodules.
- Mildly enlarged mesenteric/medial iliac lymphadenopathy.
- Subnormal bilateral adrenal glands.
- Normal gastrointestinal tract with gastric ingesta- consistent with food/chyme echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The micronodular to subtle nodular spleen and current lymphadenopathy are likely consistent with suppressed neoplastic/lymphoma criteria given the patient's history and current medical therapy. The liver may indicate steroid, vacuolar or cholestatic hepatopathy without evidence of posthepatic obstruction. Likewise, secondary to medical therapy, although concurrent hepatic neoplasia is not excluded. Assuming normal clotting status and using a 25-gauge needle, recheck hepatosplenic FNA cytology could be considered. Hepatosupportive medications with clinical and as needed sonographic monitoring of the liver, gallbladder and lymph nodes would be reasonable.





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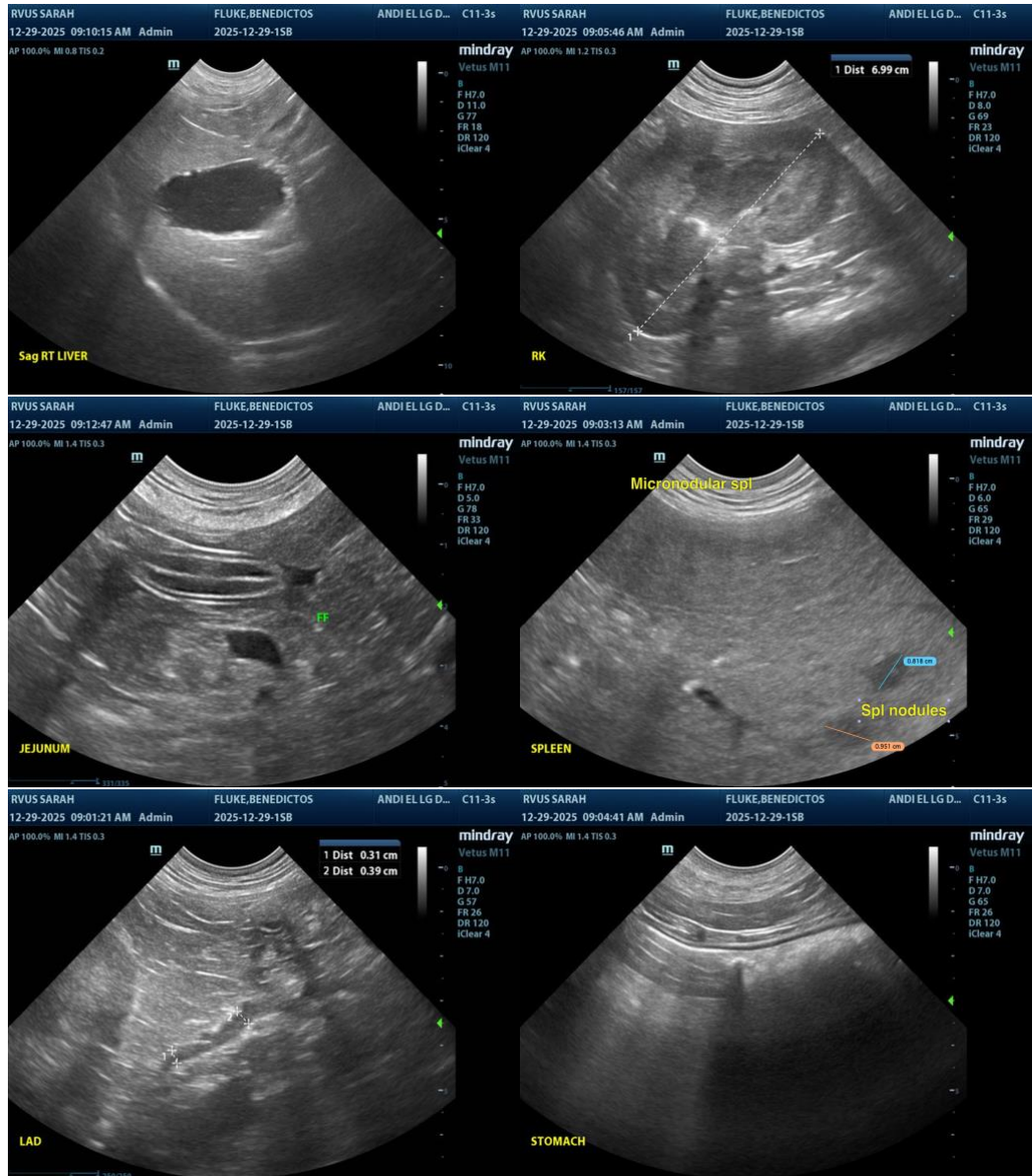
Dr. Harbour

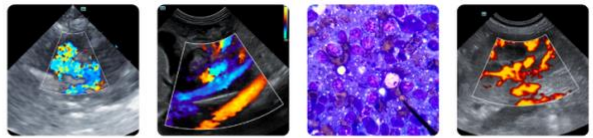
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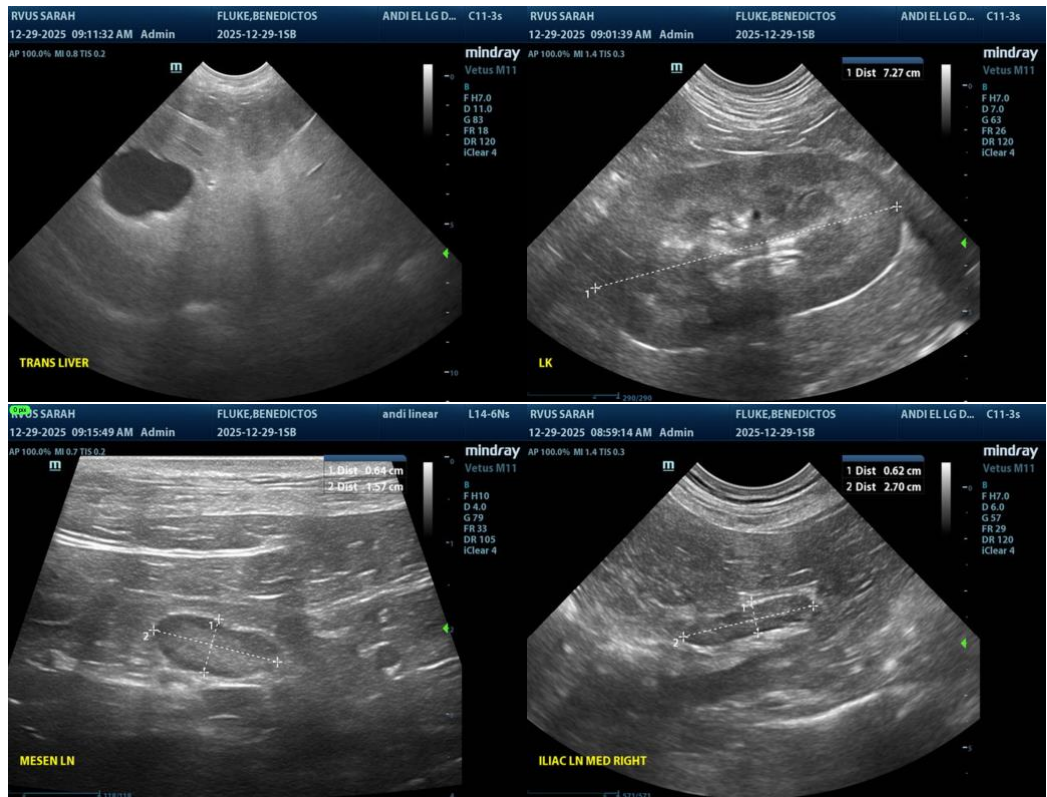
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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