

PATIENT

Lucy Neiman

SPECIES

Canine

BREED

Wirehaired Pointing
Griffon

SEX

Female Spayed

AGE

2013

WEIGHT

67

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Aloha AH

REFERRING VET

Freese

INVOICE

13304

DATE

3/20/26

PRESENTING CLINICAL SIGNS

History:

- History of b-cell lymphoma - chemo done in 2021/2023
- Chronic hypercalcemia
- PLN
- Hyperparathyroidism
- Medication: maropitant citrate, tramadol, entyce, telmisartan

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. 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 changes were noted.

No visualized significant medial iliac sublumber lymphadenopathy or masses.

Normal size and margination were 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 6.3 cm in length. The right kidney measured 7.1 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 0.78 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 0.50 cm width at the caudal pole.

Spleen

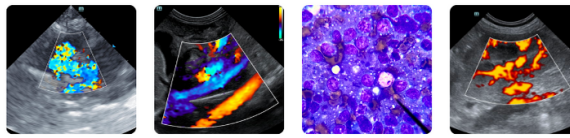
The spleen revealed mild, expansive, non-homogeneous to hypoechoic caudal splenic nodule with mildly associated capsule distortion measuring 2.2 cm in diameter. The remainder of the spleen exhibited mild non-homogeneous parenchyma with overall normal splenic size and normal vascularity.

Liver

Generalized hepatomegaly exhibiting moderate to marked non-homogeneous indistinctly nodular parenchyma and associated areas of asymmetrical hepatic capsule contour. 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenojejunal hyperechoic mucosal speckling present. 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 soft feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Suggestive of age-related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent, mildly swollen, homogeneous mesenteric lymph nodes were present with an example measuring 1.4 cm in diameter. No evidence of peritoneal effusion present.

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ULTRASONOGRAPHIC FINDINGS

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- Enlarged non-homogeneous indistinctly nodular liver with asymmetrical capsule contour
- Mild gallbladder debris(non-mucocele)
- Mildly expansive non-homogeneous to hypoechoic splenic nodule
- Nonspecific mild chronic renal changes
- Nonspecific mild intestinal mucosal speckling and soft fecal matter in colon
- Intermittent mildly swollen mesenteric lymph nodes
- Mild heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further clarification, the liver and splenic nodule in conjunction with intermittent mild swollen mesenteric lymph nodes are strongly suggestive of multicentric neoplastic criteria in conjunction with patient history. Assuming normal clotting status and using 25-gauge needle, hepatic parenchymal splenic nodule FNA cytology recommended for further clarification and potential for oncology consult. Mild nonspecific enteritis or mild chronic pancreatitis may be suspected if evidence of gastrointestinal signs.

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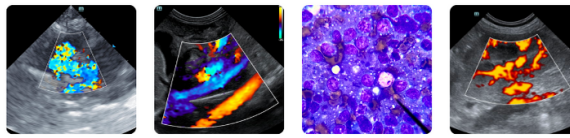
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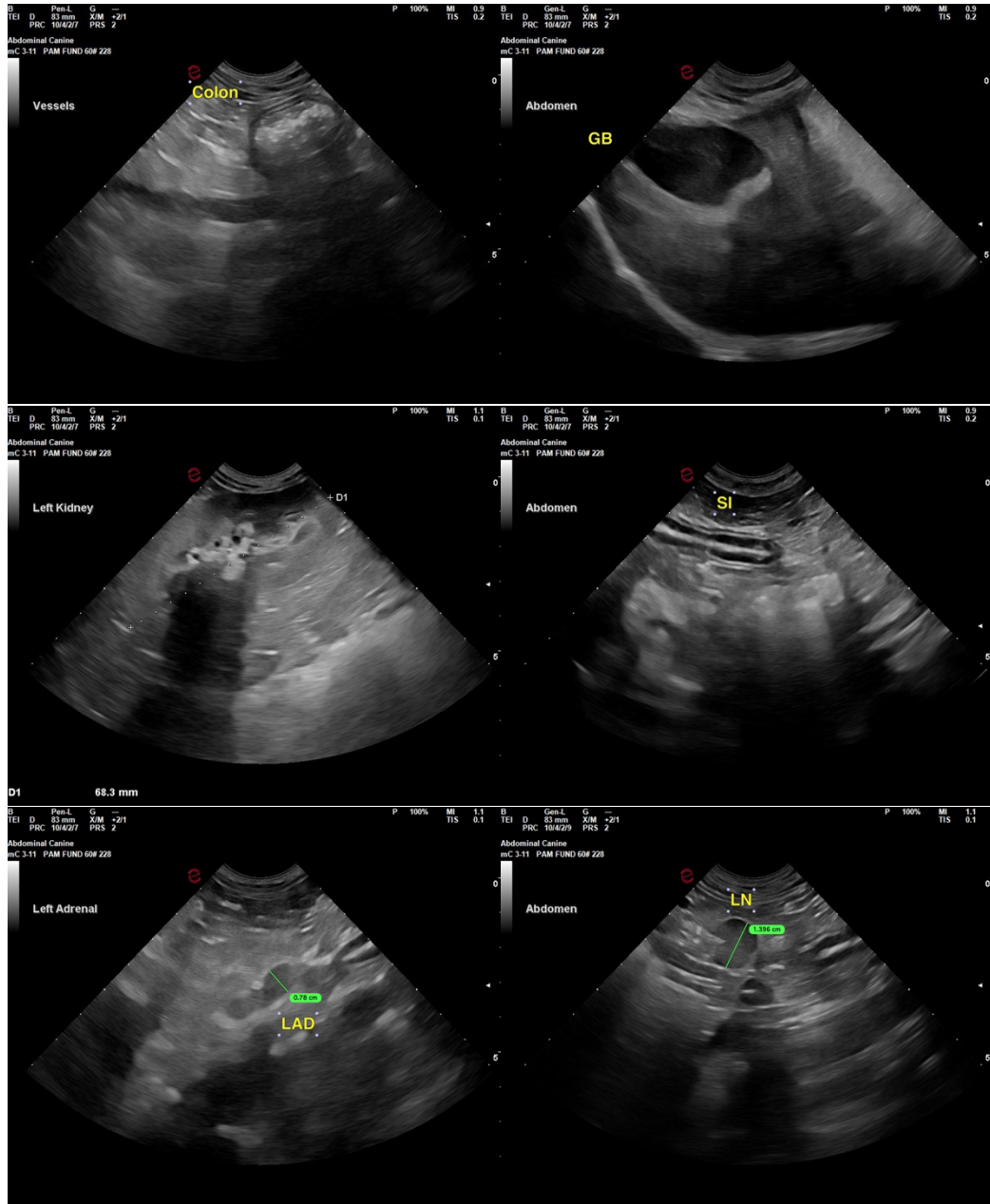
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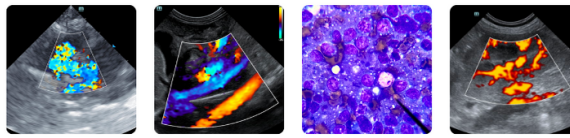
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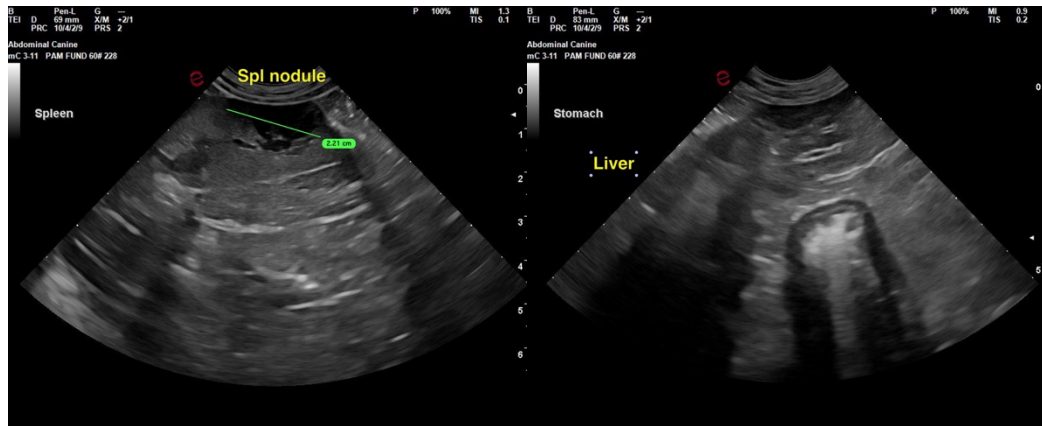
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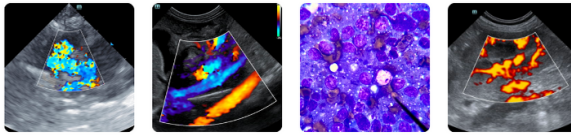


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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