



PATIENT

Walter Kerhoff

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzco Vet

REFERRING VET

Dr. Hamed

INVOICE

15526

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Hyporexia, anemia, Peripheral lymphadenopathy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Areas of medullary mineral and small cortical cysts were present. The left kidney measured 6.5 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland revealed mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia and with caudal pole enlargement. The left adrenal gland measured 1.2 cm width in the caudal pole.

The right adrenal gland was overtly normal in size, position and shape exhibiting homogenous parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen presented generalized enlargement with reduced / hypoechoic echogenicity and coarse echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver & Gallbladder

The liver presented 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.

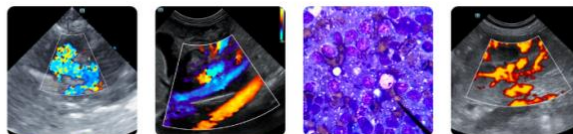
The gallbladder was non distended in size with mild nonorganized primarily peripheral lumen biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach 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.

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



PATIENT

Walter Kerhoff

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Hamed

INVOICE

15526

DATE

04/27/26

Pancreas

The visualized pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

Several to multiple variably enlarged asymmetrical nonhomogenous hypoechoic mesenteric and medial iliac lymph nodes were present. An example of mesenteric lymph nodes measured 4.0 cm x 1.4 cm. An example of medial iliac lymph nodes measured 2.3 cm x 0.93 cm. Minor volume of primarily perisplenic effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged nonhomogenous hypoechoic spleen exhibiting adequate vascularity.
- Noncongested hepatomegaly.
- Several to multiple variably swollen hypoechoic mesenteric/medial iliac lymph nodes.
- Sonographically unremarkable gastrointestinal tract.
- Prominent nonhomogenous hypoechoic pancreas.
- Mild volume perisplenic effusion.

Secondary Findings

- Chronic renal changes exhibiting medullary mineral and cortical cysts.
- Nonspecific enlarged nonhomogenous left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria involving the spleen, lymph nodes and suspect liver is met with multicentric round cell neoplasia such as lymphoma, highly likely in conjunction with peripheral lymphadenopathy.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic and if accessible, abdominal lymph node FNA cytology for staging and oncology consult. No evidence of loss of gastrointestinal wall layering or masses, although early gastrointestinal involvement may present sonographically normal. Pending sampling, gastrointestinal support is indicated.



PATIENT

Walter Kerhoff

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

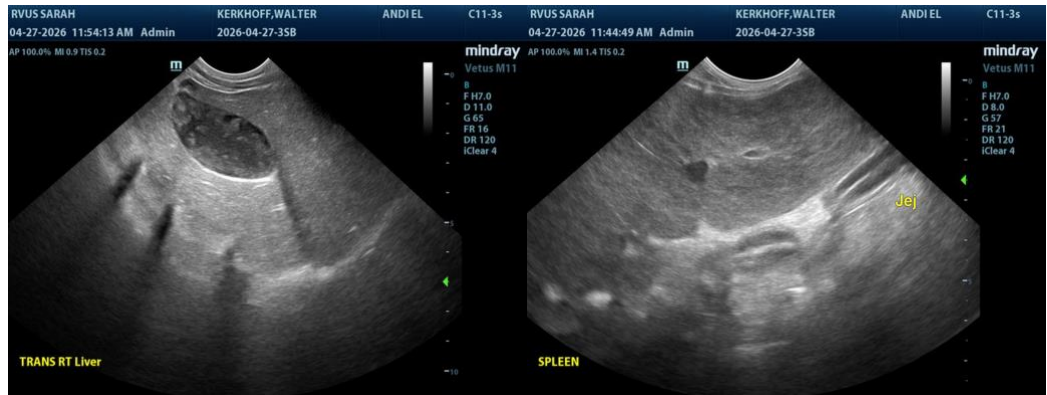
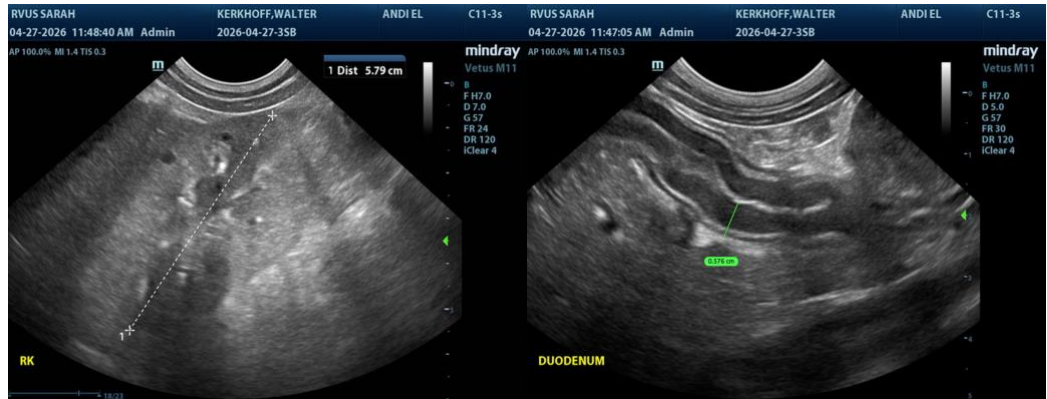
Dr. Hamed

INVOICE

15526

DATE

04/27/26





PATIENT

Walter Kerhoff

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelmy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

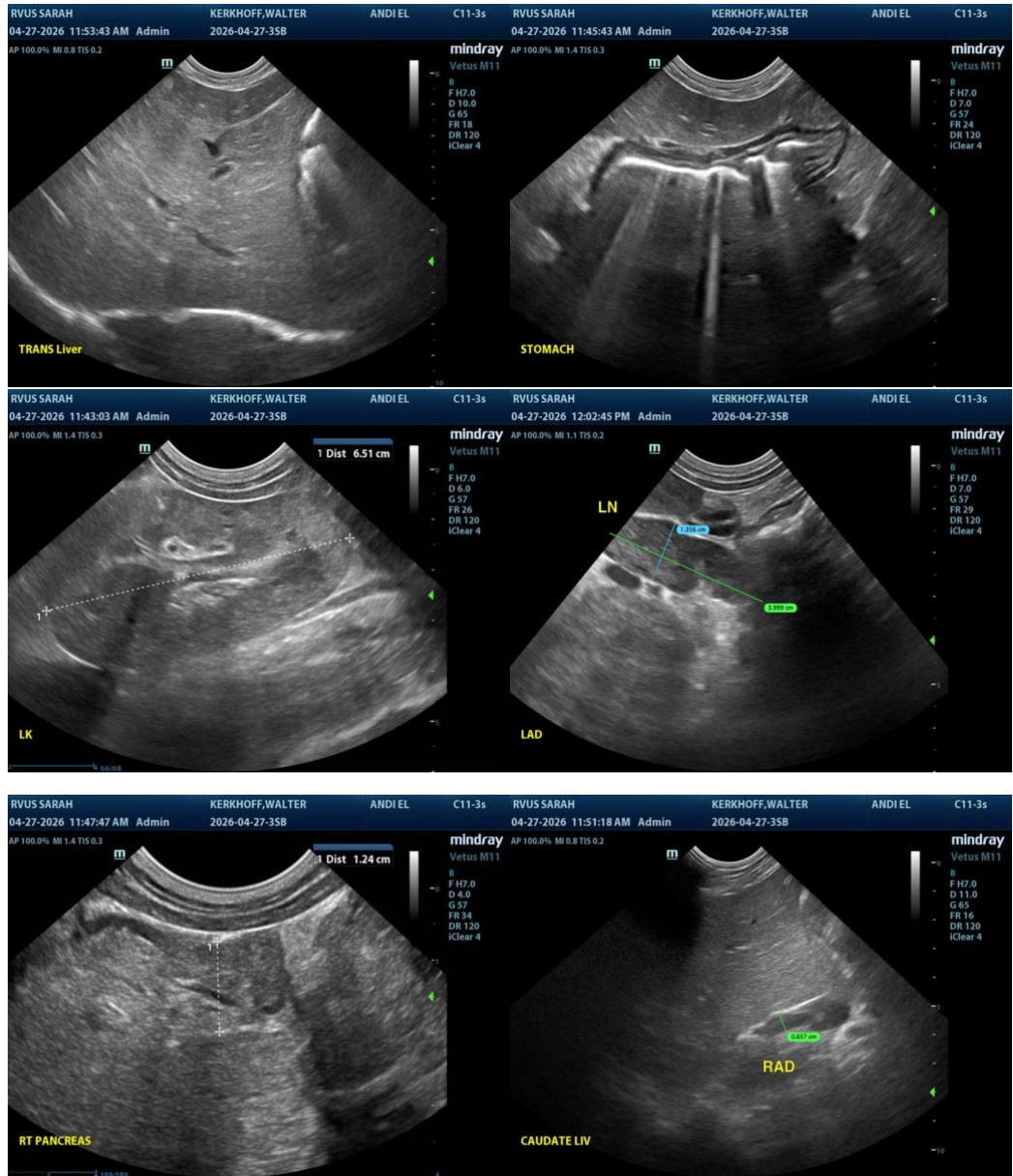
Dr. Hamed

INVOICE

15526

DATE

04/27/26



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