



## PATIENT

Hunter Baillie

## SPECIES

Canine

## BREED

Siberian Husky

## SEX

Male

## AGE

10 Years

## WEIGHT

28.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura De Cordon

## HOSPITAL NAME

Lakeview Animal  
Hospital

## REFERRING VET

Dr. Laura De Cordon

## INVOICE

14917

## DATE

04/07/26

## PRESENTING CLINICAL SIGNS

Any changes: 2.5 weeks of loss of appetite. Ate two small meals since last appointment (rice and chicken), won't even take treats. Vomited bile twice this morning and five times yesterday. 1-2 times every other day since last visit. Still drinking and peeing. O recently had new grass put in the back yard and P can't go out there for two weeks, so O doesn't know if that could be causing anxiety. Swelling in his foot went down the day after his last appointment. Limping a lot less but starts limping after short walks. Any concerns: Not eating. Peeing all over the house. Not drinking more than usual. P occasionally pees in the house, but he's been doing it a lot more since he's not been eating.

Abnormal PE/Chem/CBC/UA Results: Abnormal Chem: low BUN, elevated ALT, ALP, TBILI, Abnormal CBC: elevated Neutrophils, Lymphocytes, Monocytes, Basophils, Suspected Bands and low PLT and PCT

## 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 size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys were primarily visualized in the transverse plane.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized owing to adjacent mesenteric lymph node. The subjective left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.52 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

### *Spleen*

The spleen presented subjective normal in size with symmetrical contour and nonhomogenous hypoechoic splenic parenchyma. No visualized mass or nodules.

### *Liver & Gallbladder*

The liver revealed generalized hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent hyperechoic nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*



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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 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*

Multifocal hypoechoic to swollen mesenteric and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of lymph nodes measured 3.7 cm x 1.8 cm. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Multiple hypoechoic to swollen medial iliac/mesenteric lymphadenopathy.
- Nonhomogenous hypoechoic spleen.
- Enlarged noncongested hypoechoic liver.
- Nonorganized gallbladder debris (non-mucocele).
- Overtly normal visualized gastrointestinal tract with mild nonshadowing gastric ingesta-suggestive of mild retained food echogenicity.
- Mild age-related renal changes.
- Sonographically unremarkable urinary bladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric round cell neoplasia, i.e. lymphoma or other involving multicentric lymph nodes, liver, and spleen is highly suspected, although sampling is required for further clarification. If normal clotting status and using a 25-gauge needle, accessible lymph node and hepatosplenic FNA cytology is recommended for further assessment with potential for oncology consult. Gastrointestinal support is indicated. Correlation with urinalysis is recommended.



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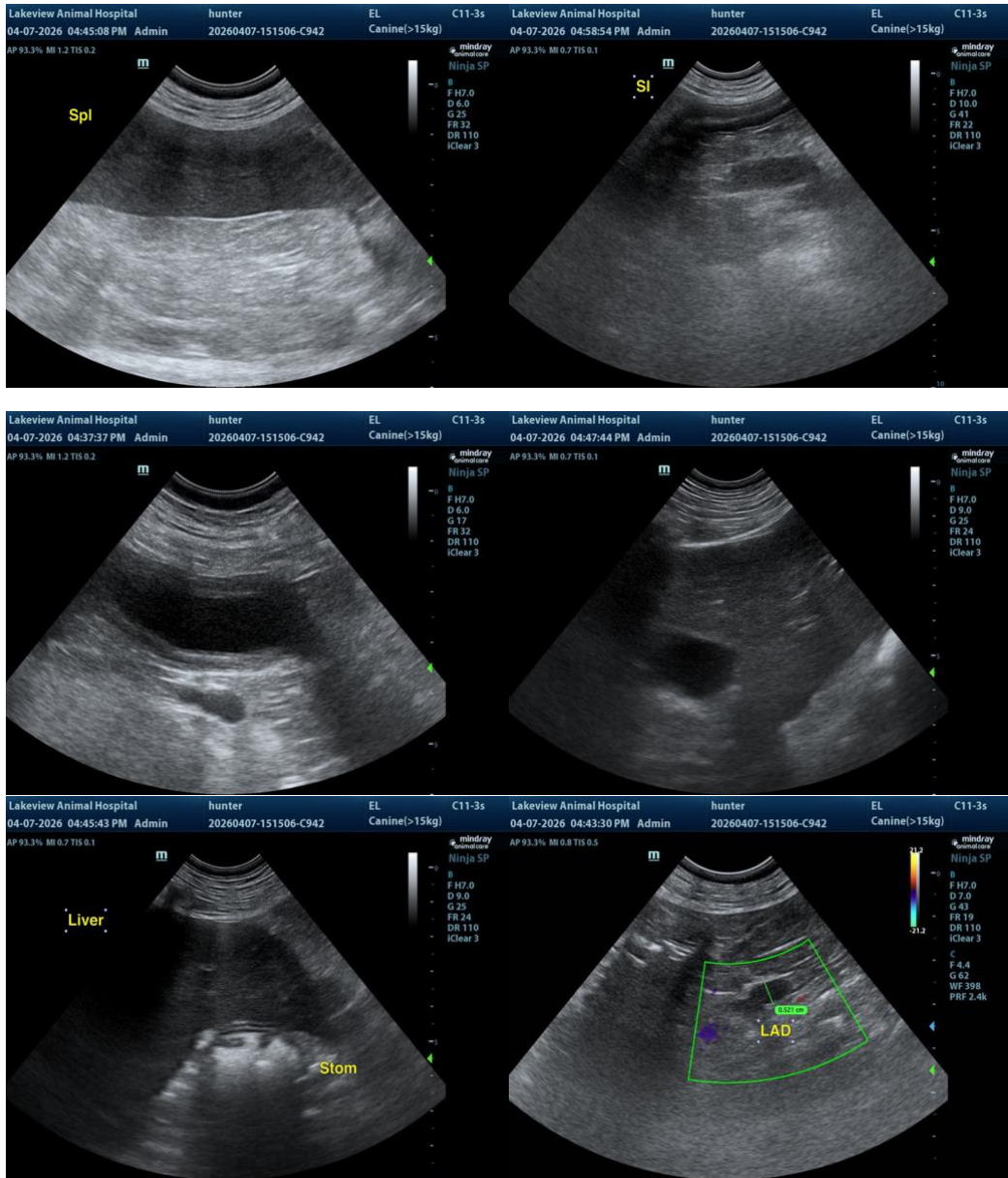
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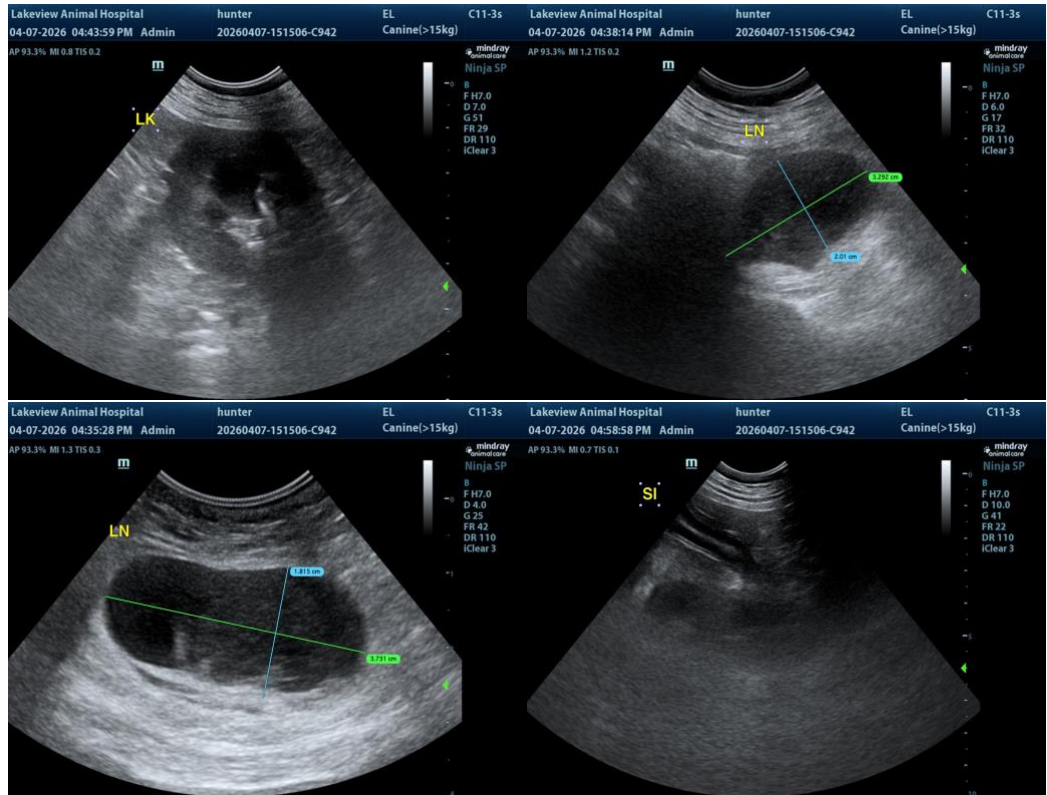
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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