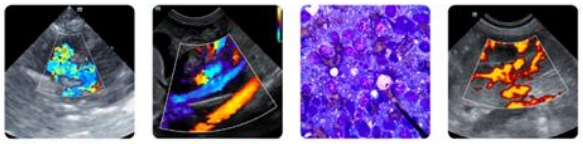


PATIENT
Teddy Oliver

SPECIES
Canine

BREED
Golden Retriever

SEX
MN

AGE
2

WEIGHT
72

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr Kahn

INVOICE
24855

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

progressively anorexia vomiting bile over past 3 days last u/s Oct 2025 showed abnormal LN in cranial abd concern for progressive mass

Abnormal PE/Chem/CBC/UA Results: stress leukogram ALT unreadable ALP 315 GGT 21 normal Lipase

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 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 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 6.5 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

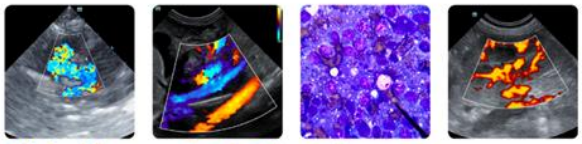
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was normal in size, contour, and vascular volume. A discrete hypoechoic intraparenchymal nodular lesion present in the cranial left liver measuring ~ 2.7 cm in diameter. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The dorsal gallbladder wall measured 0.72 cm in width. Anechoic bile was present with overall non-distended gallbladder size.

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. The lumen of the small intestine was empty with no signs of mechanical/metabolic 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

An unspecified irregular enlarged non-homogenous hypoechoic lymph node or mass was present cranial to the stomach and subjectively effacing the caudal aspect of the liver measuring 4.7 cm x 2.9 cm with concurrent surrounding perihepatic hyperechoic omentum. No obvious effusion.

Several to multiple enlarged, hypoechoic mid to cranial abdomen 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 hyperechoic to reactive mesentery. An example of lymph node measured 3.0 cm x 2.0 cm and 4.2 cm x 2.2 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with discrete hypoechoic cranial left liver nodular lesion
- Gallbladder wall edema
- Unspecified non-homogenous hypoechoic lymph node vs mass area of cranial stomach and caudal liver
- Cranial to mid abdomen hypoechoic swollen mesenteric lymphadenopathy with perilymphatic hyperechoic omentum
- Sonographically normal spleen and visible gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Progressive lymphadenopathy compared to the previous study is favored which sonographically suggest or meet neoplastic criteria which is of primary concern. Possible lymphadenopathy combined with indistinct caudal liver mass in conjunction with discrete left liver intraparenchymal nodule possible. Assuming normal clotting status, cytology of accessible cranial mesenteric lymph node, unspecified lymph node vs perigastric / perihepatic mass and screening hepatic parenchyma cytology is warranted for further clarification. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. The gallbladder wall edema may indicate concurrent gallbladder inflammation or potential anaphylaxis with gallbladder wall edema at times also associated with neoplasia.

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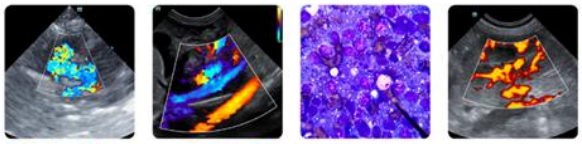

Clinical Sonography & Telecytology
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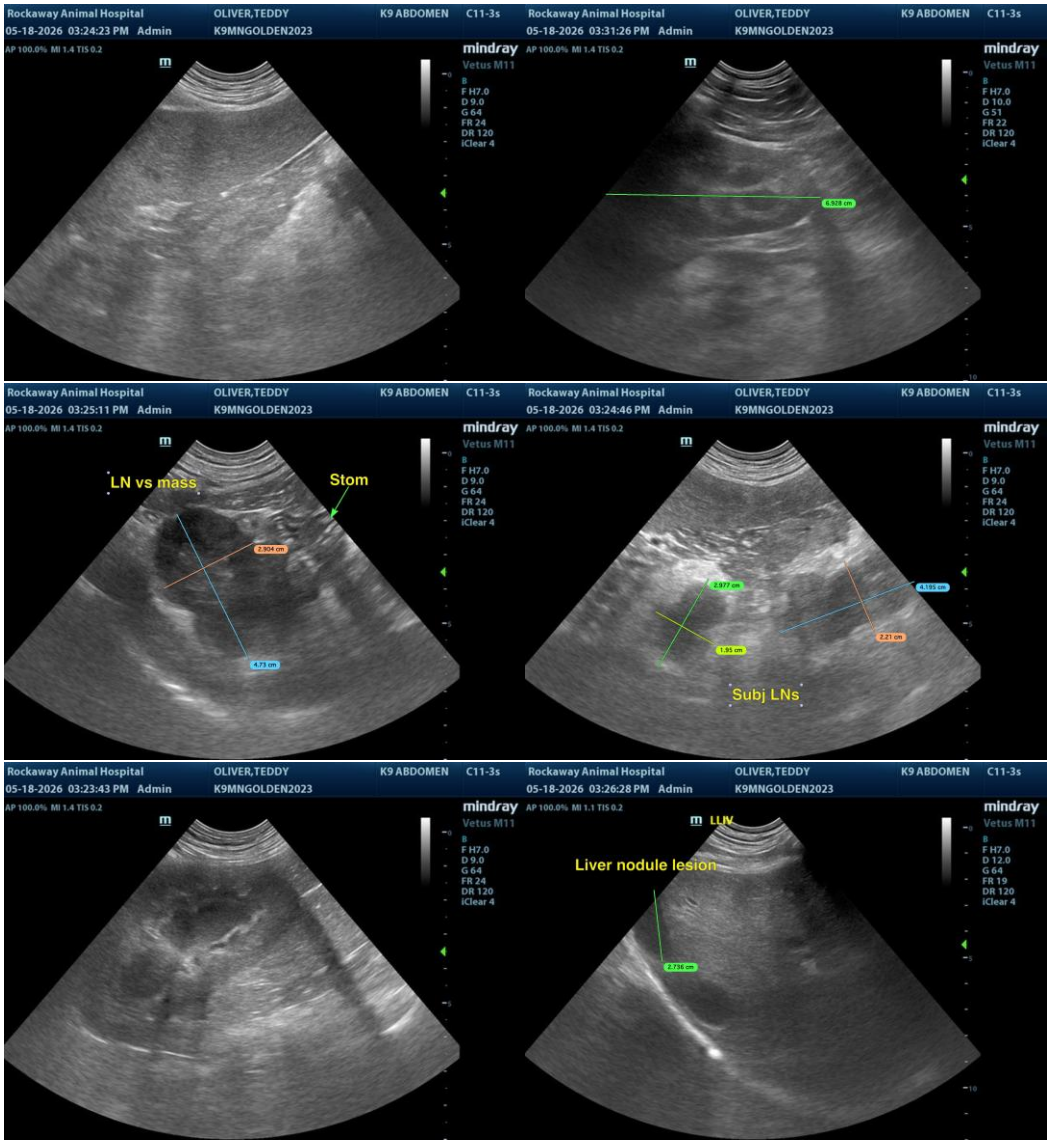

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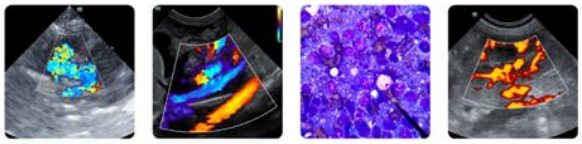

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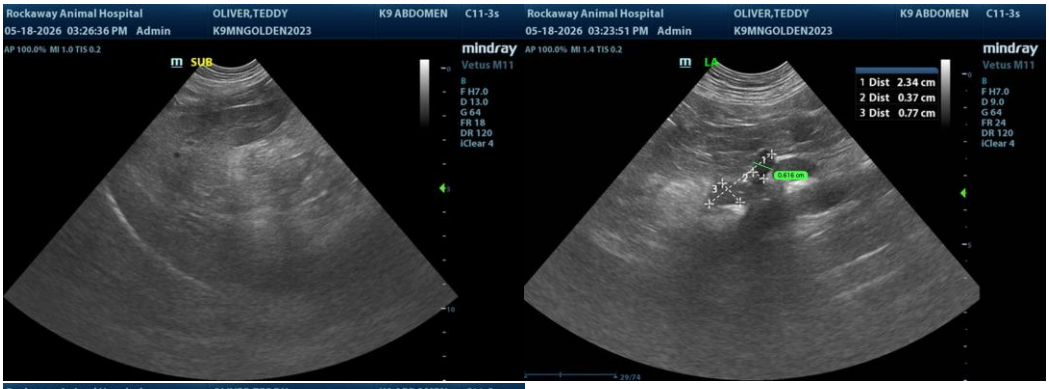

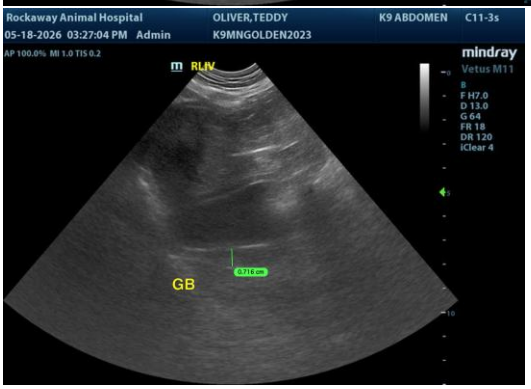

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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