



## PATIENT

Koda Valladares

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Neutered Male

## AGE

3 Years 11 Months

## WEIGHT

57.6 Pounds

## INTERPRETED BY

Tam Mengine DVM,  
DABVP (Canine/Feline  
Practice)

## IMAGING PERFORMED BY

Dr. Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Dr. Sarah Green

## INVOICE

35566

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

Presented 1/20/26 due to an enlarged right popliteal lymph node, noticed 3 days prior. Reported to have been lethargic, exhibiting RPL lameness, both of which since resolved. Koda is currently active and very energetic, but has had profound unexplained weight loss (>30 Lbs.) since his last visit in April 2025.

Abnormal PE/Chem/CBC/UA Results: Exam finding included marked generalized muscle atrophy, right popliteal LN measured 41x23 mm. Mild reactivity noted on palpation of the right proximal tibia. CBC, chem, T4 showed borderline azotemia (creatinine=1.5 mg/dL) NSF otherwise UA: usg=1.032, protein <15 mg/dL, UP:C <0.2, quiet sediment FNA cytology of both popliteal lymph nodes were consistent with reactive/hyperplastic nodes. No infectious agents or neoplastic cells were observed Radiographs of the thorax and right pelvic limb reviewed by a radiologist, were unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.3 cm in length. The right kidney is 5.6 cm in length.

### *Adrenal Glands*

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.8 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland height is 5.0 mm at the caudal pole.

### *Spleen*

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### *Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*



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The stomach is empty. The gastric wall is 4.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is not distinctly seen.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

### *Pancreas*

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *Free Abdomen*

There is no evidence of free fluid within the peritoneal cavity. The medial iliac lymph nodes were mildly enlarged, up to 2.7 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

- Reactive medial iliac lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the patient's clinical signs and weight loss on today's ultrasound. The appearance of the medial iliac lymph node is not typical of malignancy or other significant pathology. Additional recommendations for this patient might include:

- Fecal parasite testing and/or empiric deworming with fenbendazole
- A hydrolyzed diet trial
- A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- Three view chest radiographs
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.
- Screening for atypical Addison's disease with a resting cortisol level or ACTH stim
- Given the history of lymphadenopathy, lameness, and lethargy, testing for infectious diseases, including both tick borne and fungal infections, would be a consideration.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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