



## PATIENT

Bella Bell

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

9 years

## WEIGHT

94.5 lbs

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Dr. Delozier

## INVOICE

69157

## DATE

11/28/25

## PRESENTING CLINICAL SIGNS

History: BW pending, PE unremarkable; just doing annual screening - p going under anesthesia for bad tooth/lump so also making sure nothing else going on

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

### *Adrenal Glands*

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma was a normal echogenicity. There were no nodules or masses visible. The left adrenal gland measured 0.39 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 0.53 cm at the caudal pole and 0.87 cm at the cranial pole.

### *Spleen*

The spleen was normal in size, shape, and position. There was an overall smooth capsule contour. There were multifocal, variably sized, mildly hypoechoic parenchymal nodules. An example measured 0.75 x 0.6 cm. There was no capsule expansion or capsular distortion associated with the nodules.

### *Liver/Gallbladder*

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure. Uniformly hyperechogenic nodule was present that did not cause capsular expansion. An example measured 0.8 x 0.7 cm diameter. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

### *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns



**PATIENT**

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**SPECIES**

**Pancreas**

Canine

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

**BREED**

Golden Retriever

**Free Abdomen**

**SEX**

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

Spayed female

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

9 years

- Several, small, mildly hypoechoic, non-disruptive splenic nodules.
- Single, small, hyperechoic hepatic nodule.

**WEIGHT**

94.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

While the hypoechoic splenic nodules are not overtly concerning, the potential etiologies could include include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

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The abdomen is largely as expected for this age dog and breed with no significantly concerning findings.

Brittney Beigel, DVM

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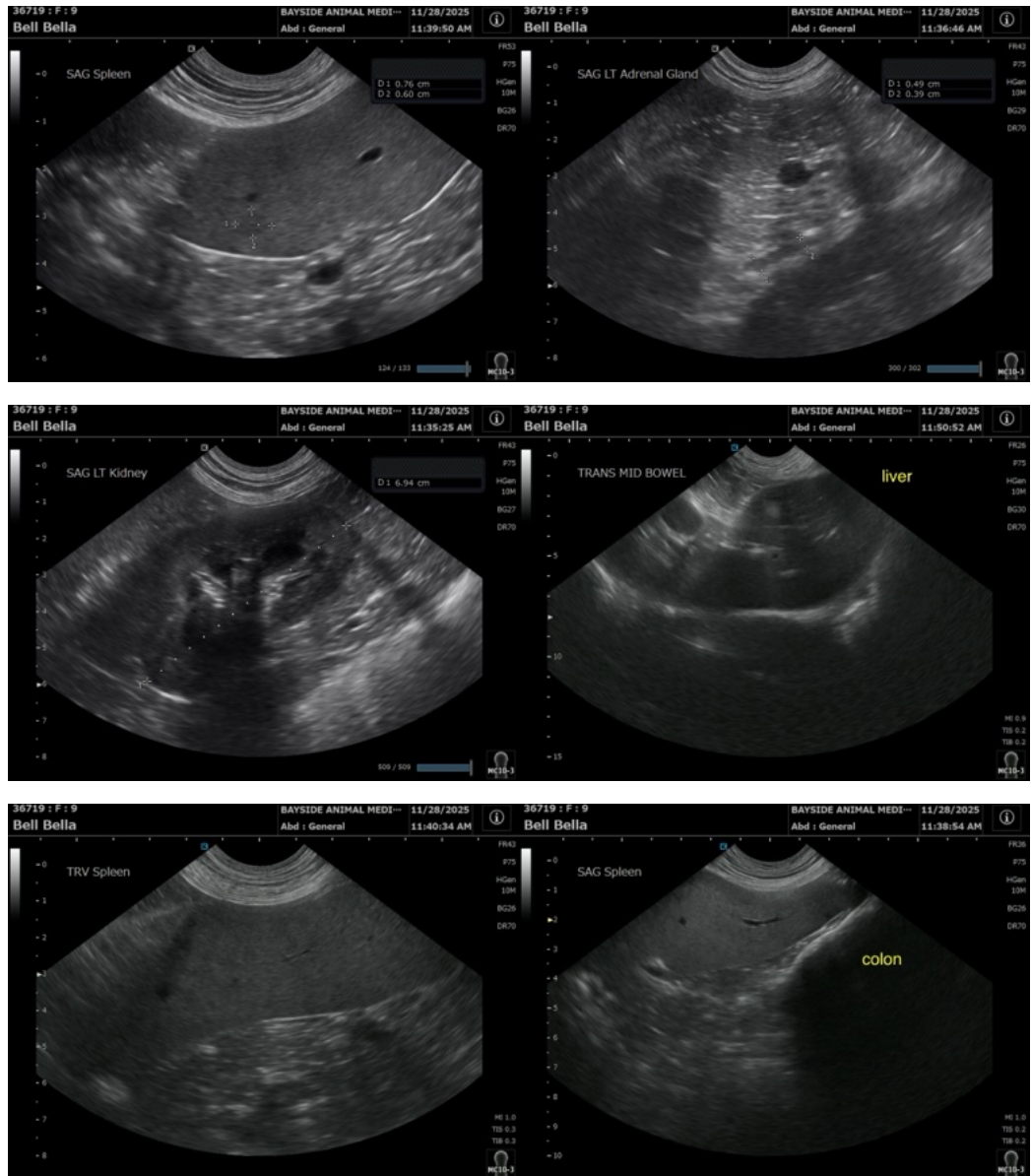
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com