



PATIENT

Athena Zelenski

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

53 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. Zelinski

INVOICE

13112

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Recurrent loose stool, elev. liver enzymes.

Abnormal PE/Chem/CBC/UA Results: AP-764 ALT-350 AST-102 Glob-4.9 CBC accuplex WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm 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.

The area of the aortic trifurcation was free of pathology.

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 left kidney measured 6.6 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

A mildly expansive, non-homogenous, splenic mass with associated symmetrical splenic capsule distortion was present in the subjective mid to caudal spleen measuring 5.5 cm in diameter.

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 biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing chyme 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.



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Normal visible colon wall layers were present with semi formed to possible soft fecal matter in lumen.

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Pancreas

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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.

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Free Abdomen

Pitbull Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Splenic mass.
- Hepatopathy- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract/colon with mild nonshadowing gastric chyme and semi formed/soft fecal matter in colon.
- Age-related renal changes.
- Normal adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Assuming normal clotting status and using a 25-gauge needle, initial hepatic and splenic mass FNA cytology could be considered for clarification. No overt intra-abdominal or cardiac macro metastasis.

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No evidence of adrenal pathology as a contributing factor to the hepatopathy. A GI panel to include PLI, T LI, cobalamin and folate and fresh fecal analysis if not done is warranted. Assuming no pathology on three view chest radiographs, splenectomy with consideration for hepatic biopsies. Concurrent gastrointestinal support, which may include dietary trial, high colon count probiotics such as proviable, empirical deworming and cobalamin supplementation pending assessment of cobalamin levels may be considered.

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Animal General Hudson

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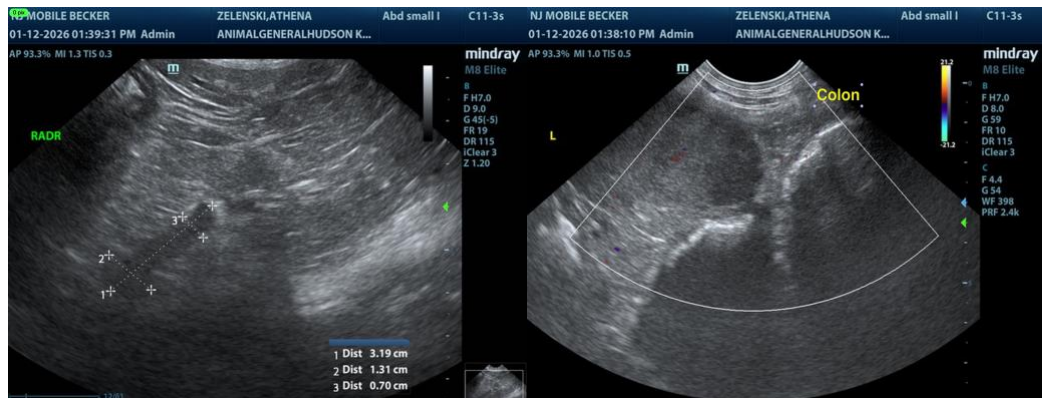
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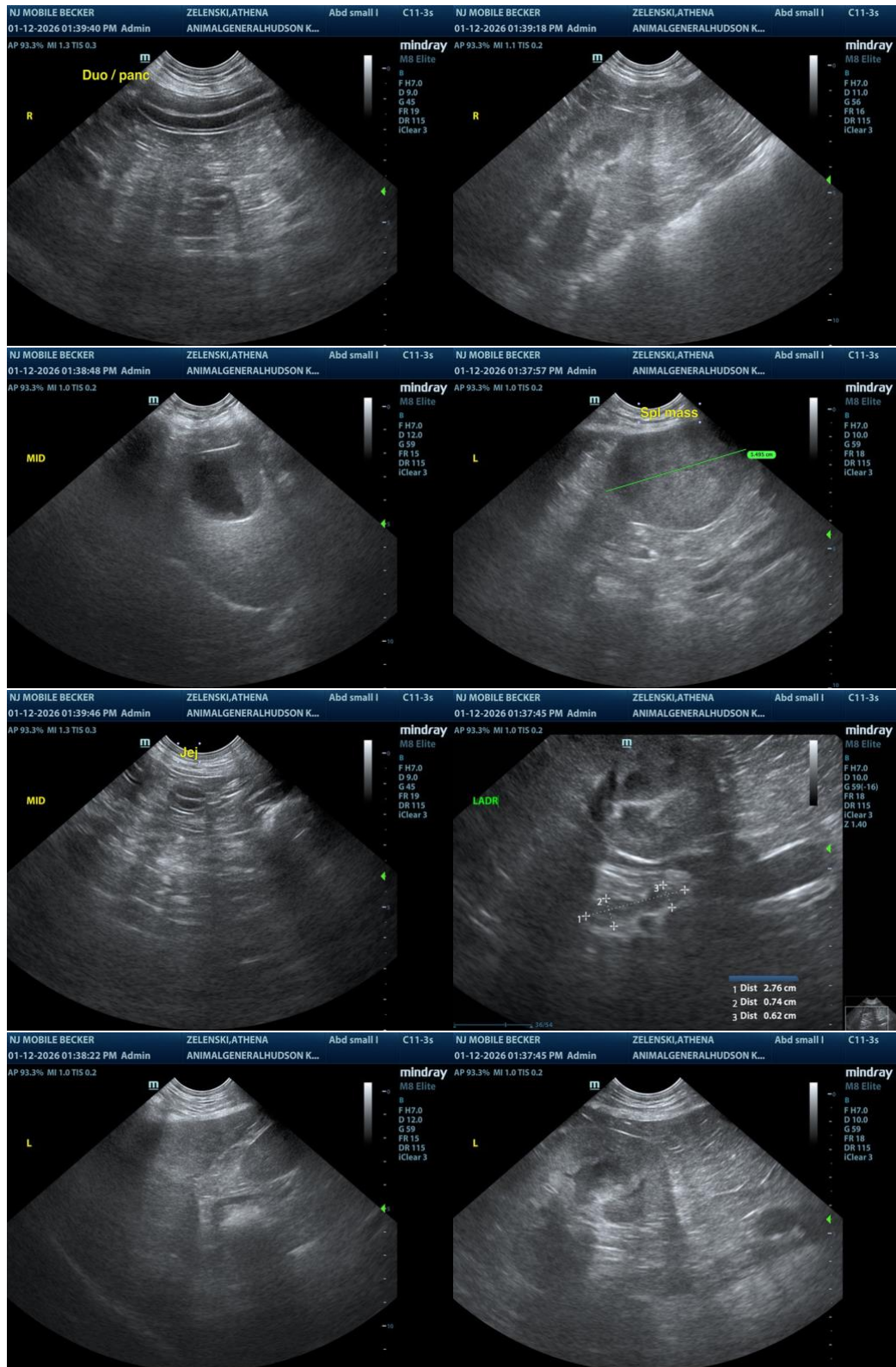
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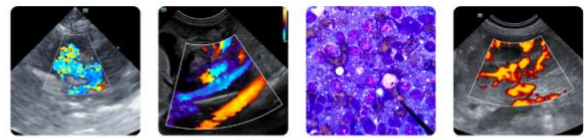
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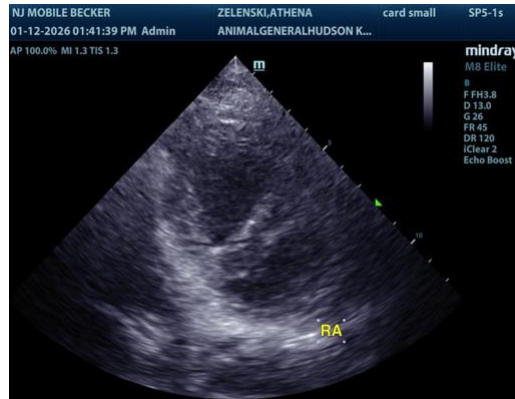
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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