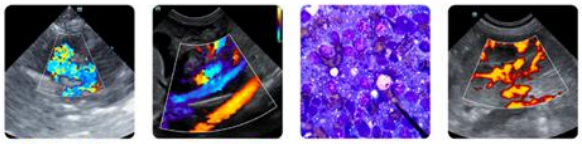


PATIENT

Tess Lynch

SPECIES

Canine

BREED

St Bernard Mix

SEX

FS

AGE

11yr

WEIGHT

69.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM

INVOICE
23585

DATE
01/16/2026

PRESENTING CLINICAL SIGNS

Dog was boarded in a private home with 7 other dogs over the holidays. when clients returned, they noticed a change in her breath (halitosis), a soft, frequent cough, decreased energy and poor appetite. Labs performed 1.8.26 showed stress leukogram, mild, non-regenerative anemia (Hct 38.8%), mild hypoalbuminemia (Alb 2.6). On presentation today she is lethargic with a soft, frequent cough. Normal HR and lung sounds, temp 102. Chest x-rays taken prior to abdominal US and do not show obvious pathology (radiology interpretation pending). Oral exam and rectal exam WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm 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 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 6.3 cm in length. The right kidney measured 6.2 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 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 0.62 cm width at the caudal pole.

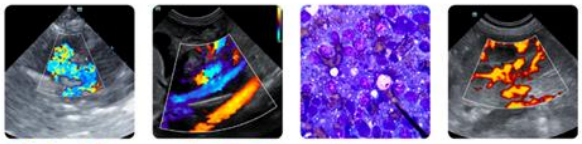
Spleen

A solitary, expansive non-homogenous hypoechoic splenic mass was present with mild associated splenic capsule distortion measuring ~ 4 cm in diameter. The remainder of the spleen was sonographically normal.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate, primarily gravity dependent congealed hyperechoic non-mineralized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Tess Lynch

SPECIES

Canine

BREED

St Bernard Mix

SEX

FS

AGE

11yr

WEIGHT

69.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM

INVOICE
23585

DATE
01/16/2026

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.

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

No omental masses, overt visualized lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Sonographically normal liver
- Congealed, non-organized gallbladder debris (non-mucocele)
- Normal gastrointestinal tract
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

Aside from the splenic mass, no sonographically detectable evidence of additional abdominal visceral pathology or major organ macrometastasis. Microscopic or non-sonographically evident metastatic disease cannot be definitively excluded.

Further assessment may include assuming normal clotting status, splenic mass +/- screening hepatic FNA cytology, three view chest radiographs, GI panel +/- screening cortisol level for evidence of non-obvious disease as a contributing factor. Assuming no pathology on thoracic radiographs, splenectomy could be considered.

PATIENT

Tess Lynch

SPECIES

Canine

BREED

St Bernard Mix

SEX

FS

AGE

11yr

WEIGHT

69.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM

HOSPITAL NAME

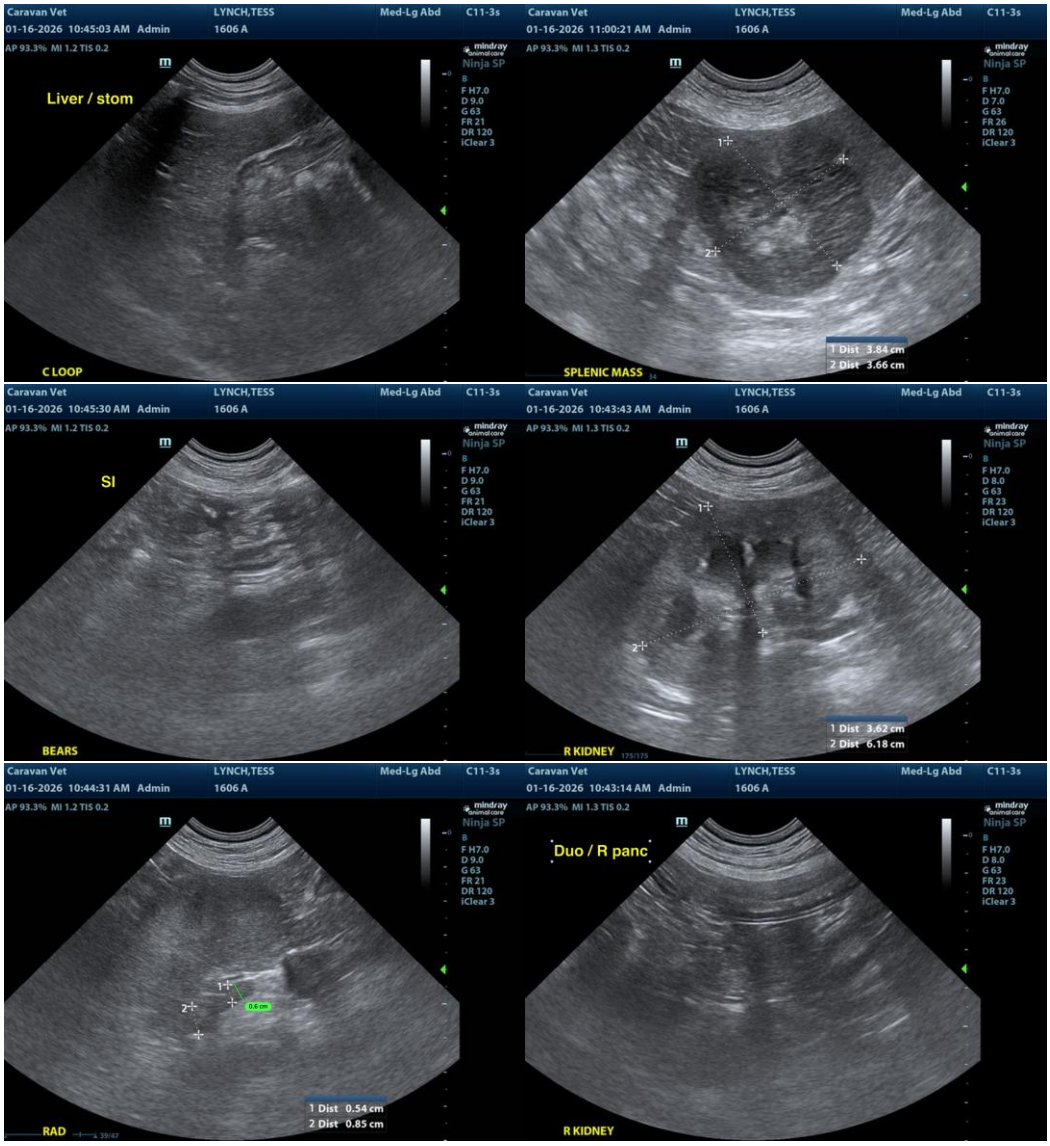
Caravan Vet

REFERRING VET

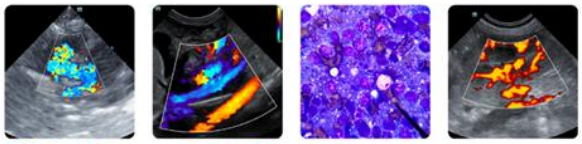
Christa Williams, DVM

INVOICE
23585

DATE
01/16/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tess Lynch

SPECIES

Canine

BREED

St Bernard Mix

SEX

FS

AGE

11yr

WEIGHT

69.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM

HOSPITAL NAME

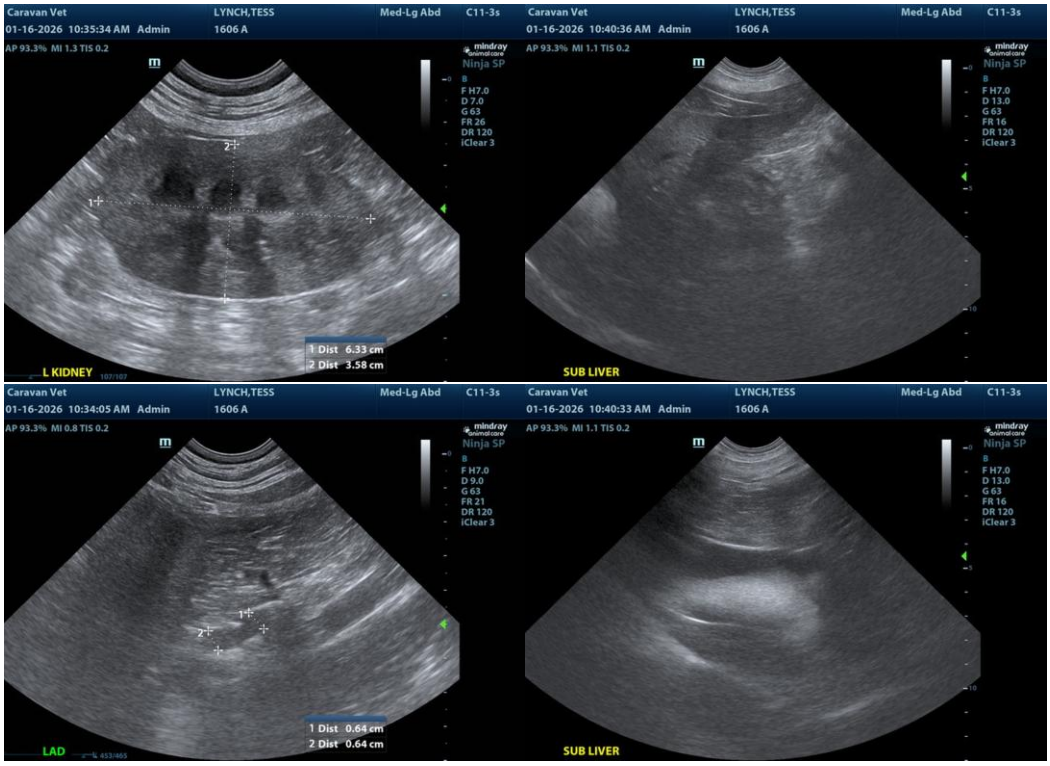
Caravan Vet

REFERRING VET

Christa Williams, DVM

INVOICE
23585

DATE
01/16/2026



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