



## PATIENT

Dolly Kee

## SPECIES

Canine

## BREED

Poodle

## SEX

Spayed Female

## AGE

8

## WEIGHT

18

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Becky Meier-Gast

## HOSPITAL NAME

Meier Veterinary Clinic  
PC

## REFERRING VET

Dr. Ross

## INVOICE

13276

## DATE

01/20/26

## PRESENTING CLINICAL SIGNS

- 2 month follow up
- Not on liver or gallbladder medications

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 5.0 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 0.60 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 0.50 cm width at the caudal pole.

### Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary previously noted medial spleen nonhomogenous to mildly hypoechoic nodule was present with minor associated medial capsule distortion. No evidence of capsular escape. The nodule measured 0.77 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 nondependent congealed hyperechoic mild 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 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 ileus, obstruction or foreign material.



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Dolly Kee

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Poodle

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Static splenic nodule.
- Static mild benign hepatomegaly.
- Mildly congealed nonorganized gallbladder debris (non-mucocele).

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

8

Similar sonographic presentation compared to the previous study without evidence of progression, specifically without evidence of progressive splenic nodule, which suggests benign criteria i.e. hyperplasia, hematopoiesis, small granuloma/hematoma, or similar.

**WEIGHT**

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Correlation with lab work is recommended with hepatosupportive medications indicated if evidence of hepatopathy or cholestasis. Continued sonographic monitoring of the splenic nodule would be reasonable. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology could be considered for further assessment.

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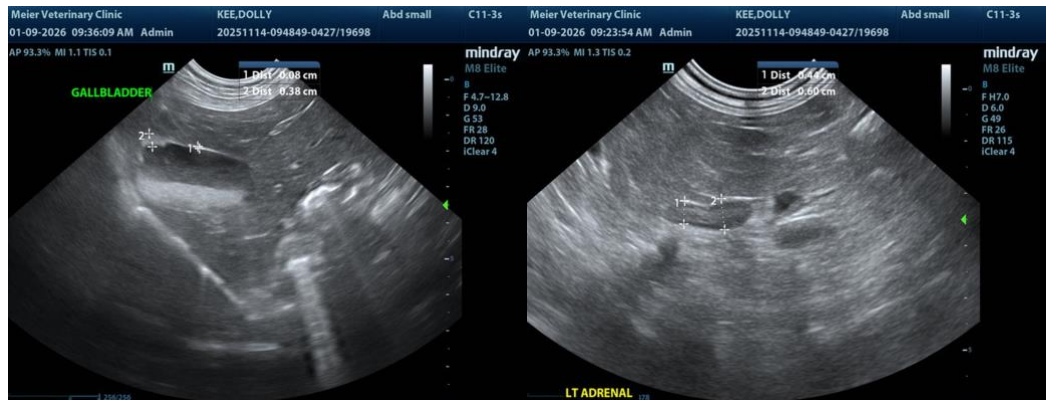
Dr. Ross

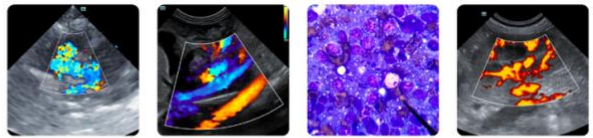
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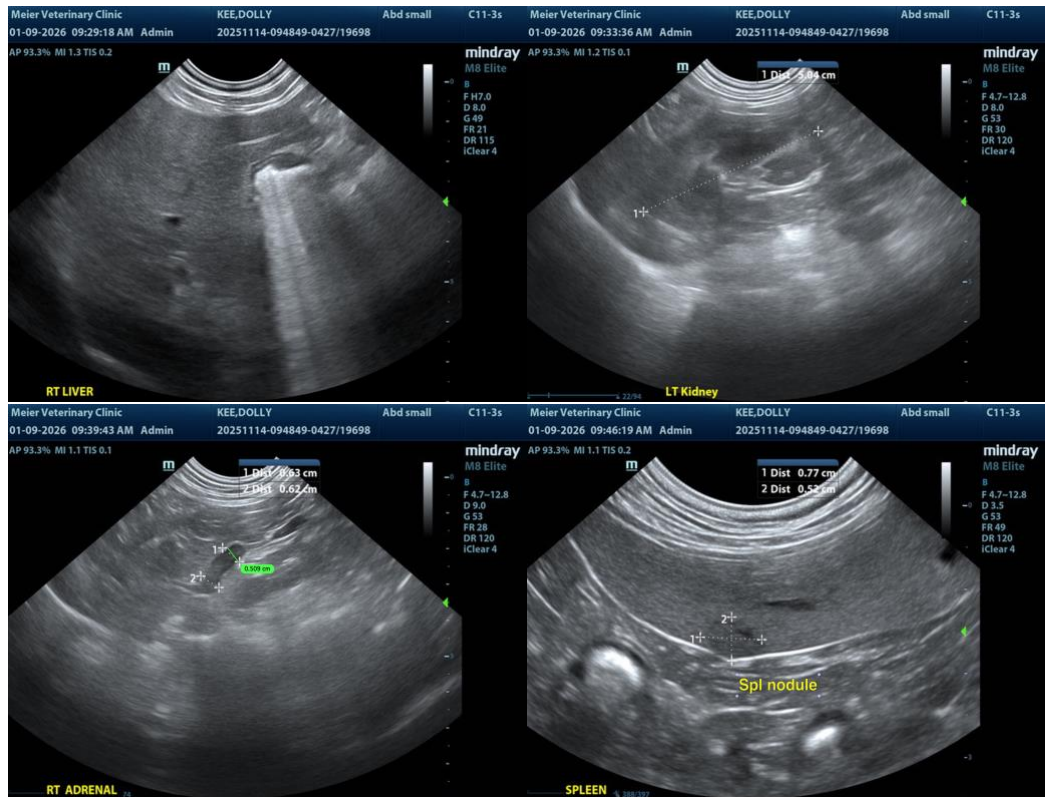
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)