

PATIENT

Casey Schweitzer

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

35.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr. Laura Green

INVOICE

13379

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Patient seen for routine anal gland expression on 1/07/26, unable to express glands, Rec warm compress, RX Galliprant and Antirobe for 10 days and then recheck Anal glands 1/19/26- still unable to express either gland. Patient was seen 1/21/26 to be sedated for anal gland flush
- +/- removal, in house BW prior to anesthesia showed low HCT (29%)—concern for bleeding. Took Rads. Rec AUS.
- Hx heart disease
- current meds:
- Cough tabs, gabapentin, benazepril, dasaquin, omega benefits, Vetmedin, Zyrtec

Abnormal PE/Chem/CBC/UA Results: HCT 29%, Rads: possible splenic mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate appeared normal and free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present. The left kidney measured 5.7 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured – cm width in the cranial pole and 1.1 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size with maintained symmetrical capsule contour. Nonhomogenous to subtle diffuse micronodular splenic parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. A mildly expansive nonhomogenous hypoechoic splenic mass was visualized with concurrent similar appearing mildly expansive splenic nodules. The splenic mass measured 3.5 cm in diameter. An example of the splenic nodules measured 1.9 cm in diameter.

Liver & Gallbladder



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The liver presented mildly enlarged with mild nonhomogenous parenchyma with mild parenchyma remodeling and variable coarse echotexture. Areas of mild asymmetrical caudal hepatic capsule contour. No mass or nodules were evident.

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 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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent jejunal and hepatic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.7 cm x 0.50 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Micronodular spleen with mildly expansive splenic mass/nodules.
- Enlarged nonhomogenous liver.
- Nonorganized gallbladder debris (non-mucocele).
- Bilateral chronic renal changes with medullary mineral.
- Mild left adrenomegaly.
- Intermittent primarily mild jejunohepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The micronodular spleen with splenic mass/nodules is highly suggestive of neoplastic criteria i.e. round cell neoplasia, sarcoma or other. The liver is non-specific and could indicate vacuolar changes, inflammation, benign parenchymal remodeling to mild fibrosis, nonobstructive cholestasis, or other concurrent hepatic primary or metastatic neoplasia are possible. Likewise, the lymphadenopathy may indicate reactive inflammatory or metastatic criteria.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification. Adrenal workup may be considered if clinical signs are consistent with Cushing's syndrome. No evidence of current intra-abdominal bleed or medial iliac/sublumbar lymphatic neoplastic or metastatic criteria.



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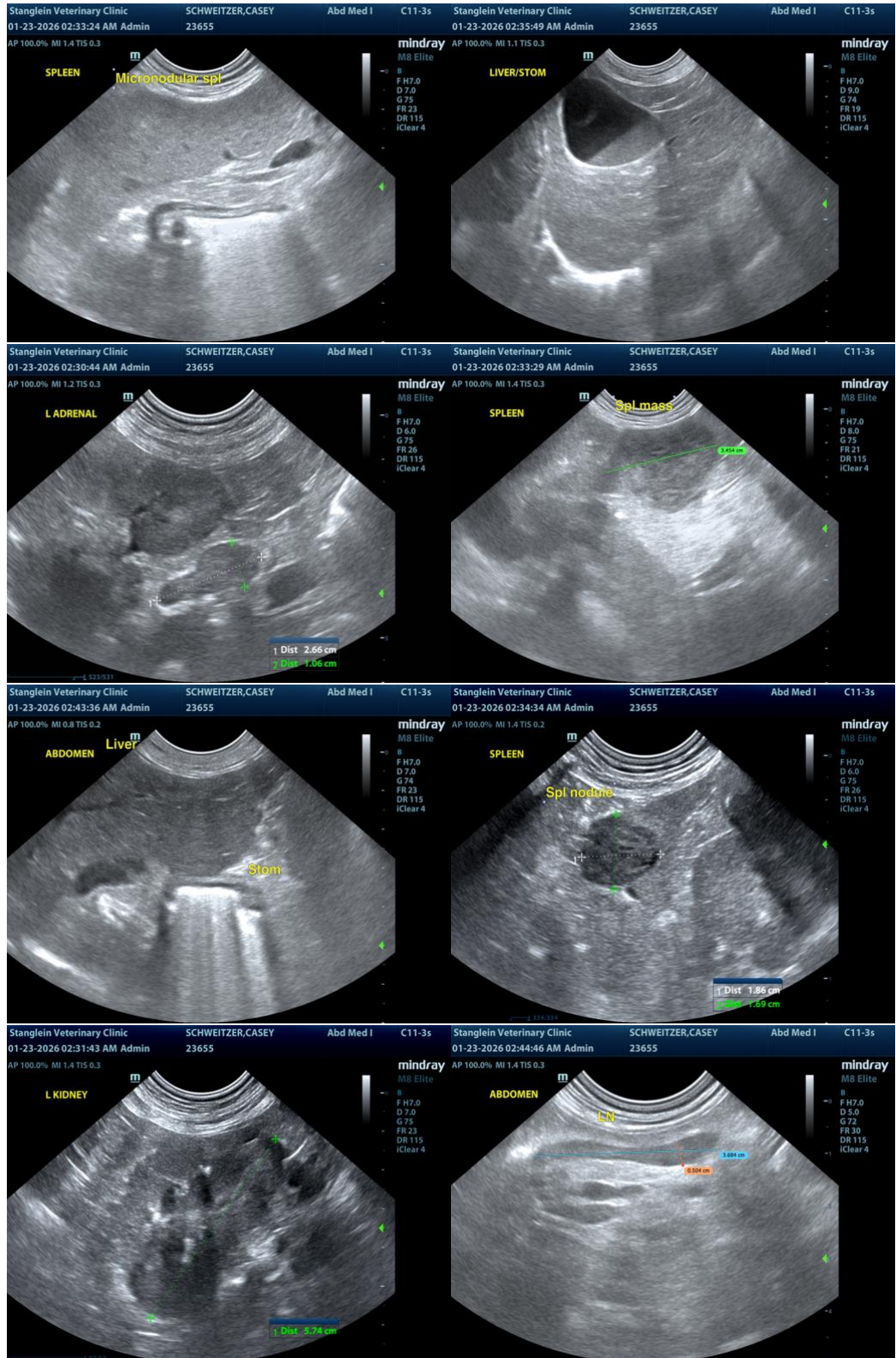
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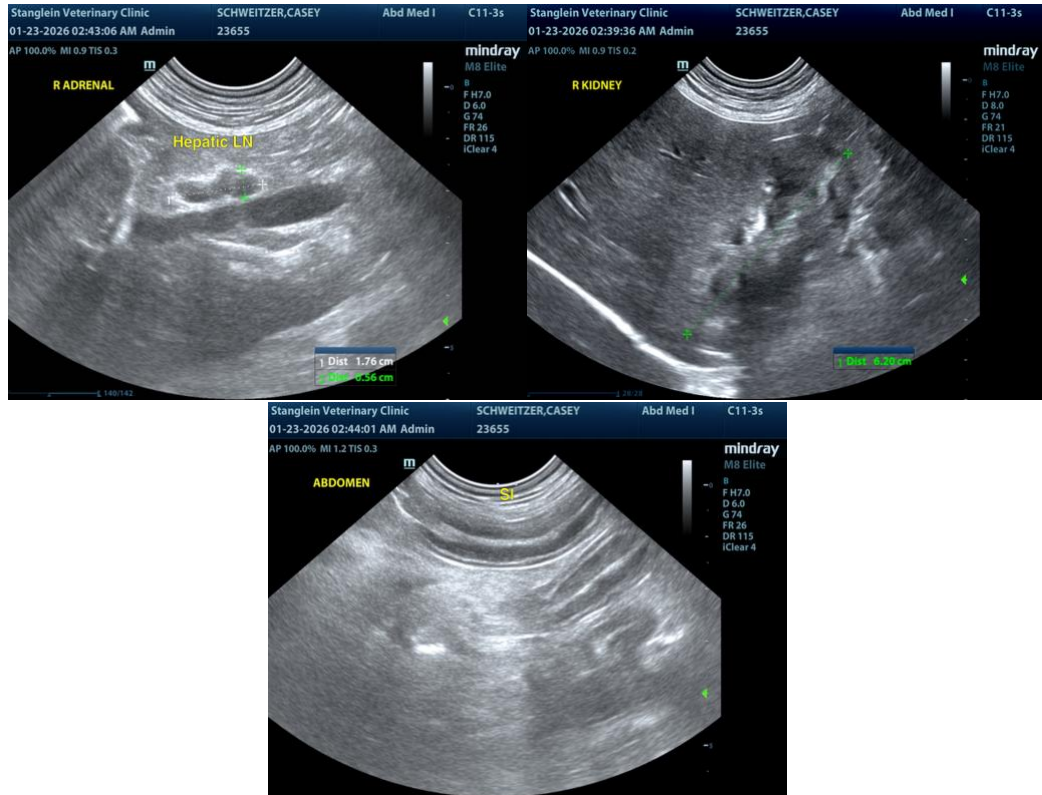
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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