



PATIENT

Jameson Ranaghan

SPECIES

Canine

BREED

Boxer Mix

SEX

Male Neutered

AGE

11y

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Milad Gendi

HOSPITAL NAME

Severn River AH

REFERRING VET

Milad Gendi

INVOICE

13156

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Subjective: Presented for ADR. O said they went out to dinner last night. When they came home P did not run to meet the family like he normally does. O found P laying on the floor with a bowel movement that had come out while he was laying there. O said P was not responding to him. O tried to use key words to get P up and excited, but P looked out of it and confused. As the night went on P became more himself but was lethargic. P did not eat last night. P did eat a treat/dental stick at one-point last night but that was it. P did not eat this morning. O said he tried to pick P up under his stomach and P was very reactive to that. O feels P is very painful in his abdomen. ATO, d/u/d normally; no v/d/c/s.
- Current Medications: Trazodone 100mg Tablets Give 2 tablets by mouth 2 hours prior to appointment. Gabapentin 400mg Capsules Give 1 capsule 2 hours prior to appointment. Acepromazine Tablet 10 mg Give 1 tablet 2 hours prior to appointment for anxiety.

Abnormal PE/Chem/CBC/UA Results: ALP 313 0 - 140 U/l HIGH 22895 - GGT Glucose 134 75 - 125 mg/dl HIGH WBC 18.23 4.00 - 16.53 $10^3/uL$ HIGH EOS % 0.5 % BAS% 0.0 % HCT 33.7 36.9 - 60.0 % LOW HGB 11.6 13.2 - 22.0 g/dL LOW RBC 4.68 5.82 - 8.90 $10^6/uL$ LOW NEU 16.76 2.88 - 11.72 $10^3/uL$ HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

No overt medial iliac or sublumbar lymphadenopathy or masses.

Solitary visualized kidney exhibited overtly normal size with maintained corticomedullary architecture and 1:3 cortex medulla ratio.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured 8.0 cm in diameter but possibly larger as the entire mass was not visualized in a single window. The remainder of the visualized spleen exhibited possible mild enlargement with maintained symmetrical capsule contour and homogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.



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Liver

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 visualized segments of 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 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

Perisplenic non-homogeneous hyperechoic omentum and mild to moderate volume mildly echogenic peritoneal effusion. No obvious visualized significant omental lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- Cavitated splenic mass
- Perisplenic non-homogeneous omentum and mild to moderate volume peritoneal effusion
- Hepatomegaly

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. Definitive evidence of hepatic macro metastasis was not obvious. Non-sonographically evident metastasis or micro metastasis as well as regional perisplenic omental seeding or non-visualized lymphadenopathy cannot be excluded. Assuming no pathology on 3-view chest radiographs and ideally with a brief echocardiogram to assess for or rule out cardiac metastasis or pericardial effusion, laparotomy with expectation towards splenectomy may be considered.

Entire scan performed at 5.0 cm depth which prohibited full evaluation of the abdominal cavity.



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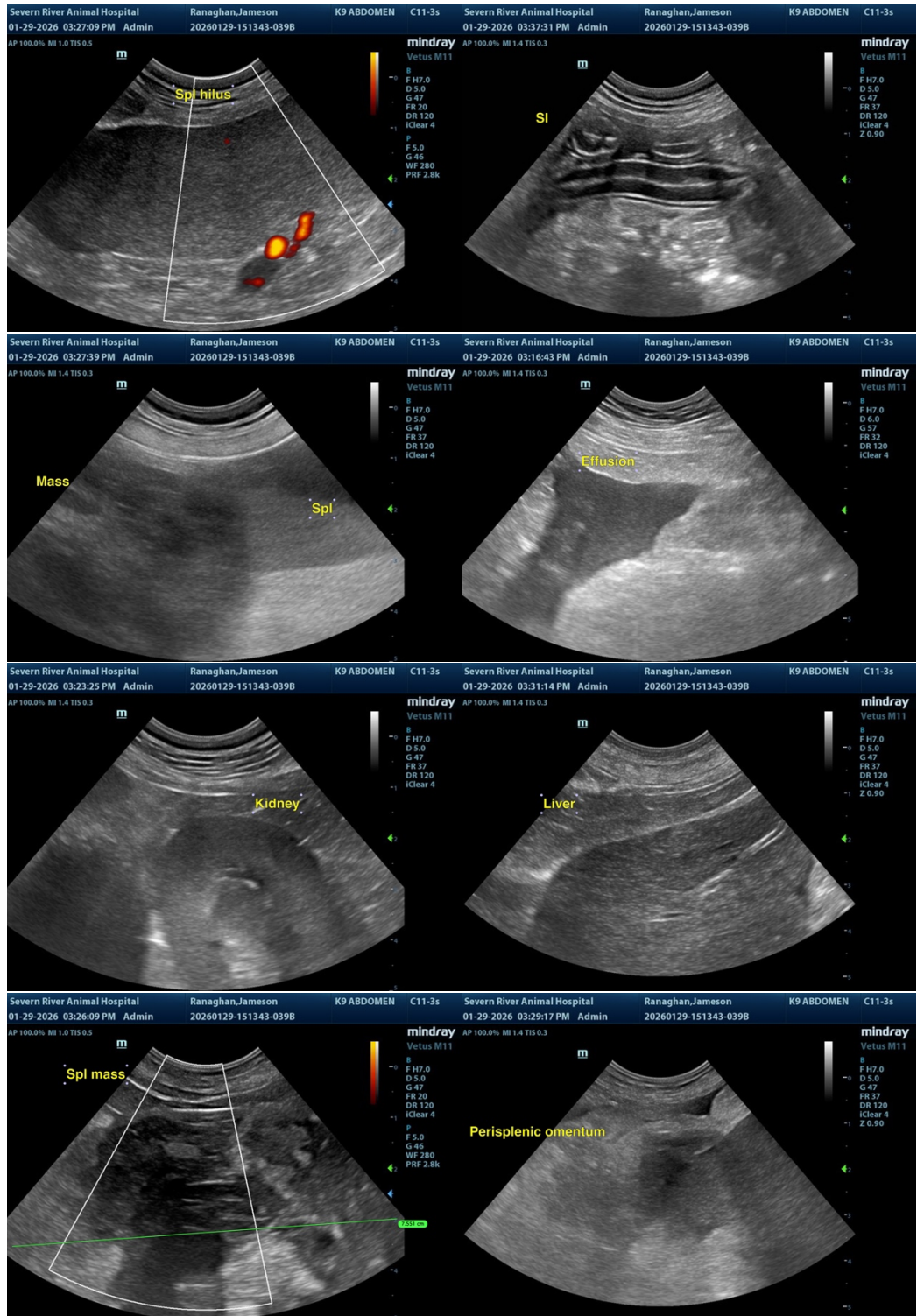
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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