



## PATIENT

Dash Fuller

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

5 Years 1 Month

## WEIGHT

28

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Cathleen Whitcraft  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Cathleen Whitcraft  
DVM

## INVOICE

12947

## DATE

01/04/2026

## PRESENTING CLINICAL SIGNS

Dash presented for airway congestion, weight loss, inappetence and decreased energy. He had been at the Airforce Base Vet the first week in Dec. He was treated for an URI and eye issues - no imaging or blood tests were done. His eyes improved but the congestion persisted. He never coughed or sneezed. No vomiting or diarrhea. Today's chest x-rays revealed a diffuse bronchial pattern, no nodular metastasis, and no detail in the cranial abdomen. Ascites is serosanguinous. Samples have been sent to the lab. Dog has a travel history of WA, AK, Korea, and now NV.

Abnormal PE/Chem/CBC/UA Results: Our blood work was unremarkable except for low globulins - see attached

## 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.

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

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 5.1 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 0.45 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 0.44 cm width at the caudal pole.

### Spleen

The spleen presented with generalized splenomegaly with rounded asymmetrical splenic capsule contour and generalized nonhomogenous subtle micronodular parenchyma. A noncapsule deforming mass lesion was visualized in the mid spleen measuring 2.7 cm in diameter.

### Liver

The liver revealed generalized hepatomegaly with rounded symmetrical contour and maintained homogenous parenchyma. Mild increase prominence of portal vascular borders with subjective normal vascular volume. Definitive evidence of hepatic congestion was not obvious.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal



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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. Mild hyperechoic mucosal speckling was evident.

Normal visible colon wall layers were present with semi formed fecal matter 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**

A moderate volume of mildly echogenic peritoneal effusion with generalized omental hyperechogenicity was present. No overt significant or swollen mesenteric lymphadenopathy.

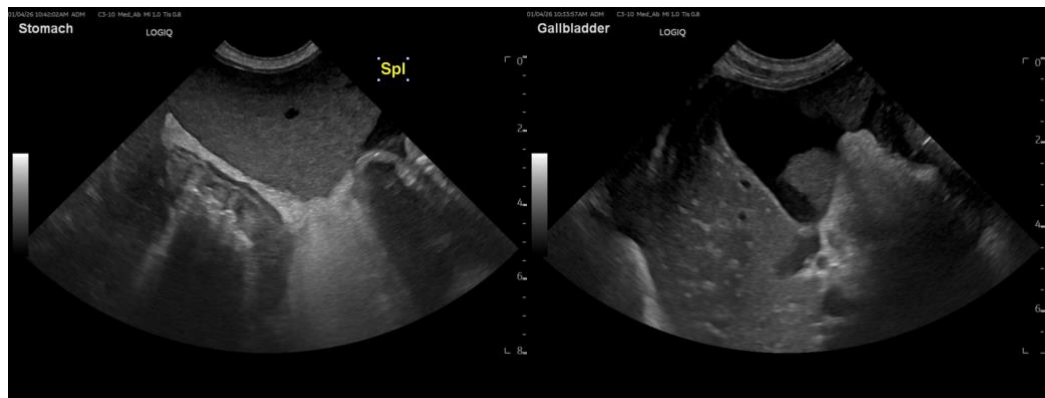
**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly.
- Enlarged nonhomogenous micronodular spleen with mid splenic mass lesion.
- Echogenic peritoneal effusion and generalized omental hyperechogenicity.
- Structurally unremarkable gastrointestinal tract with mild nonspecific intestinal mucosal speckling and semi formed fecal matter in colon.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given no reported subnormal albumin levels or definitive evidence of hepatic congestion, primary concern for multicentric abdominal neoplasia such as multicentric round cell neoplasia i.e. lymphoma, mast cell neoplasia, potential sarcoma or other is warranted.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology, cytospin cytology of peritoneal effusion and ideally brief echocardiogram to rule out nonobvious cardiac or pericardial disease.





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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)