



PATIENT

Lucy Bruch

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

17.4 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

12984

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

P was recently adopted <7days ago. O reports sudden lethargy. Hx leg amp from trauma according to shelter. No known medical hx or medications.

PE showed dehydration with tachycardia. Palpable splenic mass on palpation. Labwork pending.

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 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 6.0 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with subjective mild enlargement. The left adrenal gland measured 0.80 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective mild to variably enlarged in size with areas of mild lateral and medial asymmetrical capsule contour. Mild heterogeneous parenchyma exhibiting focal hyperechoic parenchyma to noncapsule deforming mild irregular hyperechoic splenic macronodule measuring 2.4 cm in diameter.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size with mild nonhomogenous remodeled parenchyma. 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 moderate 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 contained variably echogenic, nonshadowing to progressively shadowing ingesta without signs of 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.



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

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Pancreas

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The area of the pancreas was sonographically normal.

Canine

Free Abdomen

BREED

An elongated appearing asymmetrical nonhomogenous possibly regional fluid filled to cystic lesion was present in the area of the distal aorta and iliac trifurcation measuring approximately 5.0 to 6.0 cm in length by 1.6 cm width. The lesion did not appear to be associated with a distal aorta i.e. thrombus. No evidence of mid abdomen mesenteric lymphadenopathy, masses or peritoneal/retroperitoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly enlarged nonhomogenous spleen with focal hyperechoic parenchyma and hyperechoic macronodule- hyperplasia, hematopoiesis, inflammation, variable myelolipomas, neoplasia possible.
- Subjective borderline enlarged nonhomogenous liver.
- Nonorganized gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Subjective mild left adrenomegaly.
- Unspecified nonhomogenous possibly cystic or partially fluid filled lesion at the level of the distal aorta/iliac trifurcation- uterine remnant atypical to cystic lymphadenopathy, inflammation, blood clot, unspecified neoplasia are all potentials.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of clotting status and correlation with pending lab work is recommended. If normal clotting status and using a 25-gauge needle, screening splenic +/- hepatic and unspecified lesion, FNA cytology could be considered for further clarification. Three view chest radiographs are recommended. CBC pathology review and infectious disease serology can be considered if evidence of anemia or thrombocytopenia. Monitoring of evidence of vaginal discharge is suggested.

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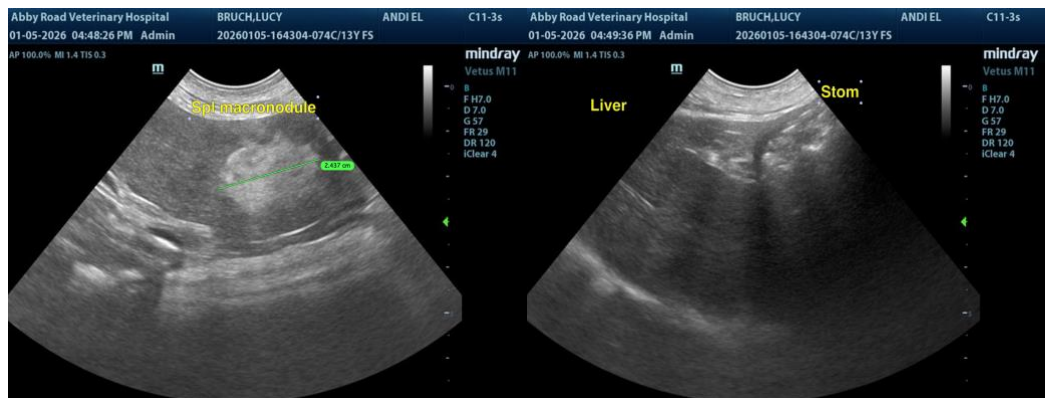
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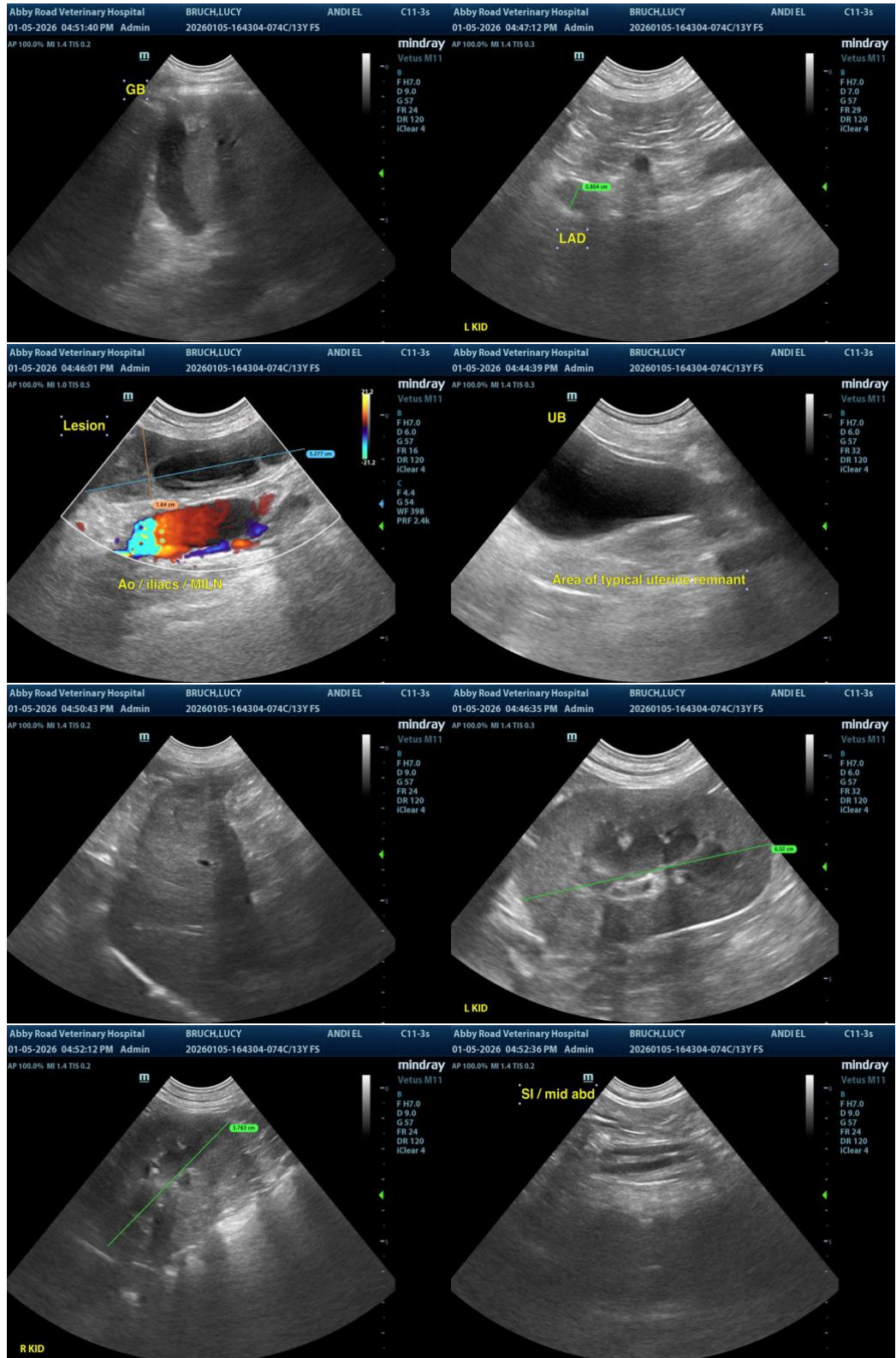
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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