



PATIENT

Annie Lewis

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

5 Years

WEIGHT

48.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Eggert

INVOICE

12200

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Grossly enlarged spleen. Petechiation / ecchymosis on skin of front leg after shave for catheter. ABNORMAL Labwork Values CBC/chem normal. Awaiting results for clotting times.

Current Medications Adequan recently. Radiographic Findings Radiographically significant splenomegaly.

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.

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 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 6.1 cm in length. The right kidney measured 6.2 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 0.65 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 0.55 cm width at the caudal pole.

Spleen

Significant generalized enlarged to swollen spleen with areas of asymmetrical splenic capsule contour yet overall, intact splenic capsule integrity. Homogenous parenchyma with intermittent indistinctly margined isoechoic cystic to possibly cavitated splenic mass lesions with an example measuring 3.8 cm in diameter. Adequate splenic vascularity.

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.



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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

No visualized significant omental mesenteric lymphadenopathy was present. Mild volume primarily perisplenic effusion was noted. No evidence of omental masses.

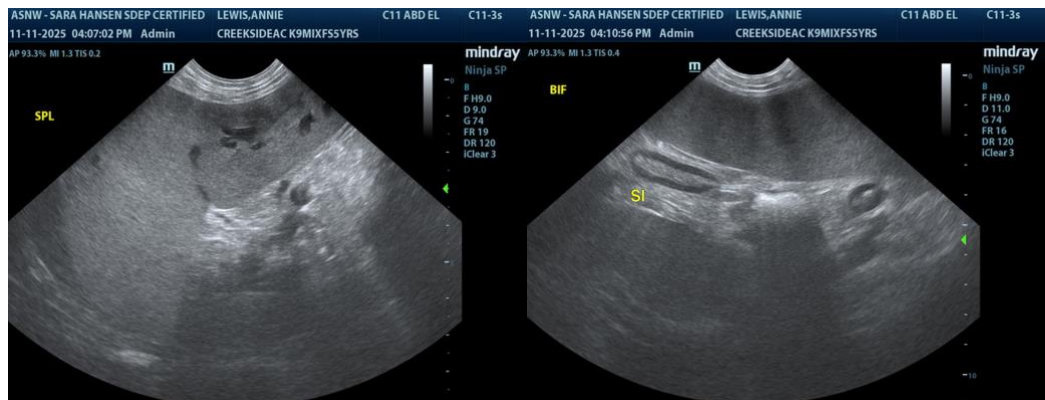
Rapid view of the heart revealed no overt pericardial effusion or visible cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Significant splenomegaly exhibiting indistinct marginated cystic/potentially cavitated mass lesions.
- Normal liver.
- Mild volume primarily perisplenic peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the splenic presentation meets neoplastic criteria such as round cell neoplasia, sarcoma or other. Significant splenic hyperplasia, hematopoiesis, inflammation/infection or other benign etiology are possible yet thought less likely. No obvious evidence of cardiac or intra-abdominal major organ macro metastasis. Pending clotting status and using a 25-gauge needle, splenic FNA cytology could be considered for further clarification. Otherwise, assuming no pathology on three view chest radiographs and adequate clotting time, direct splenectomy with gross inspection of the peritoneal cavity is recommended.





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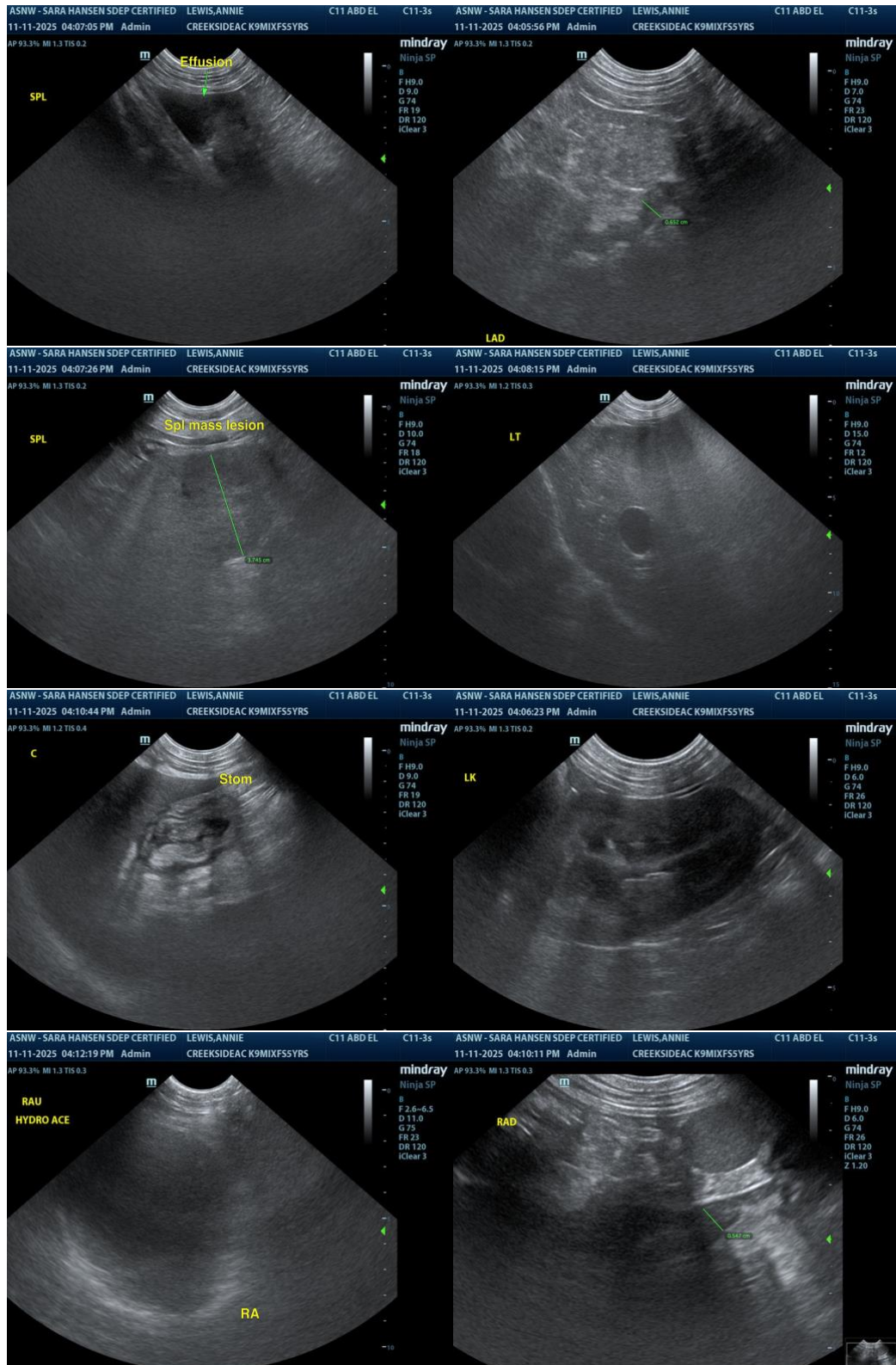
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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