



PATIENT PRESENTING CLINICAL SIGNS

Harley Langweil Anemic, anorexia, lethargic, pale mm

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: L RBC 3.60, L Hematocrit 26.6, L Hemoglobin 9.2, L lymphocytes 808, H Mono 1101, L Platelets 119, L Albumin 2.3, L Alb:Glob ratio 0.6, H ALT 195, H ALP 337, H Bili 0.4, H Bili unconjugated 0.3, H Lipase 921

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Australain Shepherd

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

Normal size and asymmetrical margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral cortical infarcts were present. The left kidney measured 6.3 cm in length. The right kidney measured 5.6 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

NA

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth.

INTERPRETED BY

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

Spleen

A moderately sized irregularly expansive mass involving the caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 7 cm. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 gravity dependent, non-organized hyperechoic debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr Glennon

Gastrointestinal

INVOICE 22936

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.

DATE

11/12/2025



PATIENT

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Canine

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.

BREED

Australain Shepherd

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion/hemoabdomen was present.

SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

MN

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

13yr

- Splenic mass
- Mild hepatic parenchymal remodeling- consistent with benign hepatopathy
- Non-organized gallbladder debris, subjective early immature mucocele
- Chronic renal changes with cortical infarcts

WEIGHT

NA

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. No overt cardiac or intra-abdominal major organ metastasis or evidence of splenic mass rupture. Assuming normal clotting status and no pathology on three view chest radiographs, splenectomy with gross inspection of the liver and gallbladder may be considered.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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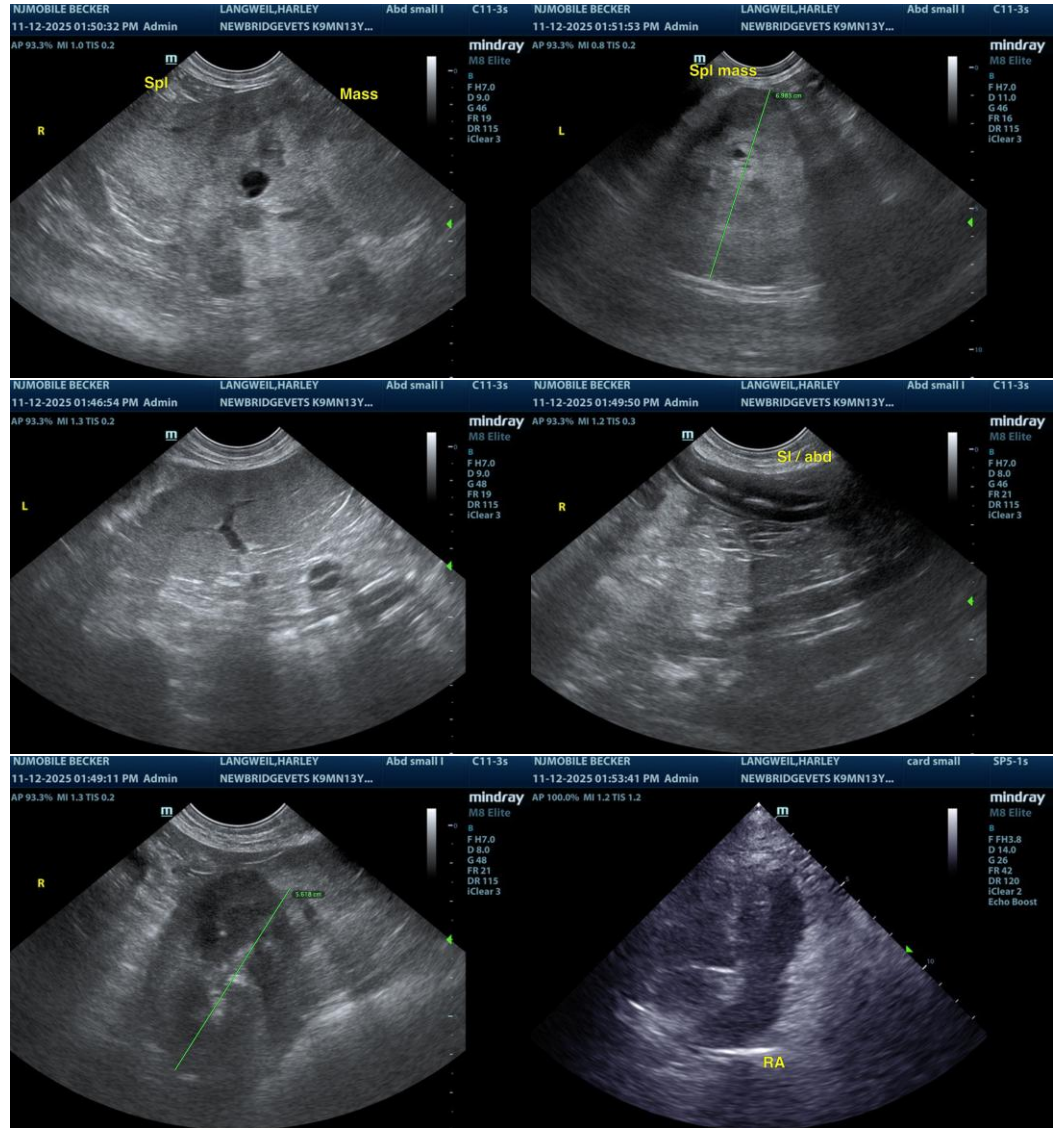
Dr Glennon

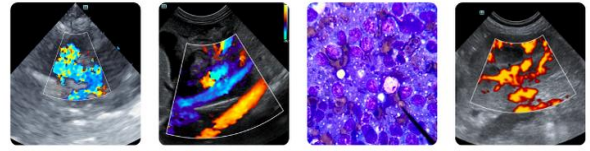
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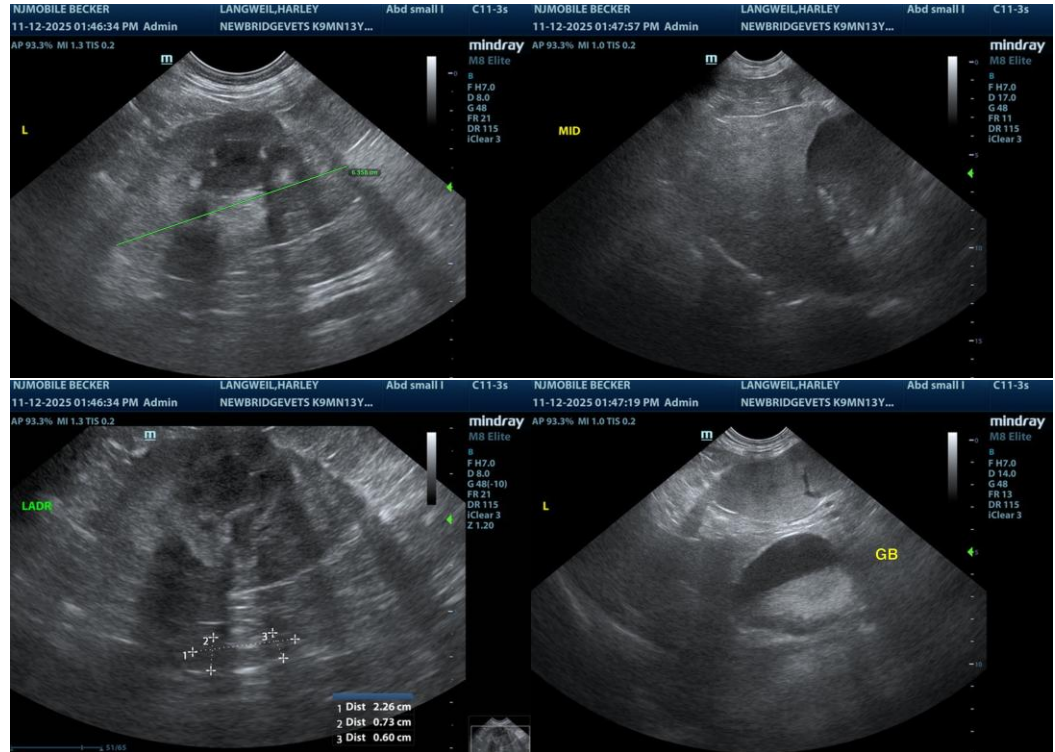
MN

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13yr

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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.

IMAGING PERFORMED BY

Kerri Becker

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