



## PATIENT

Bonsai Pugh

## SPECIES

Canine

## BREED

Border Collie

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

67.8

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Hannah Fearing

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Dr. Hannah Fearing

## INVOICE

12271

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

Patient presented for hind end weakness, lethargy, decreased appetite. Exam showed pale pink mm and cranial organomegaly. Radiographs showed suspected splenic mass and abdominal effusion, thorax appeared clear. Abdominocentesis revealed frank blood.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 5.8 cm in length. The right kidney measured 6.3 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology.

### Spleen

A moderately sized to expansive mixed echogenic cavitated splenic mass was present measuring approximately 10.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The remainder of the spleen exhibited symmetrical contour and homogenous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Perisplenic hyperechoic omentum and potential for omental adhesions.

### Liver

The liver presented subjective mildly enlarged, maintained symmetrical to mildly rounded capsule contour and nonhomogenous hepatic parenchyma. A definitive hepatic mass or nodule was not evident.

The gallbladder was non distended in size with mild hyperechoic potentially congealed nonobstructive debris to small choleliths. The common bile duct was not visualized.

### 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**

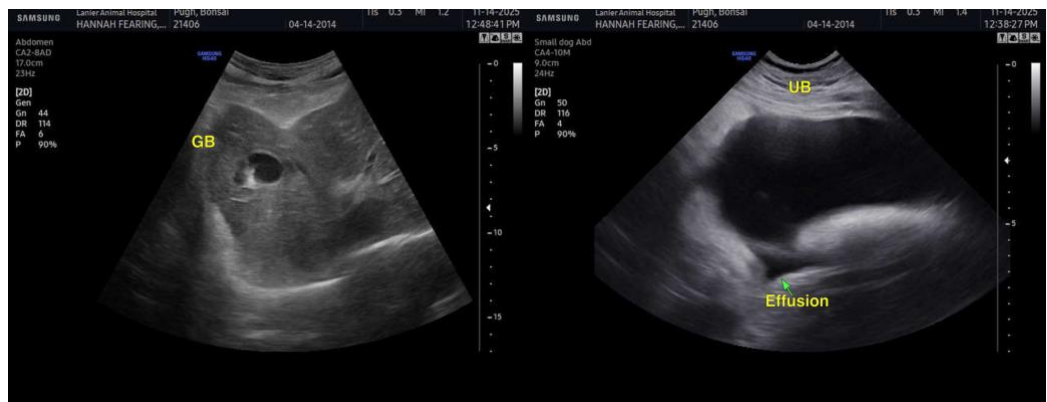
No overt visualized significant omental lymphadenopathy was present. Mild volume peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Confirmed splenic mass with perisplenic peritonitis and potential omental adhesions.
- Mild volume peritoneal effusion.
- Mildly enlarged nonhomogenous liver.
- Age-related renal changes.

**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. The liver is nonspecific and may indicate benign etiologies without overt sonographic evidence of hepatic parenchymal nodules or masses. Micro metastasis cannot be definitively excluded. Assuming normal clotting status and prior to surgical considerations, screening hepatic FNA cytology could be considered for further assessment and pending lab work. Given no evidence of thoracic pathology with ideally, brief sonographic assessment of the heart, splenectomy with hepatic biopsies is warranted. Guarded prognosis pending splenic +/- hepatic histopathology.





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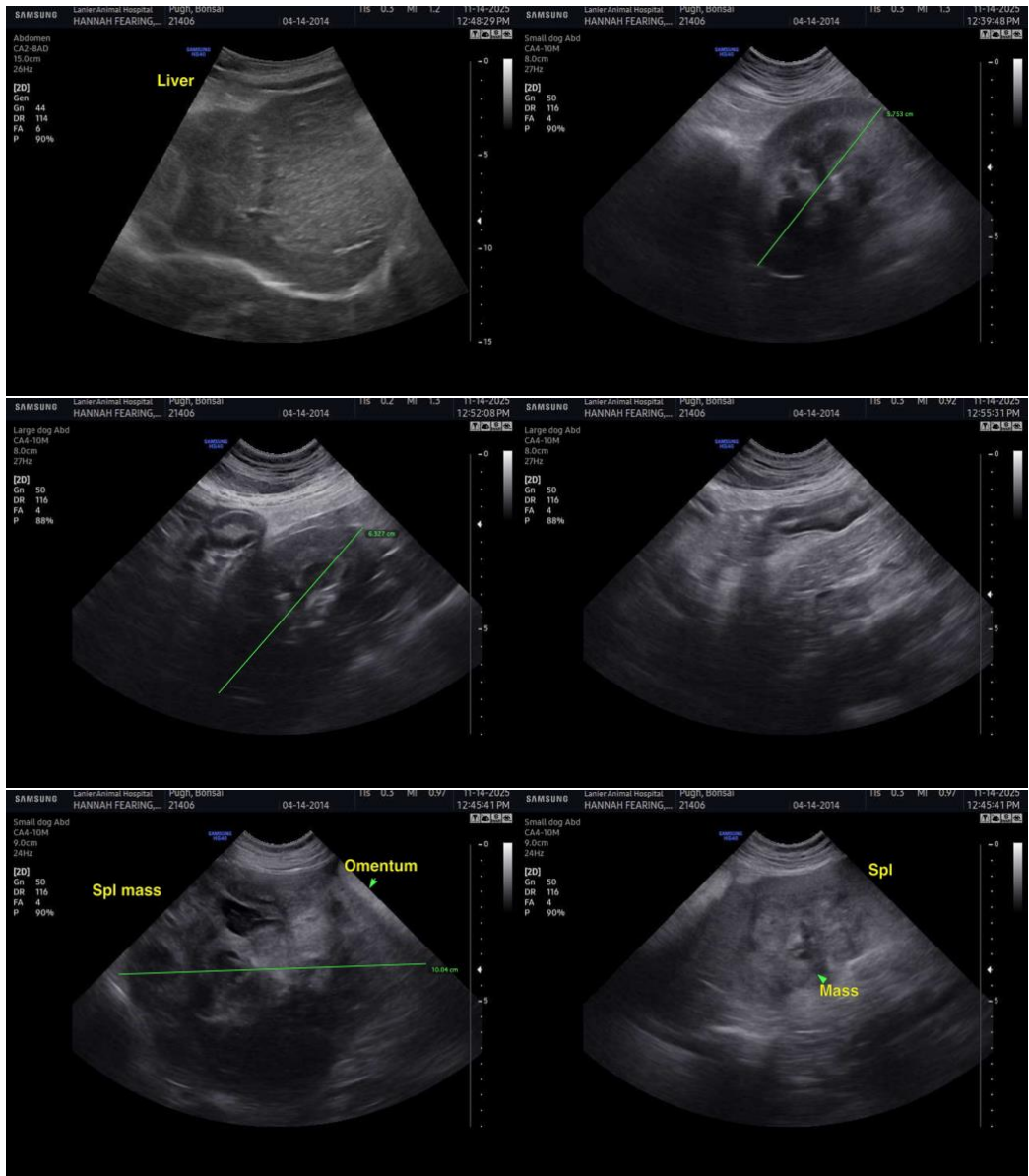
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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