



## PATIENT

Tater Demeria

## SPECIES

Canine

## BREED

Spinone Italiano

## SEX

Male Neutered

## AGE

6

## WEIGHT

42.3 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Stephanie Cory

## HOSPITAL NAME

Brighton VC Inc.

## REFERRING VET

Dr. Corrigan

## INVOICE

12817

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

History: Hx of diarrhea starting 2 months ago and reduced hair coat quality, more recently fever of unknown origin (40.0°C today), previous bloodwork showed anemia, thrombocytopenia, and USO imaging found splenomegaly and trace anechoic free fluid in the abdomen. Owners say no travel hx but does go to lots of field trials and has had multiple ticks this year. Was on tick preventative for part of the season.

## 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. Mild, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

The area of the iliac trifurcation was 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 – cm in length. The right kidney measured – cm in length.

### Adrenal Glands

The left and right adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland measured 0.6 cm width at the caudal pole. The right adrenal gland subjectively measured 0.7 cm width at the caudal pole.

### Spleen

The spleen was enlarged in size with splenic folding and rounded yet overall symmetrical capsule contour exhibiting mild to regional, mild non-homogeneous parenchyma. Intermittent, indistinctly marginated yet non-disruptive, non-homogeneous, possibly cystic nodules were present with an example measuring 1.5 cm in diameter.

### Liver

The liver presented mildly enlarged in size with normal vascular volume. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 mild, non-organized, echogenic, nonmineralized biliary sludge. The gallbladder was non-distended in size without evidence of inflammation or wall edema. The common bile duct was not visualized.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-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.

Normal visible colon wall layers were present with apparent semi-formed to soft feces in lumen.

## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

Intermittent, mildly prominent to enlarged mid abdomen mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 2.6 cm x 0.77 cm. Scant pockets of peritoneal effusion and normal omental echogenicity was present.

## PRIMARY FINDINGS

- Enlarged folded spleen with indistinct non-homogeneous possibly cystic splenic nodules – hyperplasia, hematopoiesis, splenitis, hematomas, neoplasia, possible
- Concurrent mild non-congested hepatomegaly – subjective benign
- Non-edematous gallbladder with mild bile sediment (non-mucocele)
- Structurally unremarkable gastrointestinal tract/colon with non-shadowing gastric ingesta and semi-formed to soft fecal matter – gastric ingesta consistent with food echogenicity
- Intermittent, mild mesenteric lymphadenopathy and scant peritoneal effusion

## SECONDARY FINDINGS

- Normal bilateral kidneys with mild urinary bladder lumen mineral

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, splenic parenchyma/indistinct nodule and screening hepatic FNA cytology is recommended for further clarification. Correlation with CBC pathology review, infectious disease serology and urinalysis is recommended. A GI panel to include and screening cortisol level to assess for occult disease as a contributing factor to the gastrointestinal signs is recommended. Hydrolyzed diet trial with possible long-term dietary therapy, high colony count probiotic such as Provable, empirical deworming and Cobalamin supplementation pending assessment of Cobalamin level may prove beneficial.



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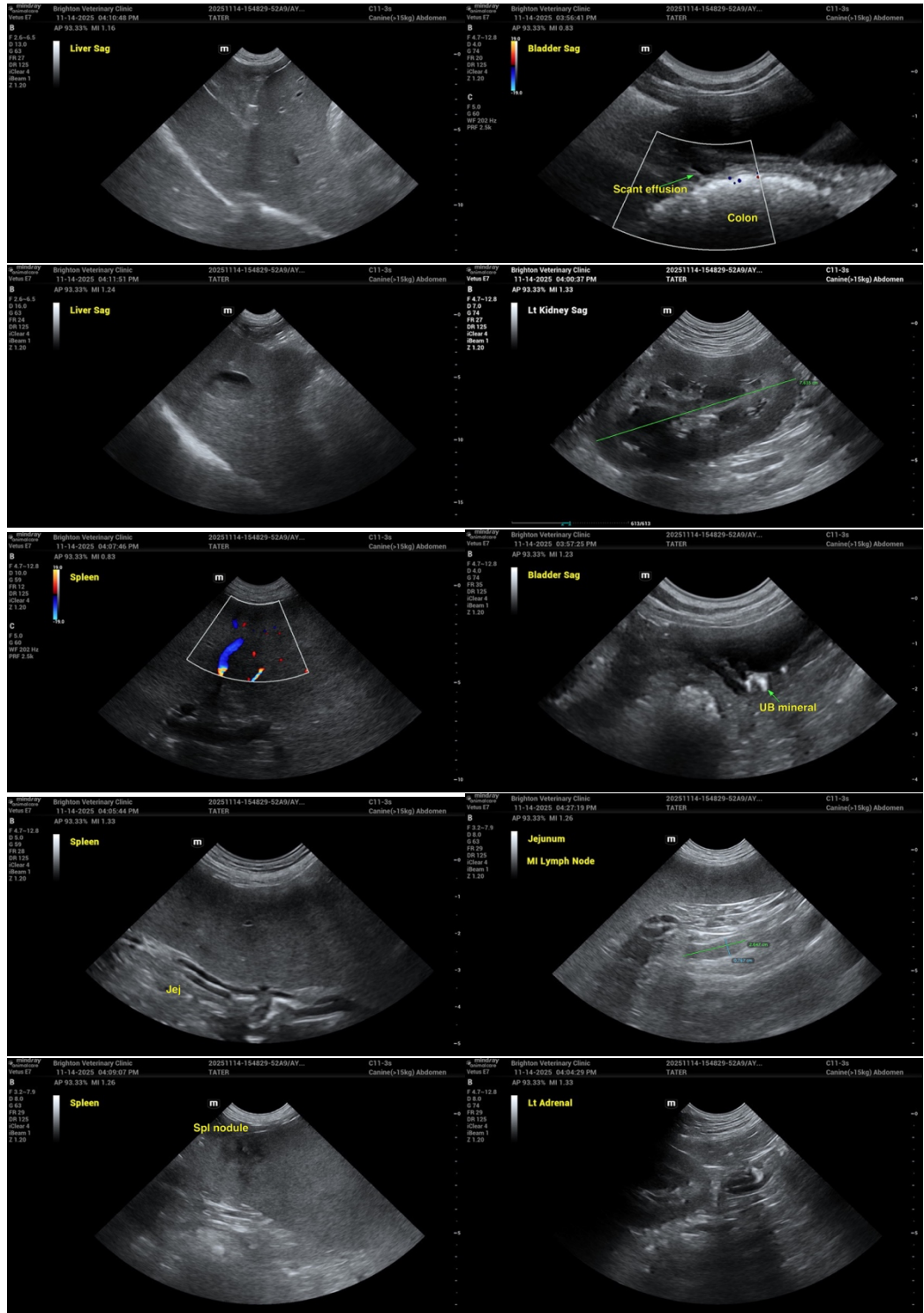
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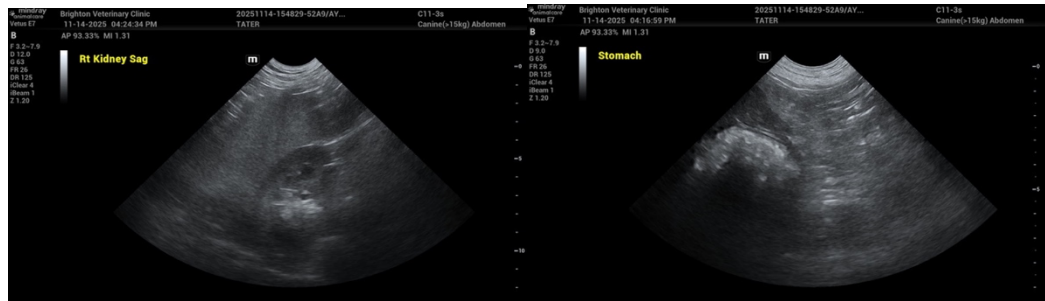
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)