



## PATIENT

Lucy Heck

## SPECIES

Canine

## BREED

Blue Heeler

## SEX

Spayed Female

## AGE

11 Years 8 Months

## WEIGHT

20 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Happy Paws Vet Clinic  
East

## REFERRING VET

Dr. Erin

## INVOICE

12309

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Please see last AUS done September 3, 2025 Lucy Heck is a patient with multiple findings from a recent abdominal ultrasound, including a splenic mass concerning for neoplasia, a questionable gallbladder mass, and irregularities in the proximal urethra. An abdominal ultrasound on 9/3/2025 identified a large, mottled spleen containing a mixed echogenicity mass lesion and an associated intrasplenic infarct in a branch of the splenic vein. These findings were noted as concerning for a possible neoplastic process, though a benign lesion could not be ruled out. The same 9/3/2025 ultrasound revealed a large, distended gallbladder with a significant amount of intraluminal debris and a questionable pedunculated mass effect, for which chronic ursodiol therapy and continued monitoring were recommended. The liver was also found to be heterogeneous with nonspecific changes. Additionally, the kidneys showed age-related changes. Additional findings from the 9/3/2025 ultrasound included a mildly irregular region at the cystourethral junction and proximal urethra, with a recommendation to correlate with a digital rectal exam and urinalysis. The stomach wall was also observed to be thickened, which could be due to inflammation, edema, or infiltrative neoplasia. The owner has currently opted to monitor the patient and recheck for any changes to guide future steps.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone and cystourethral junction 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. Thickened proximal urethra to a depth of 3.0 cm with pinpoint hyperechoic proximal urethra mural foci in the area of the thickened urethra. No obvious evidence of obstruction to urine outflow given lack of urinary bladder distention. The proximal urethra measured 0.83 cm width.

No obvious visualized significant medial iliac or sublumbar lymphadenopathy.

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

### Adrenal Glands

An indistinct nondisruptive nonhomogenous hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.83 cm in diameter. The left adrenal gland measured 0.60 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width.

### Spleen

The spleen was subjective mildly enlarged in size. Previously noted subjective mild progressive indistinctly marginated nonhomogenous hypoechoic mid to cranial splenic mass lesion was visualized measuring 4.2 cm in diameter. The mass lesion did not distort the splenic capsule. Previously noted



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soft tissue echo within the splenic vein was visualized which may indicate previously noted small nonobstructive splenic vein thrombus or area of parenchymal vascular expansion or invasion.

### Liver

The liver presented subjectively mildly enlarged, symmetrical contour and generalized mild heterogeneous to remodeled hepatic parenchyma with indistinct portal vascular borders. No mass or nodules were evident.

The gallbladder was non distended in size with moderate congealed to nondependent gallbladder 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 was empty with no signs of ileus, 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 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 lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Thickened proximal urethra with hyperechoic mural foci- primarily concerning for nonobstructive proximal urethral mass i.e. transitional cell carcinoma.
- Mildly enlarged nonhomogenous liver- subjective benign.
- Nonorganized congealed gallbladder debris, minor potential for gallbladder polyp.
- Age-related renal changes.
- Indistinct cranial left adrenal nodule- suspect adenoma or hyperplasia, emerging primary or metastatic adrenal tumor thought less likely.
- Mild progressive mixed echogenic mid to cranial splenic mass lesion with small nonobstructive splenic vein thrombus versus focal parenchymal expansion.
- Sonographically normal gastrointestinal tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF assay and correlation with urinary work up is recommended. Assuming normal clotting status, splenic mass lesion and screening hepatic FNA cytology could be considered for further clarification. Overall, the spleen appears to be stable without evidence of parenchymal expansion and adequate vascularity. Monitoring of systemic BP given left adrenal nodule is indicated. Pending further work up of the thickened proximal urethra, sonographic monitoring of the splenic lesion, liver and left adrenal nodule for evidence of progression would be reasonable.



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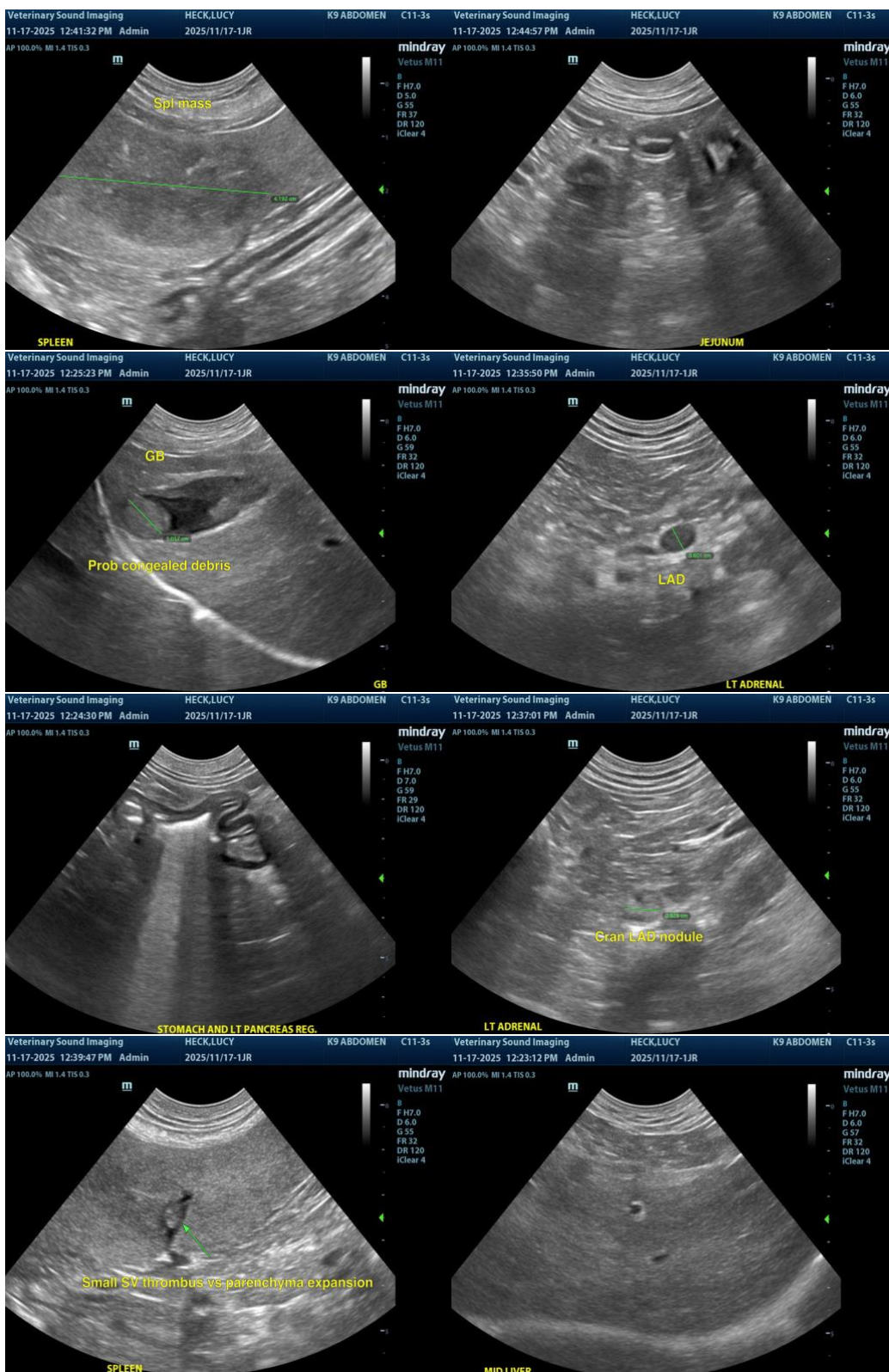
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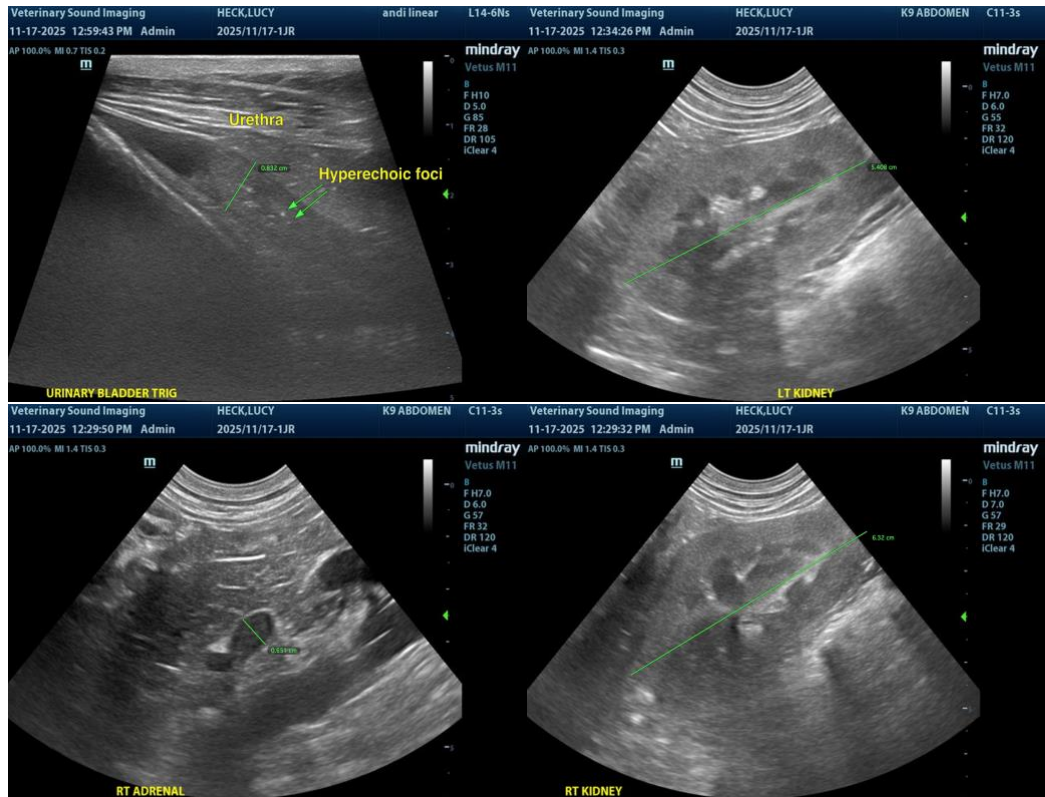
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)