



PATIENT

Miltie Broad

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

11.14 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

12316

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Hx of intermittent inappetence. Grade 1-2 heart murmur apical systolic. Tense/firm abdomen, radiographs susp large spleen. FNA/cytology showed concern for neoplasia. Scheduled for splenectomy tomorrow. Pre-OP bw showed mild low platelets, rechecked yesterday, concern for low platelets at 30K ABNORMAL Labwork Values PLT-37, MPV-21.7, PDW- ---, PCT 0.08%

Current Medications Mirtazapine, Cerenia

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.

The left kidney was subnormal in size compared to the right kidney. 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. Areas of mild medullary mineral were present with left kidney mild pyelectasia. The left kidney measured 3.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited normal size while the right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.69 cm width in the caudal pole.

Spleen

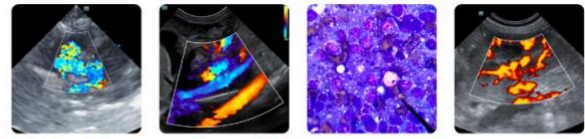
The spleen exhibited marked enlargement with folding, areas of rounded to regional asymmetrical splenic capsule contour and mild generalized nonhomogenous splenic parenchyma. No visualized splenic mass or nodules. Adequate splenic vascularity was maintained. The spleen measured approximately 3.0 cm in diameter to the level of the mid spleen.

Liver

The liver presented subjective mildly enlarged in size. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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

A mild volume of perisplenic to peritoneal effusion was present. No visualized significant omental lymphadenopathy. Mild perisplenic hyperechoic omentum.

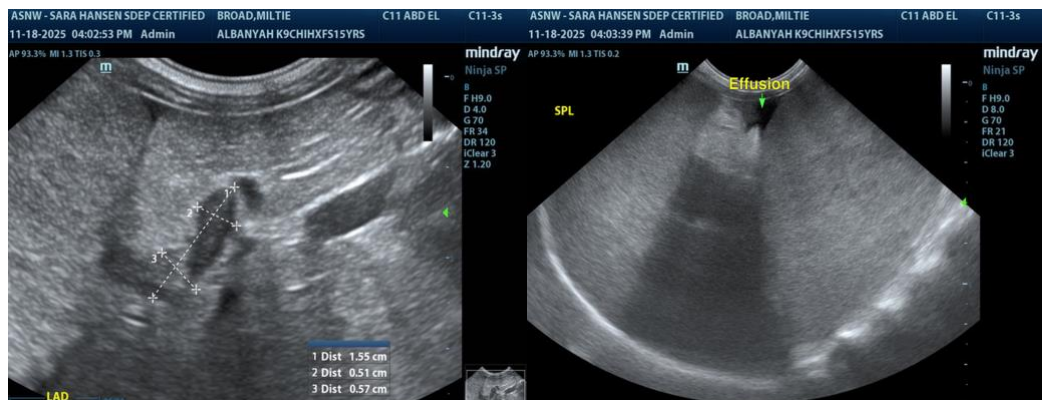
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Marked splenomegaly with nonhomogenous parenchyma and folding.
- Subjective mild hepatomegaly.
- Perisplenic hyperechoic omentum and mild volume effusion.
- Chronic renal changes exhibiting mild medullary mineral, subnormal left kidney size with mild pyelectasia.
- Sonographically normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with splenic cytology, the spleen is consistent with neoplastic criteria with primary concern for round cell neoplasia i.e. lymphoma, mass cell neoplasia or other. Sonographically, the mild hepatomegaly is not overtly consistent with neoplastic or metastatic criteria yet given splenic round cell neoplastic criteria, early hepatic metastasis cannot be definitively excluded. Assuming normal clotting status, yet likely dependent upon further monitoring or stabilization of platelet level, screening hepatic FNA cytology prior to surgical considerations would be ideal. Three view chest radiographs are recommended if not done.





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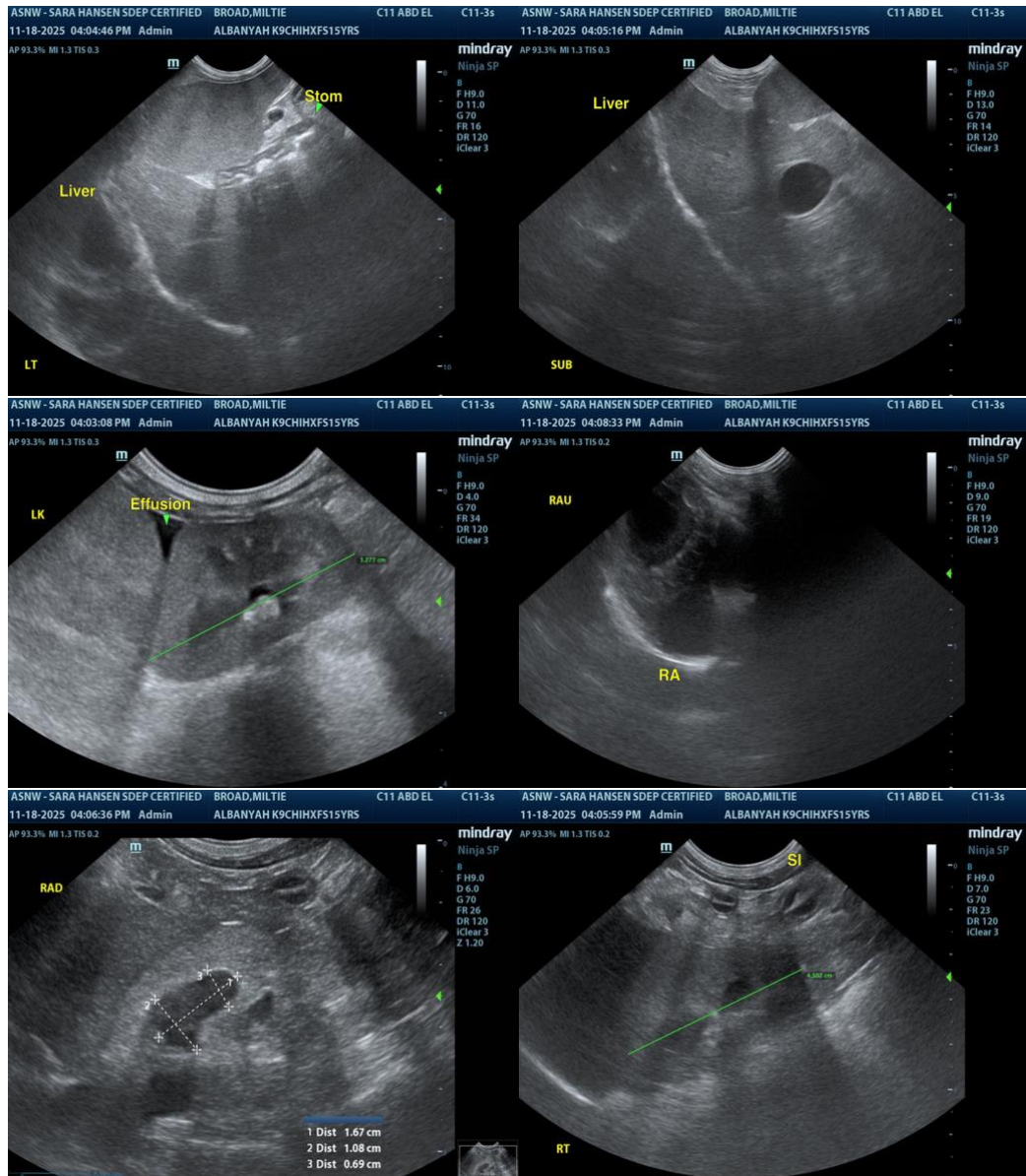
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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