



PATIENT

Czunka Peters

SPECIES

Canine

BREED

Golden Retriever

SEX

Male (neutered)

AGE

8 years

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Hexter

INVOICE

10372

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Mid abdominal mass found on annual exam Current meds: Apoquel 16mg SID

Abnormal PE/Chem/CBC/UA Results: HCT 38, HGB 12.5, rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and 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 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 6.8 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size with symmetrical contour and mild heterogeneous parenchyma exhibiting intermittent subtle hypoechoic nondisruptive nodules with an example measuring 0.44 cm diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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The visualized segments of the small intestine were sonographically normal.

Czunka Peters

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

SPECIES

Pancreas

Canine

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 were evident.

BREED

Free Abdomen

Golden Retriever

SEX

A moderately sized mid-abdomen mass exhibiting nearfield hyperechogenicity and mild progressive shadowing was noted, appearing to efface or potentially connect to the medial spleen. The mass measured ~8.0 cm diameter. No evidence of peritoneal effusion or visualized significant omental lymphadenopathy.

Male (neutered)

AGE

ULTRASONOGRAPHIC FINDINGS

8 years

WEIGHT

- Mid-abdomen mass exhibiting nearfield hyperechogenicity and progressive shadowing appearing to efface or potentially derive from the medial spleen
- Age-related renal changes
- Sonographically normal liver
- Normal visualized gastrointestinal tract
- Subtle splenic nodules - incidental subtle lymphoid hyperplasia, hematopoiesis, inflammation, early neoplastic nodule not excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed abdominal mass is suspected to be splenic in origin, with non-splenic unspecified mass impinging upon the medial spleen not definitively excluded. Considerations include significant splenic myelolipoma, hyperplasia, granuloma, staeitis, consolidated abscess, or neoplasia. Aside from the mass, largely geriatric abdomen without evidence of additional visceral pathology.

REFERRING VET

Dr. Hexter

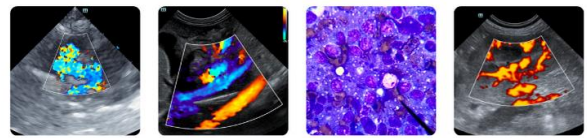
If elected, correlation with mass cytology +/- C/S is recommended. Assuming no evidence of pathology on three view chest radiographs, exploratory laparotomy with gross inspection of the mass and spleen with mass resection and potential splenectomy is warranted.

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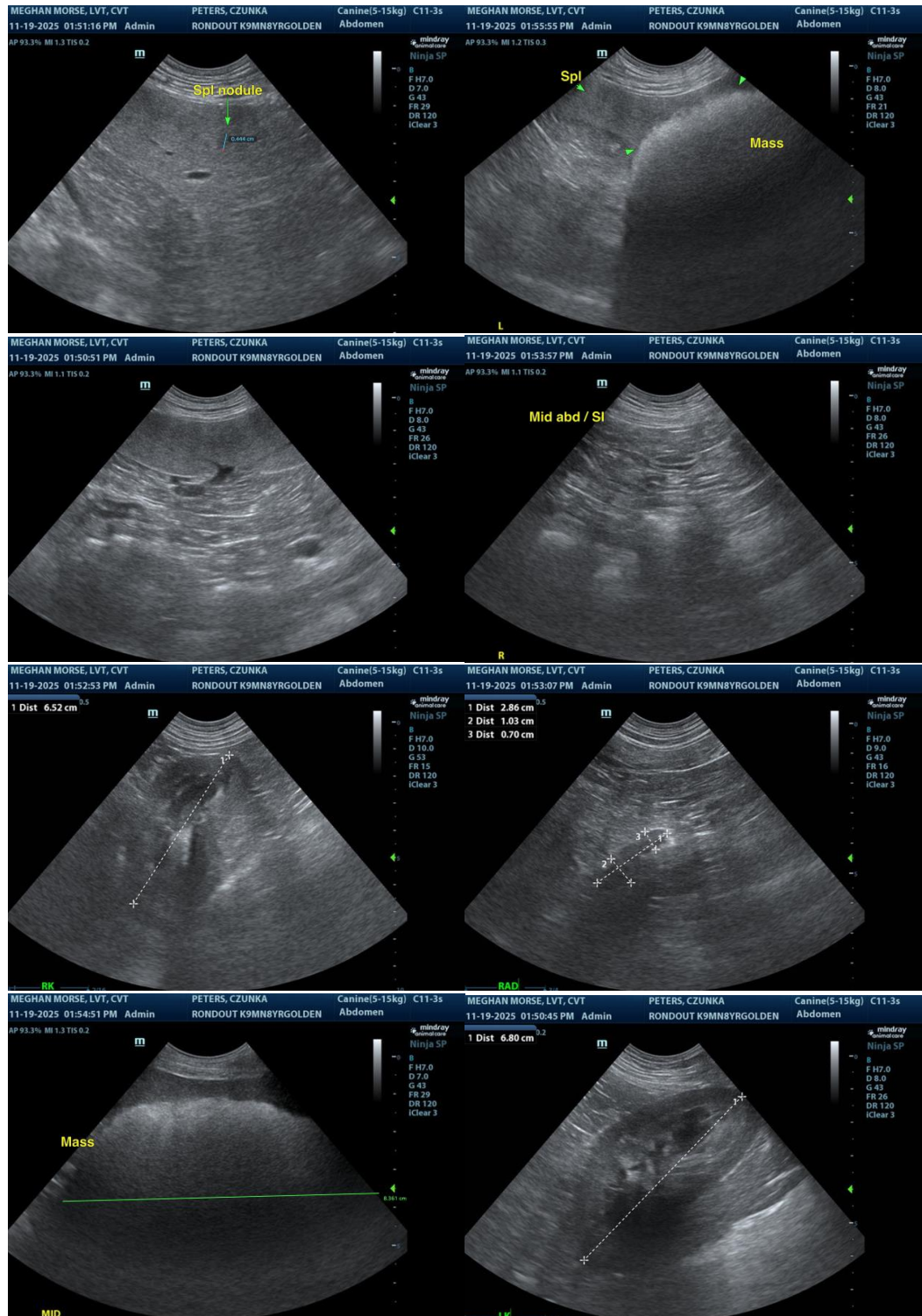
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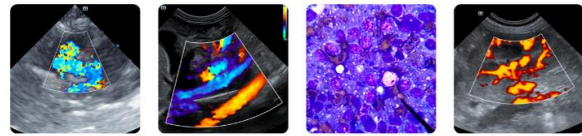
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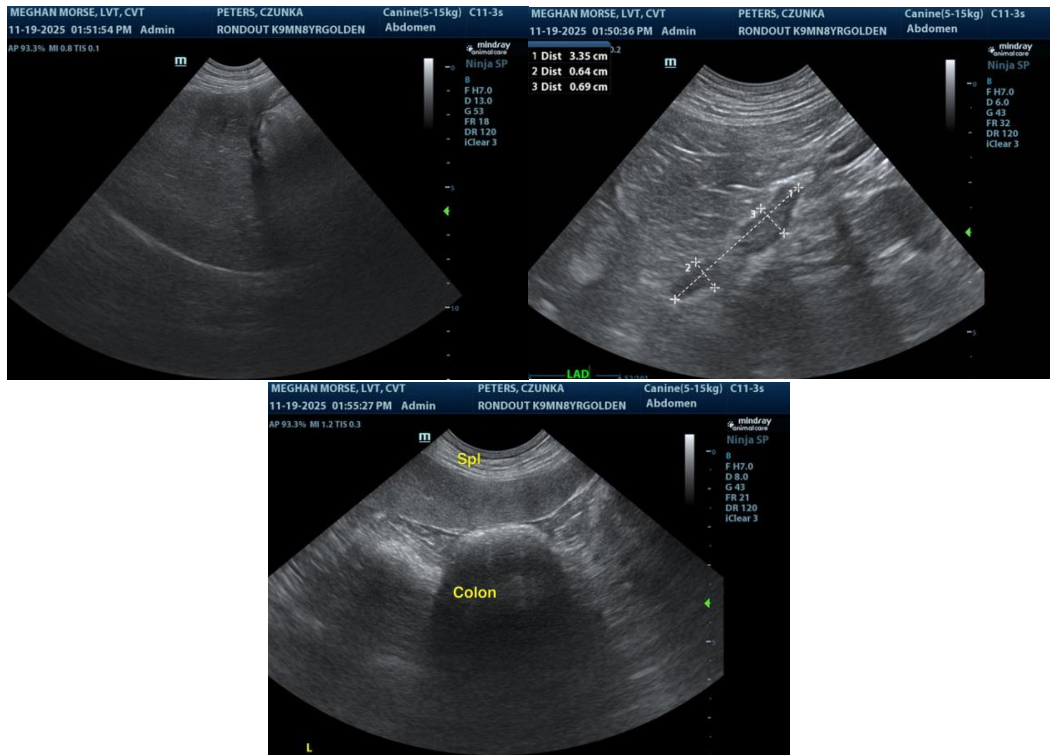
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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