



PATIENT

Dolly Kee

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

8

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Becky Meier-GAst

HOSPITAL NAME

Meier Veterinary Clinic
PC

REFERRING VET

Dr. Kathy Ross

INVOICE

12846

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound Referral from Dr. Ross. Possible abnormal spleen on radiographs.

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 changes were noted.

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 4.6 cm in length. The right kidney measured 4.8 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 0.57 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 0.51 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily maintained homogeneous parenchyma. Solitary, non-disruptive, non-homogeneous, hypoechoic medial splenic nodule was present measuring 0.81 cm in diameter.

Liver

The liver exhibited subjective mid hepatomegaly. 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 congealed possibly adhered, echogenic, nonmineralized 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.



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Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild benign hepatomegaly
- Mild, non-organized, gallbladder debris (non-mucocele)
- Non-disruptive splenic nodule – lymphoid hyperplasia, hematopoiesis, focal inflammation, small granuloma or a similar favored, minor potential for emerging neoplastic criteria or tumor

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation with lab work primarily to assess for evidence of hepatic enzyme elevations or cholestasis. Hepato-supportive medications may be considered if clinically indicated. Initial sonographic monitoring of the splenic nodule for evidence of persistence or progression with initial recheck in 4 weeks would be reasonable. Assuming normal clotting status, using 25-gauge needle and if accessible, splenic nodule FNA cytology for further clarification is warranted.

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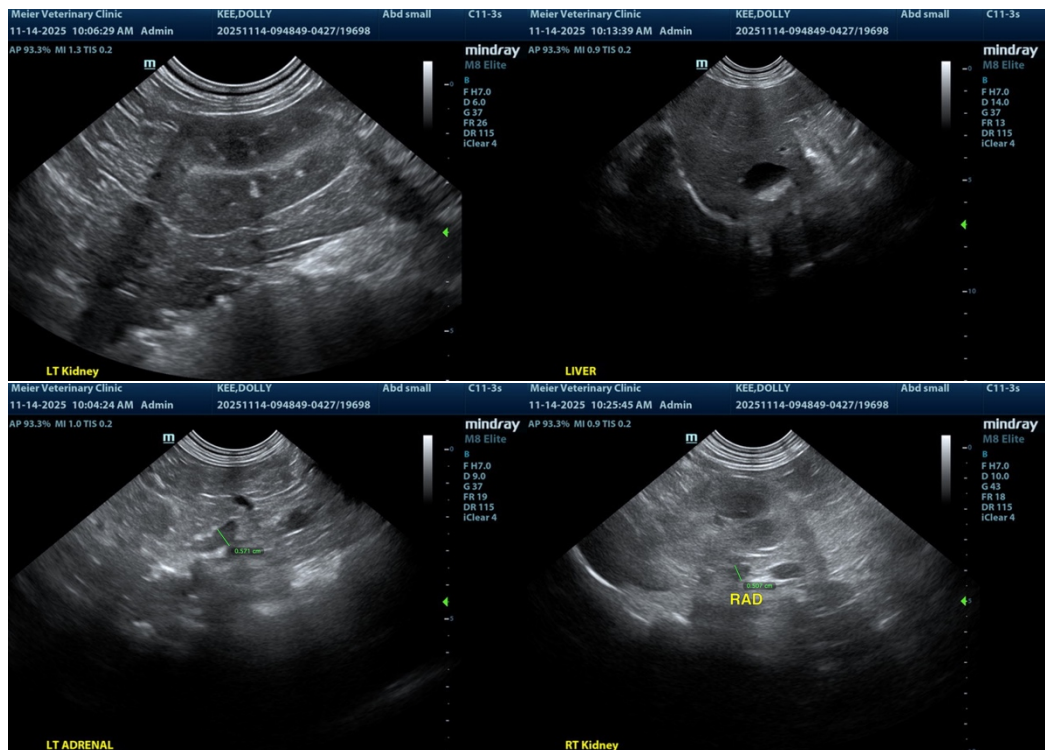
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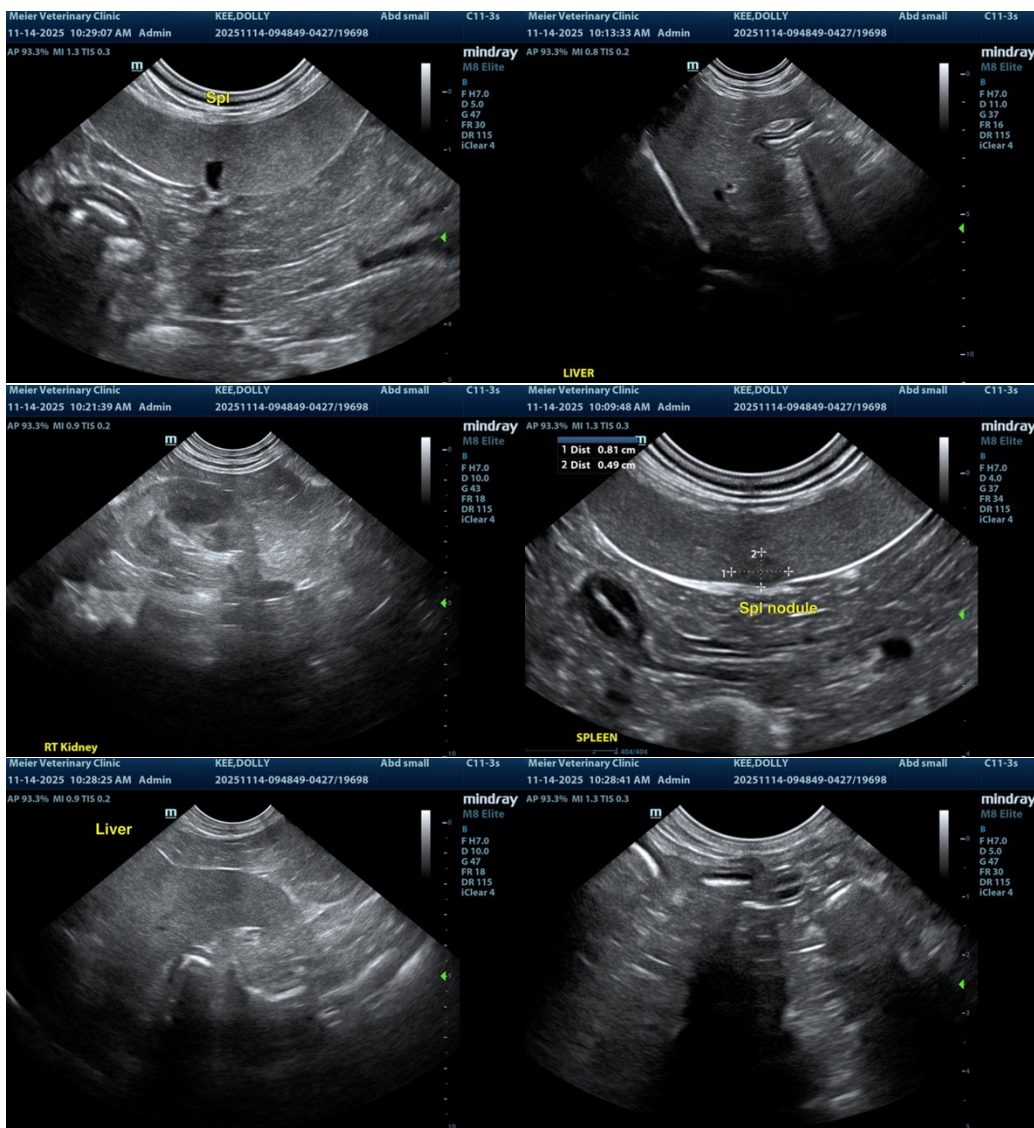
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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