



PATIENT

Darwin Anderson

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

4yr

WEIGHT

97lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Packanack AH

REFERRING VET

Dr Mahoney

INVOICE
23057

DATE
11/24/2025

PRESENTING CLINICAL SIGNS

Abdominal mass on rads. MCT LF 5th digit, multiple sq masses. Pred for skin infection, cephalixin.
Abnormal PE/Chem/CBC/UA Results: Chest rads WNL other then dorsal tracheal deviation in cranial abd.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 7.4 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.71 cm width at the caudal pole The right adrenal gland measured 0.78 cm width at the caudal pole.

Spleen

A mildly expansive ovoid homogenous caudal splenic mass was present with associated symmetrical capsule distortion, measuring 4.4 cm in diameter. The remainder of the spleen was sonographically normal.

Liver/Gallbladder

The liver presented 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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

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Primary

- Homogenous splenic mass- primary or metastatic neoplasia, hyperplasia, hematopoiesis, inflammation possible
- Mild hepatomegaly- subjective benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is concerning for primary or metastatic neoplastic criteria, i.e. mast cell neoplasia in conjunction with patient history and if additional subcutaneous mast cell tumors are present or confirmed. Splenic hyperplasia, hematopoiesis, inflammation or other non-neoplastic etiology not excluded.

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(Canine and Feline)

The liver is suggestive of benign criteria in conjunction with steroid administration and suggestive of vacuolar or steroid hepatopathy. Correlation with hepatic enzyme assessment is recommended. If normal clotting status and using 25ga needle, a splenic mass and screening hepatic FNA cytology is recommended for further clarification with potential for oncology consultation.

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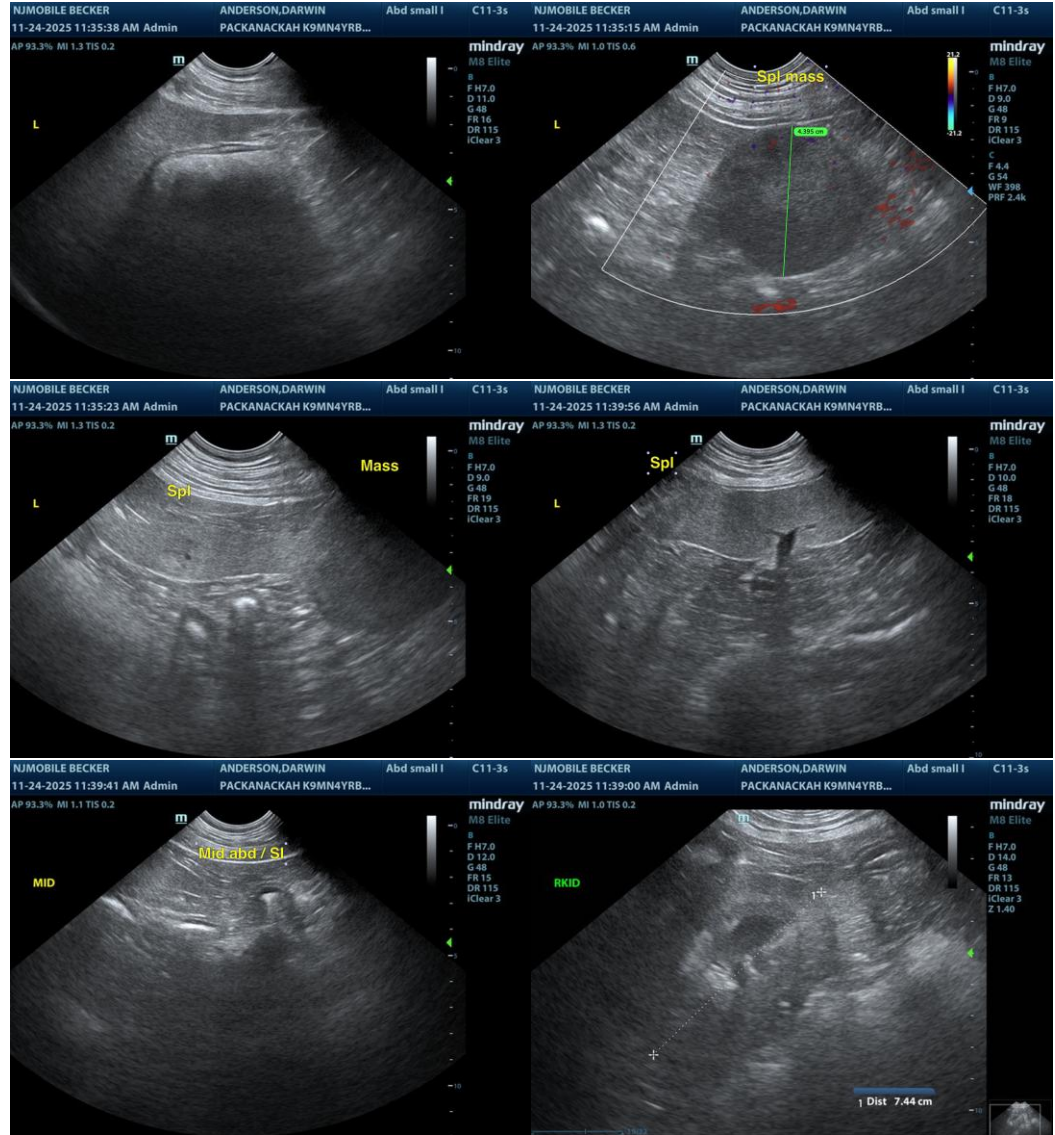
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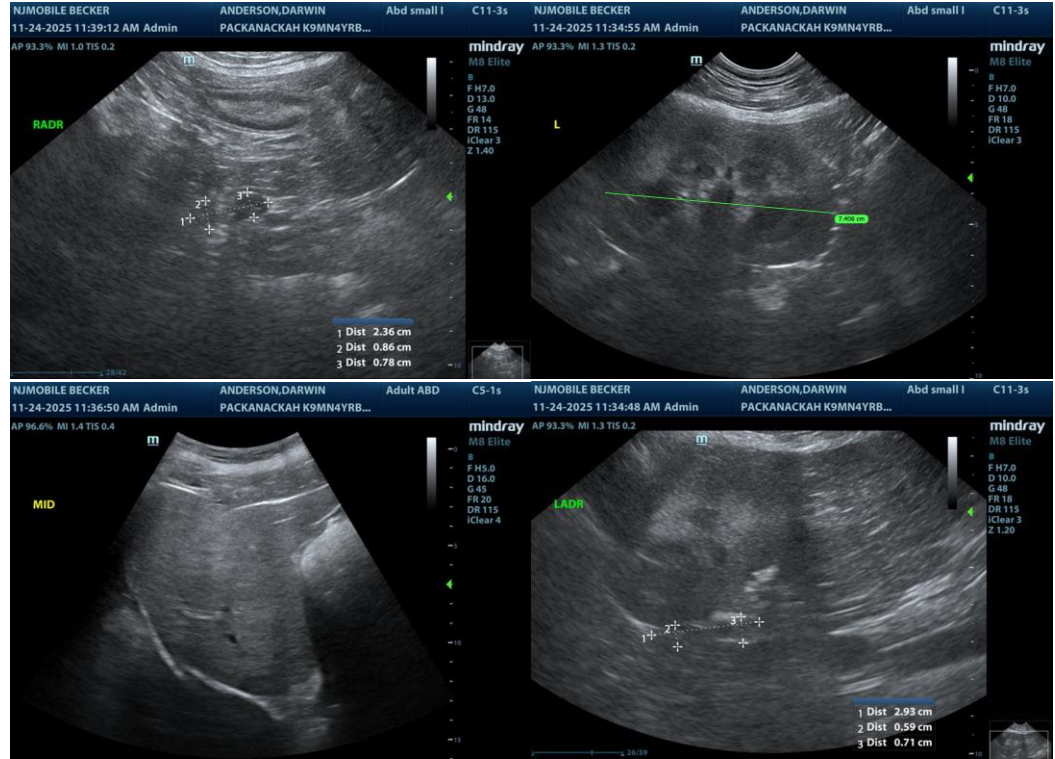
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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