



**PATIENT**

Geronimo Mann

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

2015

**WEIGHT**

39

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

12092

**DATE**

11/04/25

**PRESENTING CLINICAL SIGNS**

1 week duration decreased appetite, lethargy, weight loss, concern for splenic mass on radiograph, Anaplasma +

Medication: doxycycline

**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.

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

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral were visualized with no evidence of pyelectasia. The left kidney measured 5.4 cm in length. The right kidney measured 5.6 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 0.68 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 0.58 cm width at the caudal pole.

**Spleen**

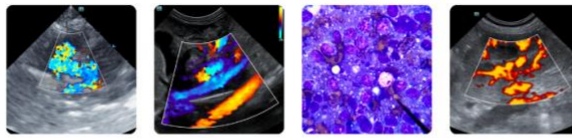
The spleen revealed a solitary, mildly expansive isoechoic mildly nonhomogenous splenic mass with associated primarily symmetrical splenic capsule distortion was visualized measuring approximately 4.0 cm in diameter. Concurrent intermittent medial parenchyma to perihilar benign myelolipomas were present.

**Liver**

The liver presented 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**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***

No visualized significant omental lymphadenopathy or peritoneal effusion or splenic mass rupture was present. Generalized normal omental echogenicity.

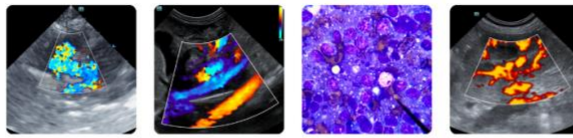
Rapid view of the heart revealed no evidence of pericardial effusion or overt cardiac tumors.

**ULTRASONOGRAPHIC FINDINGS**

- Confirmed nonspecific splenic mass with concurrent benign myelolipomas.
- Hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Age-related renal changes.
- Sonographically normal gastrointestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). The hepatomegaly is nonspecific yet sonographically suggestive of benign criteria without evidence of hepatic congestion. Assuming normal clotting status and using a 25-gauge needle, splenic mass and screening hepatic parenchyma FNA cytology is recommended. Assuming no pathology on three view chest radiographs, direct laparotomy with splenectomy and hepatic biopsies is warranted. Given potential for a benign splenic etiology without overt cardiac or intra-abdominal organ macro-metastasis, serial sonographic monitoring of the splenic mass for evidence of progression with initial recheck in 3-4 weeks would be a more conservative approach.



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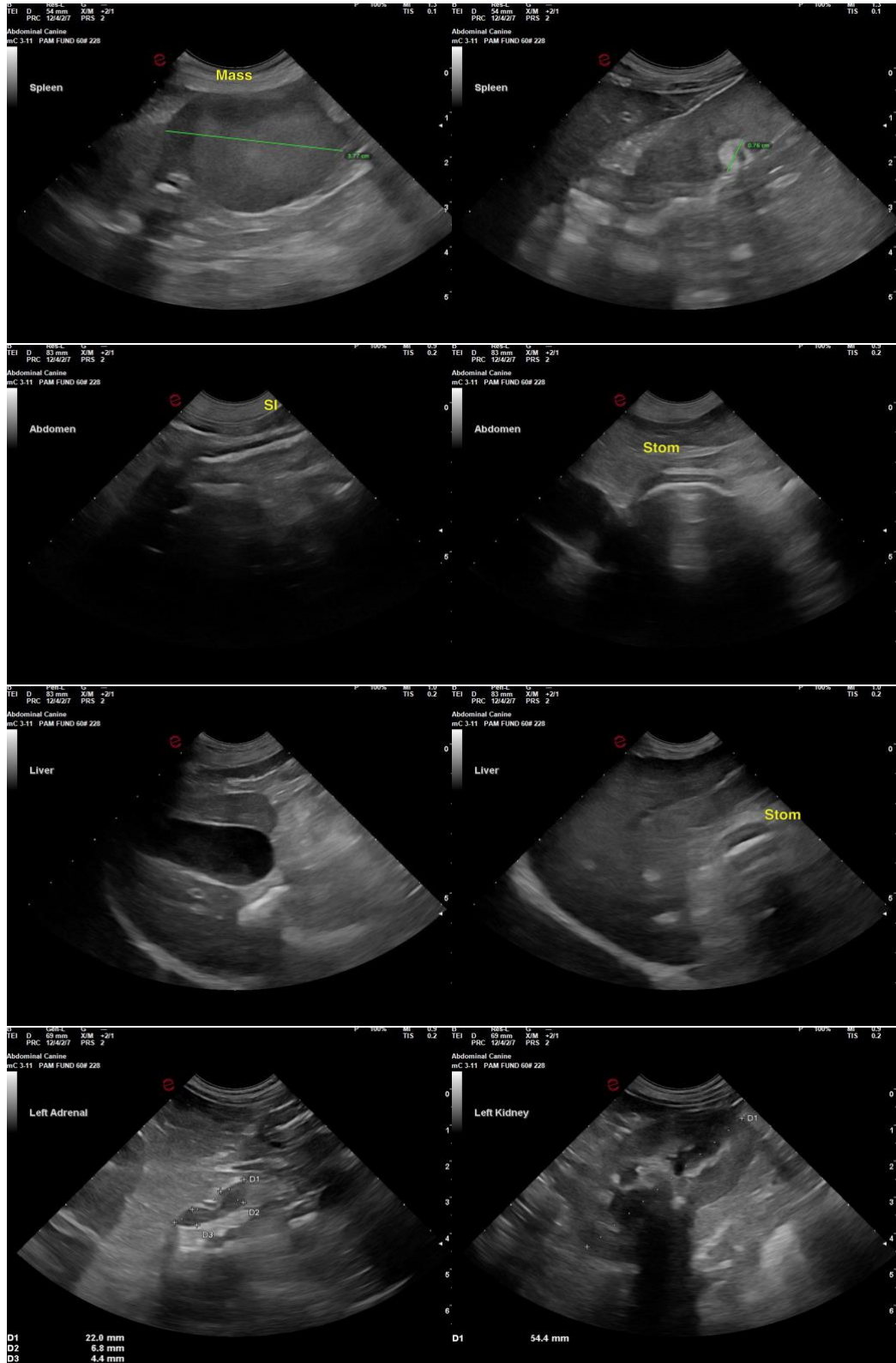
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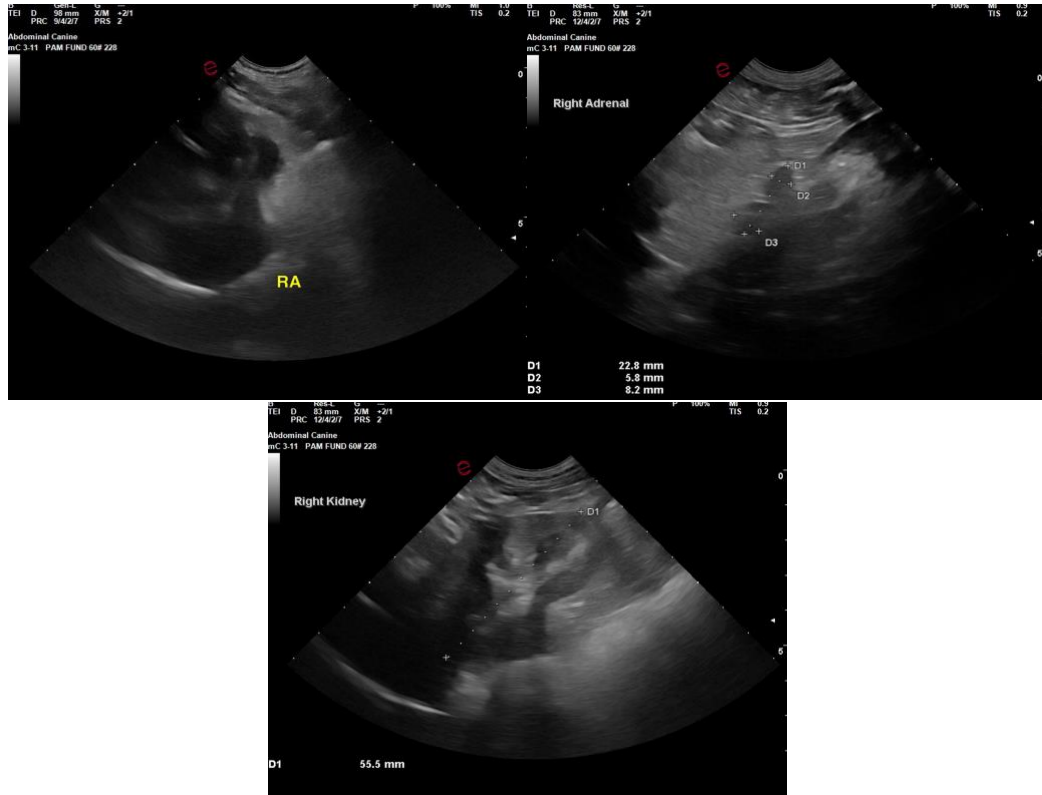
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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