



## PATIENT

Raja Karim

## SPECIES

Canine

## BREED

Boxer

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

33.7 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson Veterinary  
Clinic

## REFERRING VET

Dr. Orisha Yacyshyn

## INVOICE

12051

## DATE

11/04/25

## PRESENTING CLINICAL SIGNS

Presented for two cutaneous masses removal. biopsy pending. Increased drinking, no other significant abnormalities.

Abnormal PE/Chem/CBC/UA Results: Mild anemia (regenerative) and neutropenia. Increased ALP 1150(20-150); ALT 251 (10-118); AMY 1484 (200-1200)

## 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 overt pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 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 7.3 cm in length. The right kidney measured 7.6 cm in length.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.82 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

### Spleen

The spleen exhibited mild cranial splenomegaly with indistinctly marginated heterogeneous cranial splenic parenchyma and intermittent mildly expansive nonhomogenous hypoechoic splenic nodules with an example of nodules measuring 1.8 cm to 2.1 cm in diameter. The mildly enlarged cranial spleen measured approximately 3.4 cm in diameter.

### Liver

The liver revealed mild hepatomegaly. The liver exhibited variable lobar nonhomogenous parenchyma exhibiting variable coarse echotexture and indistinct portal vascular borders. A definitive mass was not obvious.

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 contained mild nonshadowing ingesta (consistent with food echogenicity) with no signs of ileus, 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 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*

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 visualized significant mid abdomen mesenteric lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

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- Age-related renal/left adrenal changes.
- Cranial splenomegaly exhibiting indistinctly marginated heterogeneous cranial splenic parenchyma and intermittent mildly expansive splenic nodules.
- Enlarged nonhomogenous liver.
- Mild gallbladder debris (non-mucocele).

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic presentation is highly concerning for primary or metastatic neoplastic criteria given the patient's history with hyperplasia, hematopoiesis, inflammation or other benign etiology possible. The liver was more nonspecific with both benign, emerging, primary or metastatic neoplastic criteria possible. No evidence of posthepatic obstruction.

## IMAGING PERFORMED BY

Natalia Franco

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic parenchyma and cranial splenic/splenic nodule FNA cytology. Assuming no pathology on three view chest radiographs, normal clotting status and pending cutaneous mass histopathology, splenectomy with hepatic biopsies may be considered. Correlation with urinary work up +/- adrenal screening or work up if clinical signs are consistent with Cushing's syndrome.

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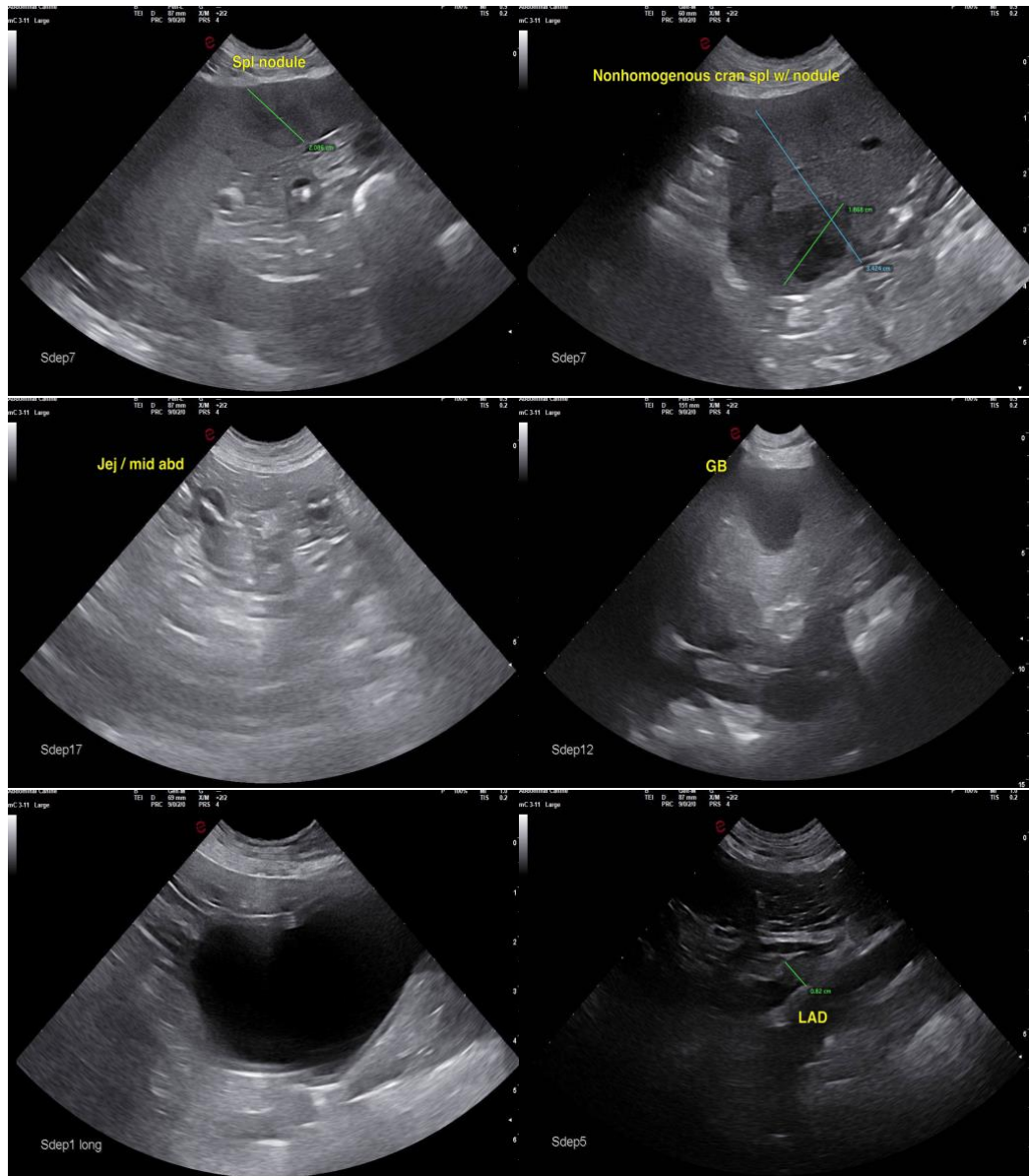
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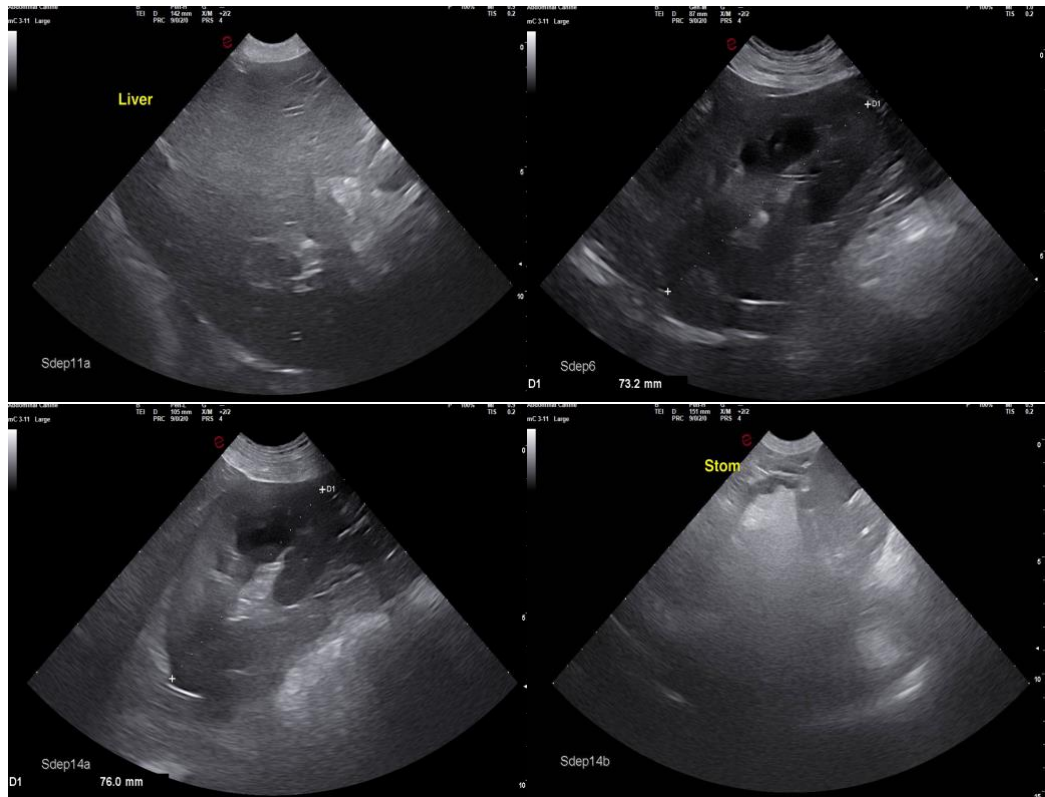
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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