



## PATIENT

Roxy Julien

## SPECIES

Canine

## BREED

Rottweiler

## SEX

FS

## AGE

10yr

## WEIGHT

42.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dave Stasiuk

## HOSPITAL NAME

Glamorgan Animal  
Hospital

## REFERRING VET

Dr MacAulay

## INVOICE

22861

## DATE

11/05/2025

## PRESENTING CLINICAL SIGNS

Inappetence. Significant weight loss of 7 kg. since Aug 2025. Painful cranial abdomen.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 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 8.1 cm in length. The right kidney measured 8.4 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 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 0.63 cm width at the caudal pole.

### *Spleen*

The spleen was enlarged in size with splenic folding and maintained symmetrical capsule contour. Multifocal mildly expansive non-homogenous hypoechoic macronodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. An example of a macronodule measured 2.0 cm in 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 non-shadowing pyloric ingesta with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material.



## PATIENT

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

Roxy Julien

## **Pancreas**

The pancreas exhibited prominent size, capsule asymmetry and a non-homogenous nodular parenchyma.

## SPECIES

Canine

## **Free Abdomen**

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

## BREED

Rottweiler

Solitary to possible intermittent mildly enlarged swollen, non-homogenous to cystic mesenteric lymph nodes were present, an example measured 2.4 cm x 1.7 cm.

## ULTRASONOGRAPHIC FINDINGS

### SEX

#### Primary

FS

- Enlarged folded spleen with micro to macronodular parenchyma
- Normal liver
- Mild gallbladder debris
- Normal GI tract with mild gastric fluid/non-shadowing ingesta
- Age related renal changes
- Prominent non-homogenous nodular pancreas
- Focal to intermittent non-homogenous cystic mesenteric lymph nodes

### AGE

10yr

### WEIGHT

42.6kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the spleen is consistent with neoplastic criteria i.e. round cell neoplasia such as lymphoma, mast cell neoplasia or other. Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology is warranted for further assessment. The pancreas did not overtly meet neoplastic criteria with benign remodeling and chronic active inflammation favored. Pending splenic sampling, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered to correlate with the pancreas and assess for non-structural intestinal disease given significant weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Gastrointestinal support is indicated.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dave Stasiuk

## HOSPITAL NAME

Glamorgan Animal  
Hospital

## REFERRING VET

Dr MacAulay

## INVOICE

22861

## DATE

11/05/2025



**PATIENT**

Roxy Julien

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

FS

**AGE**

10yr

**WEIGHT**

42.6kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Glamorgan Animal  
Hospital

**REFERRING VET**

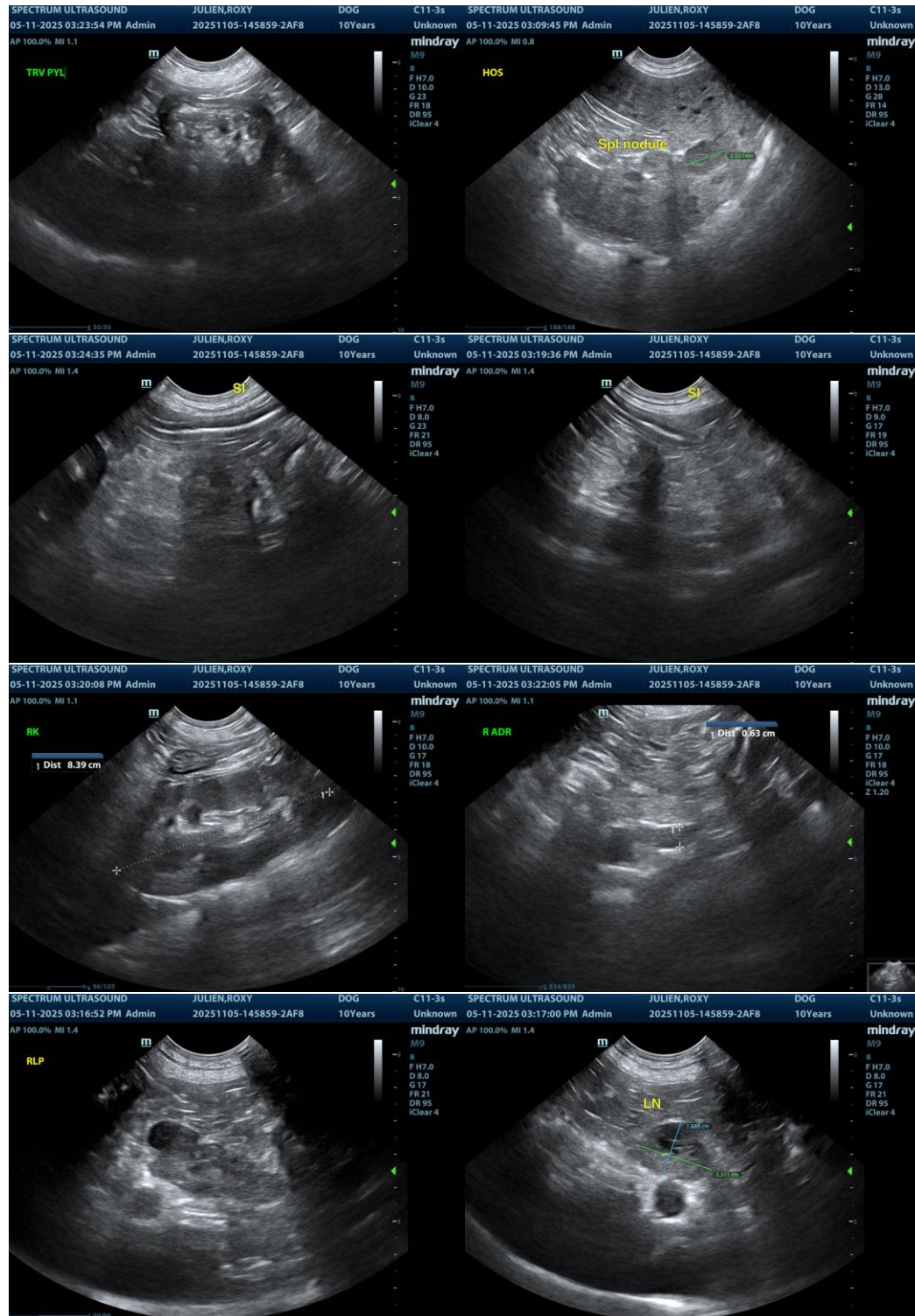
Dr MacAulay

**INVOICE**

22861

**DATE**

11/05/2025





**PATIENT**

Roxy Julien

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

FS

**AGE**

10yr

**WEIGHT**

42.6kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Glamorgan Animal  
Hospital

**REFERRING VET**

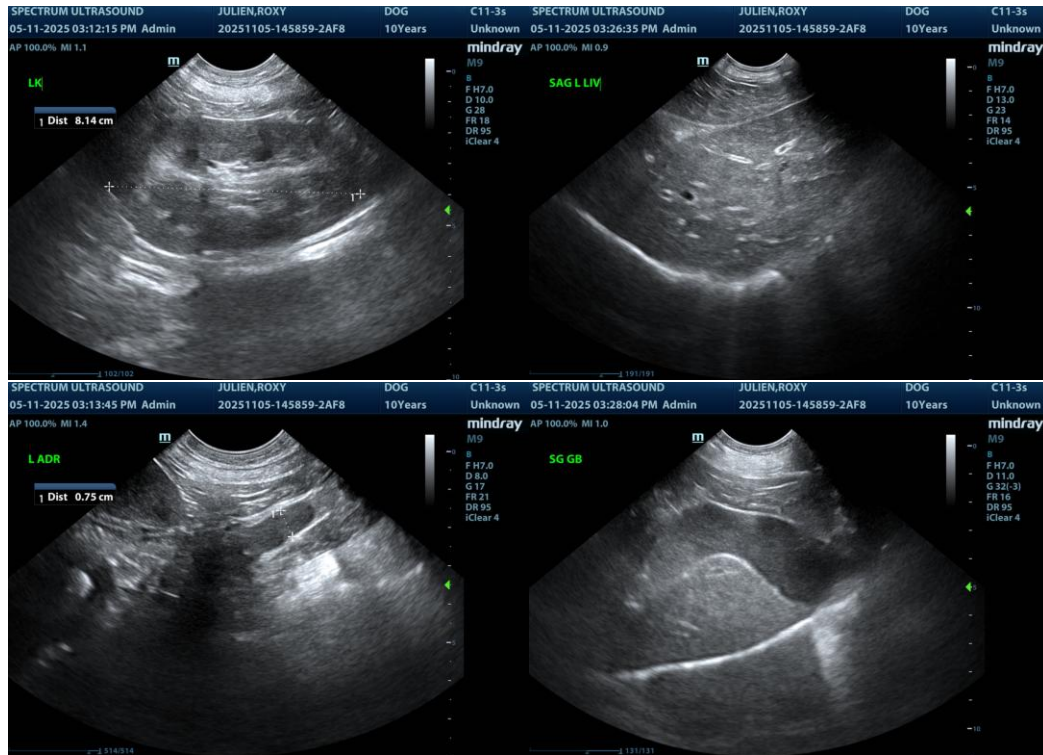
Dr MacAulay

**INVOICE**

22861

**DATE**

11/05/2025



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](mailto:info@sonopath.com)