



PATIENT

Kobe Lineburg

SPECIES

Canine

BREED

Siberian Husky

SEX

Male Neutered

AGE

14 yrs

WEIGHT

55.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

12783

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Possible abd Mass

Abnormal PE/Chem/CBC/UA Results: HCT 33 %

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 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.

No obvious pathology in the area of the residual prostate.

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 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 6.8 cm in length. The right kidney measured 6.5 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 0.5 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 0.44 cm width at the caudal pole.

Spleen

Large, irregularly expansive, mixed echogenic splenic mass was present measuring at least 12.0 cm in diameter but larger as the entire mass would not fit into a single viewing window. The discernible intact spleen exhibited symmetrical contour and maintain homogeneous parenchyma. Mild surrounding hyperechoic splenic omental echogenicity.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 was empty with no signs of ileus, obstruction or foreign material.

The visualized segments of the small intestine were sonographically normal.



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

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Pancreas

SPECIES

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

Siberian Husky

No evidence of visualized significant omental lymphadenopathy or peritoneal effusion was present.

SEX

Heart

Male Neutered

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

AGE

ULTRASONOGRAPHIC FINDINGS

14 yrs

- Irregular expansive, mixed echogenic splenic mass
- Mild hepatic parenchymal remodeling
- Age-related renal changes

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

55.5 lbs

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. No obvious or sonographically evidence cardiac or intraabdominal major organ macrometastasis criteria. Potential for early or micrometastasis cannot be definitively excluded. Assuming no pathology on 3-view chest radiographs, splenectomy with gross inspection of the peritoneal cavity may be considered.

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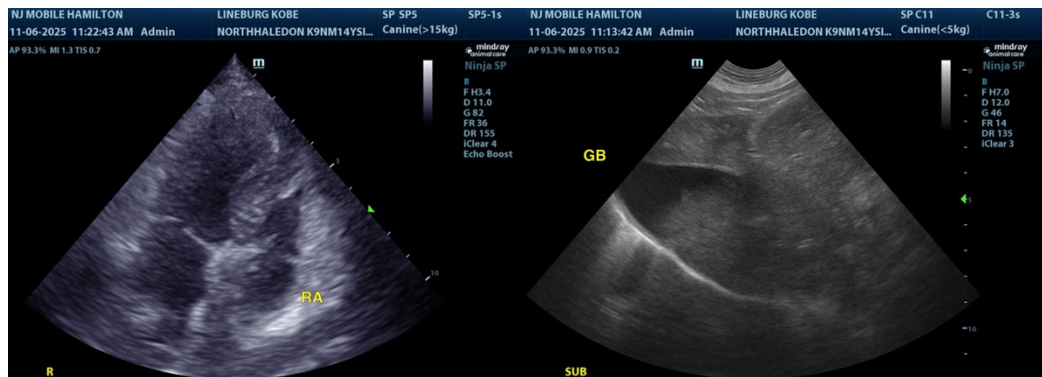
Dr. Mansfield

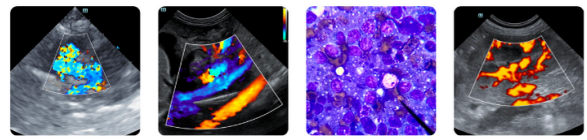
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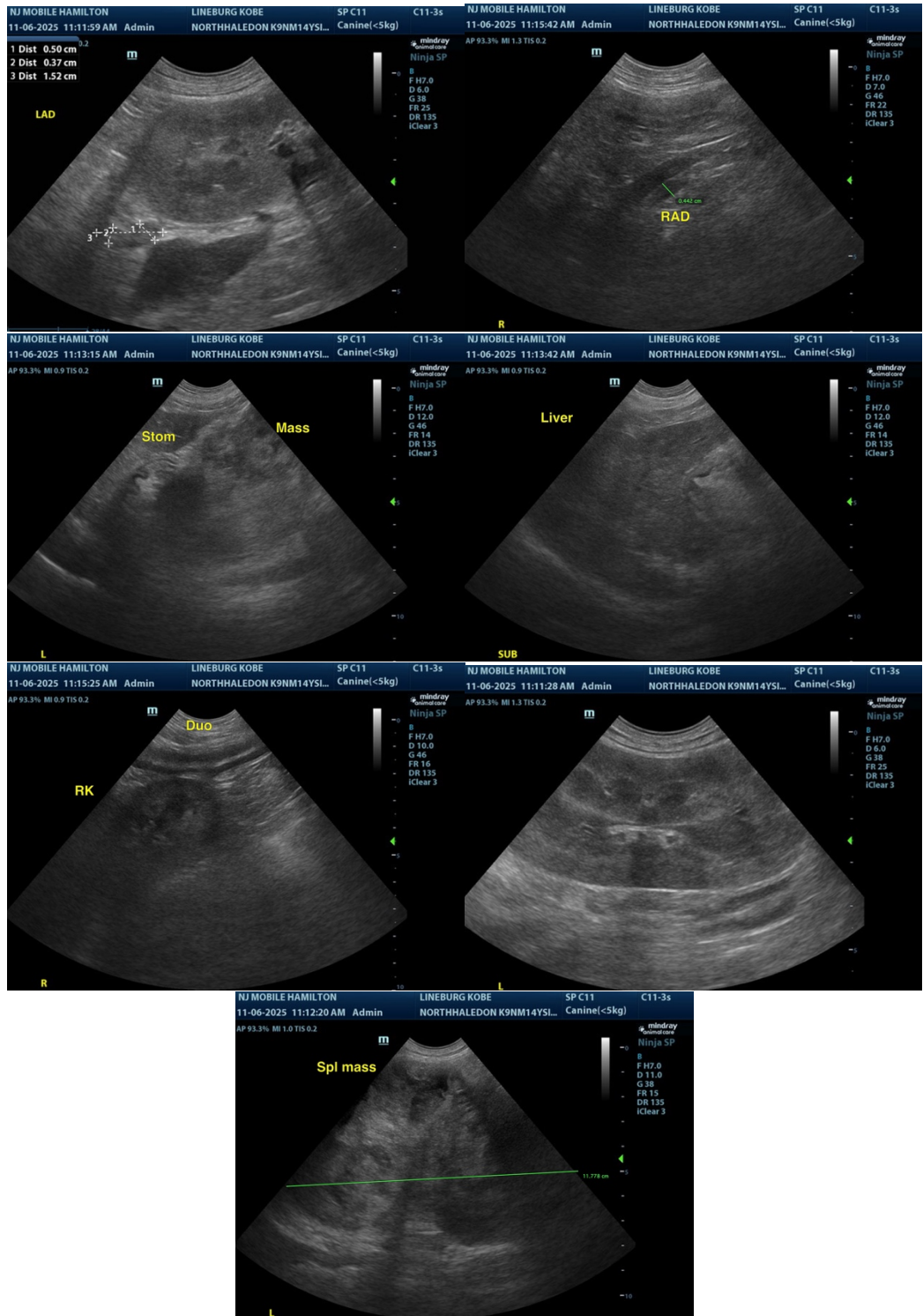
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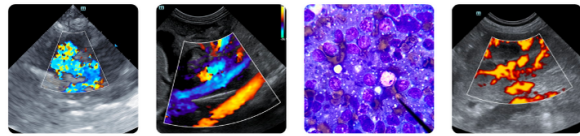
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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