



PATIENT

Mylo Jacewska

SPECIES

Canine

BREED

West Highland White
Terrier

SEX

Neutered Male

AGE

11

WEIGHT

10.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Gupta

INVOICE

12160

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Presented for hematuria abdominal mass incidental finding on X-rays Already on antibiotics and UA done

Abnormal PE/Chem/CBC/UA Results: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine which prohibited full evaluation of the urinary bladder wall. Mildly thickened ventral, apical and dorsal wall with maintained symmetrical luminal surface contour. Anechoic urine was present without evidence of sediment, mineral or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the residual prostate appeared normal and 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 4.3 cm in length. The right kidney measured 4.9 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 0.52 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

A mass involving the mid to caudal spleen with secondary symmetrical capsule expansion and disruption was present and measured approximately 6.4cm in diameter with surrounding hyperechoic perisplenic omentum and scant pockets of effusion. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

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 nondependent 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 pancreas was normal in size and contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No obvious visualized omental lymphadenopathy was present.

Heart

Brief subjective echocardiogram revealed no evidence of structural/functional cardiomyopathy, pericardial effusion or overt cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass, surrounding perisplenic hyperechoic omentum and scant effusion.
- Hepatic parenchymal remodeling- benign.
- Nonorganized gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Subjective mild cystitis.
- Subjective normal cardiac structure/function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 overt cardiac or intra-abdominal major organ macro-metastasis. Potential for micro-metastasis or early peri-splenic omental seeding cannot be definitively excluded. Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the liver, gallbladder, perisplenic omentum and urinary bladder is warranted.



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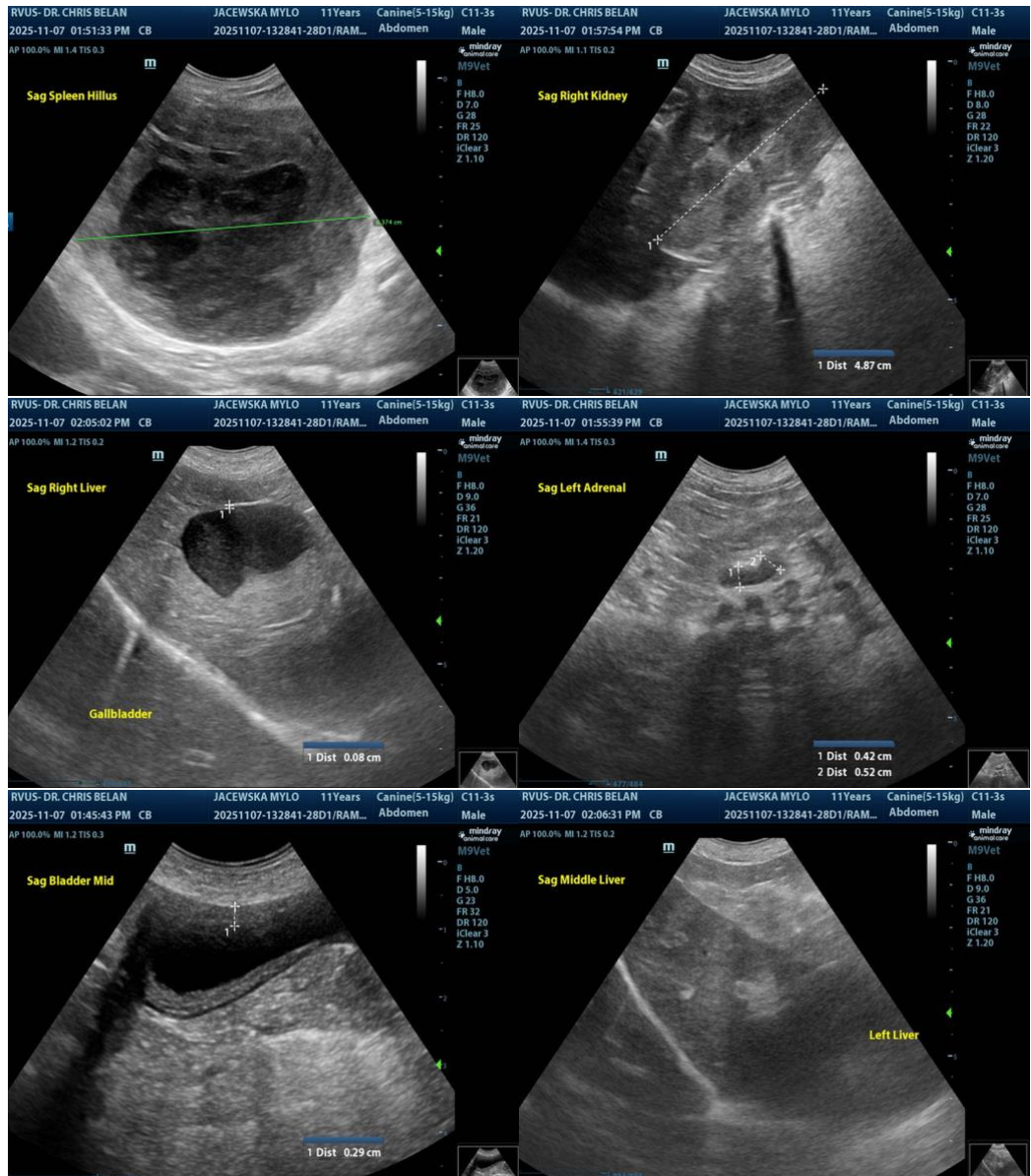
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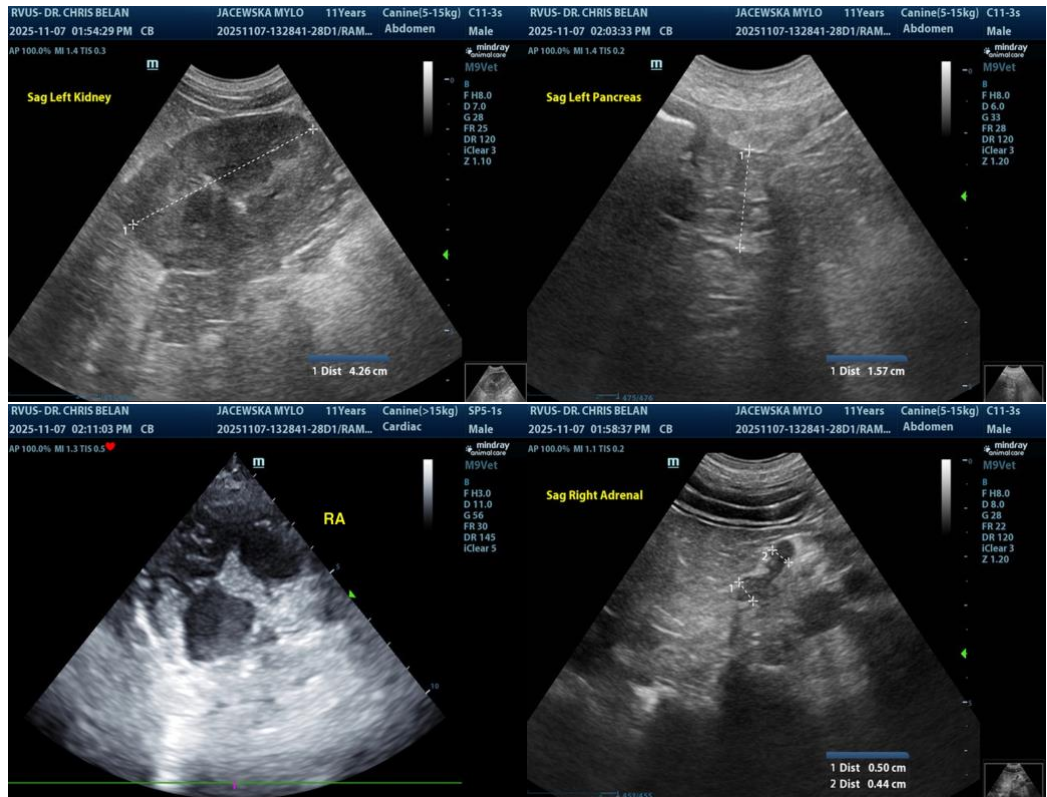
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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