



PATIENT

Brinks Lawrence

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

7

WEIGHT

51.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr Burns

INVOICE 23228

DATE
12/15/2025

PRESENTING CLINICAL SIGNS

P presents for inappetence, Not eating anything including treats. just moved from FL, seen by DVM there 8d ago, had BW and was told P was fine. Vomited grass yesterday, O believes p needs rads, but states p has not ingested any FBs or toxins No fish exposure

Abnormal PE/Chem/CBC/UA Results: rDVM Labwork 12/01/25: CBC: HCT 54.7 (N), WBC 7.26 (N), Neut 4.55 (N), Lymph 1.92 (N), Mono 0.53 (N), Plt 265 (N) Chem:ALT 137 (H), ALP 57 (N), BUN 7 (N), Creat 1.1 (N), TP 7.5 (N), Alb 3.5 (N), Glob 3.9 (N) Lytes: Na 152 (N), K+ 5.1 (N), Cl 114 (N) WilVet Salem Labwork 12/15/25: CBC: declined Chem: declined EPOC: iCa 1.60 (H)**, HCT 42 (N), Gluc 104 (N), BUN 8 (N), Creat 1.10 (N), remainder WNL PCV/TS: 48%/6.8 g/dl, mildly icteric serum cPL: declined

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.8 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited normal size and primarily symmetrical capsule contour. Mild heterogeneous parenchyma exhibiting subtle micronodular changes was present. Intermittent, mildly expansive, non-homogenous to hypoechoic splenic nodules were present, an example measured 2.3 cm in diameter. Mild associated primarily symmetrical splenic capsule distortion was present.

Liver/Gallbladder

The liver was normal to possible borderline enlarged in size. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended containing shadowing ingesta.

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The visualized segments of 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.

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 omental masses or peritoneal effusion was present.

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A probable mildly enlarged, homogenous perisplenic mesenteric lymph node cranial to the left kidney measuring 1.8 cm diameter was present.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Non-enlarged spleen exhibiting mild heterogeneous subtle micronodular parenchyma with mildly expansive splenic nodules
- Hepatopathy.
- Non-distended stomach with shadowing ingesta
- Sonographically normal visualized small intestine
- Sonographically normal gallbladder.
- Probable mild perisplenic mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Splenic lymphoid hyperplasia, neoplasia, hematopoiesis, inflammation all potentials. Given expansive to mild capsule deforming nature of the splenic nodules underlying to emerging neoplastic process i.e. round cell neoplasia, sarcoma or other is of concern although not definitive. Assuming normal clotting status and using a 25g needle, a splenic parenchyma/nodule and hepatic FNA for screening cytology is warranted for further assessment.

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The shadowing gastric ingesta is non-specific and may indicate dense retained food echogenicity or non-obstructive foreign material. Gastrointestinal support with documented fast and sonographic or radiographic monitoring for gastric emptying is indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. If persistent shadowing gastric ingesta, diagnostic and prophylactic splenectomy with gross inspection of the stomach at time of surgery may be considered.

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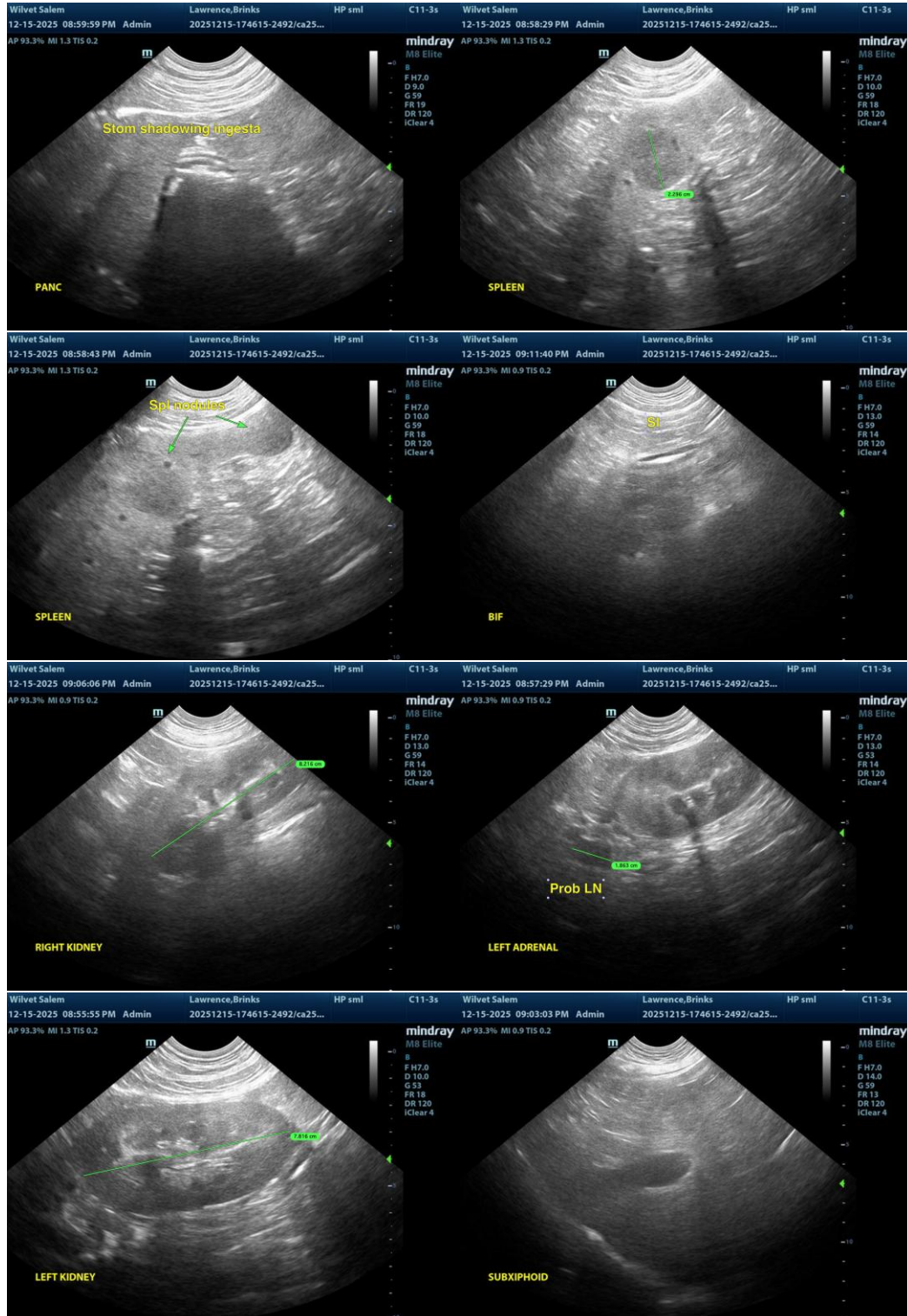
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The information and recommendations provided are based on the images presented by the referring



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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.

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info@sonopath.com

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