

PATIENT

Moose Hockenbrock

SPECIES

Canine

BREED

Lab/Golden Mix

SEX

Male Neutered

AGE

7 y

WEIGHT

64.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Jamie Vincent

INVOICE

12978

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Patient is a staff pet. History of being a psychogenic drinker, Diagnosed as puppy, all lab work and urine benign at that time. Owner brought for quick spleen scan and noticed mixed echogenicity on spleen.

Abnormal PE/Chem/CBC/UA Results: Idexx wellness panel - pending PE- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

The area of the residual prostate was free of pathology.

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 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. Mild areas of medullary mineral noted. The left kidney measured 6.5 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

Normal splenic size with maintained capsule contour and mild generalized heterogeneous parenchyma. Several to multiple, discrete, hypoechoic, non-capsule distorting nodules were present with an example measuring 1.4 cm in diameter.

Liver

The liver presented subjective borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.



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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.

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.

Free Abdomen

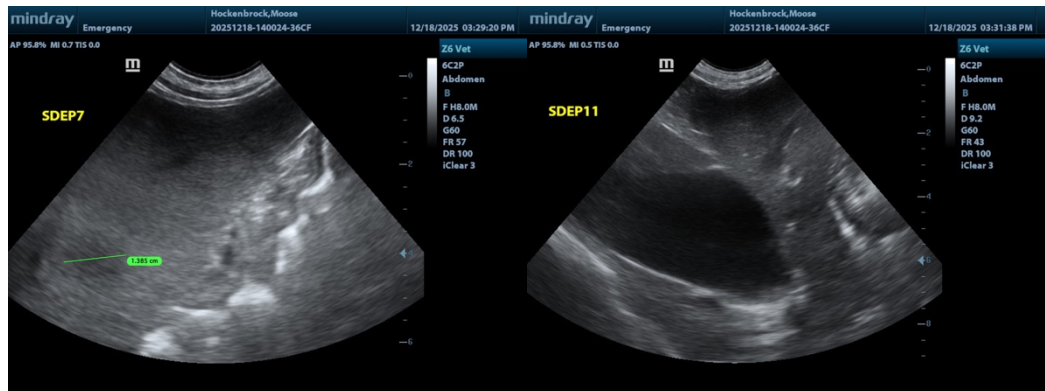
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subtle splenic nodules – lymphoid hyperplasia, hematopoiesis, inflammation, granulomas, emerging neoplasia, all potentials
- Borderline/mild hepatomegaly – subjective benign
- Bilateral mild renal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, splenic parenchymal nodule and +/- screening hepatic FNA cytology, pending lab work is recommended.





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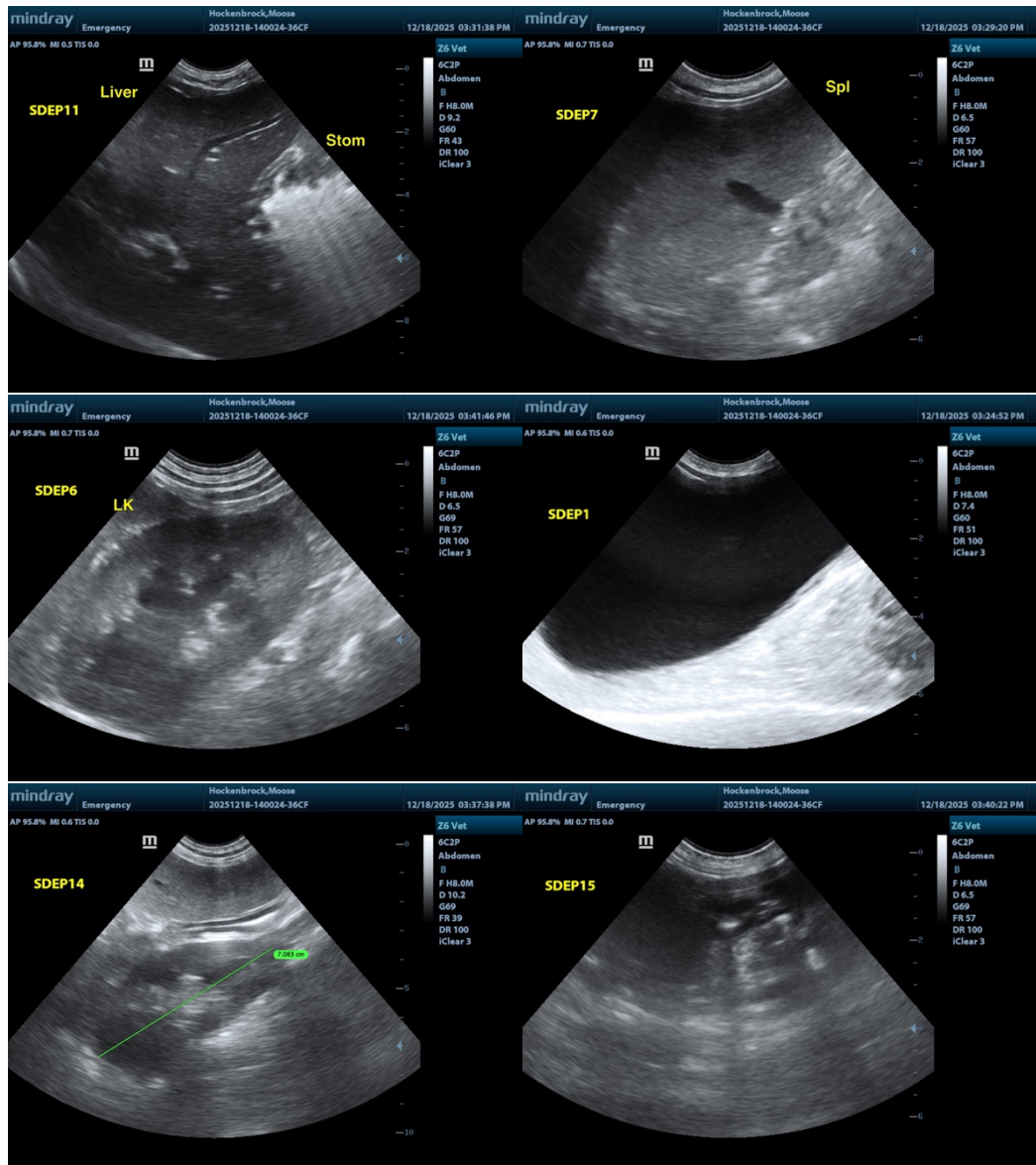
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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