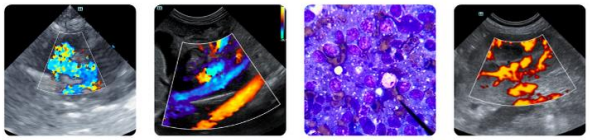




**PATIENT**

Jules Freed

**SPECIES**

Canine

**BREED**

Germ Shep X

**SEX**

FS

**AGE**

8

**WEIGHT**

33.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Properties AC

**REFERRING VET**

Dr. Kangis

**INVOICE**

10399

**DATE**

12/2/25

## PRESENTING CLINICAL SIGNS

Suspect mass seen on radiographs taken as part of a lameness work up. Incidental finding

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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. Pinpoint medullary mineral was noted. The left kidney measured 6.8 cm in length. The right kidney measured 7.1 cm in length.

### *Adrenal Glands*

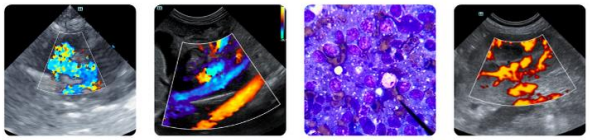
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.90 cm width at the caudal pole.

### *Spleen*

The spleen was enlarged in size with symmetrical contour and subtle heterogeneous parenchyma with caudomedial splenic folding. Normal splenic vascularity was noted. There were no visualized splenic masses or nodules.

### *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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened minor hyperechoic gallbladder wall. Subjective, partially mineralized, congealed gallbladder debris / cholelith was present in the caudal gallbladder lumen. There is no evidence of obstruction to bile outflow. The common bile duct was not definitively visualized. Congealed gallbladder debris / cholelith measured ~2.2 cm diameter.





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### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without 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 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 were evident.

### *Free Abdomen*

No omental masses, mesenteric lymphadenopathy, or evidence of peritoneal effusion were noted.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with folding
- Normal liver
- Congealed gallbladder debris / cholelith

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The folded splenomegaly is consistent with the suspected mass noted on radiographs. Considerations may include hyperplasia (given breed), hematopoiesis, or splenic inflammation, with splenic neoplasia thought less likely.

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology. There is no evidence of an abdominal mass.

Sonographic / radiographic monitoring of the spleen for evidence of progressive enlargement would be a more conservative approach. Correlation with liver enzyme assessment is recommended.

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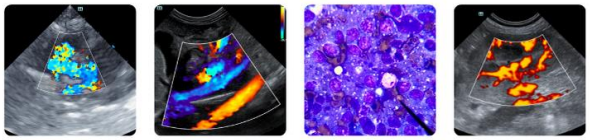

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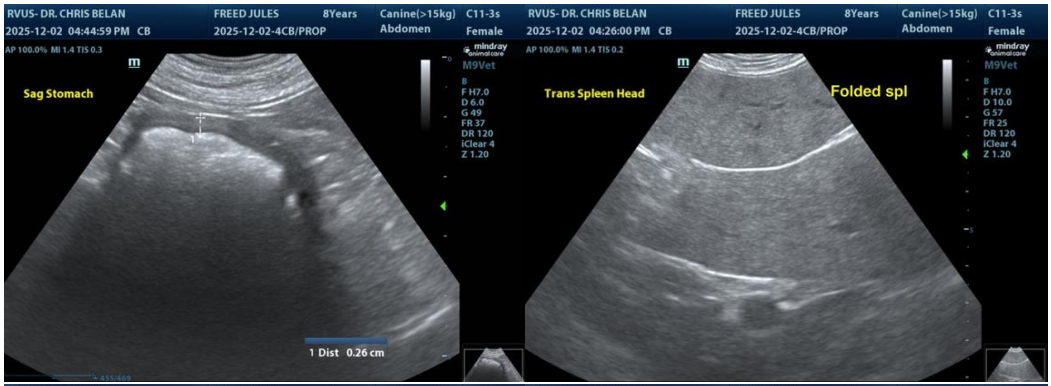


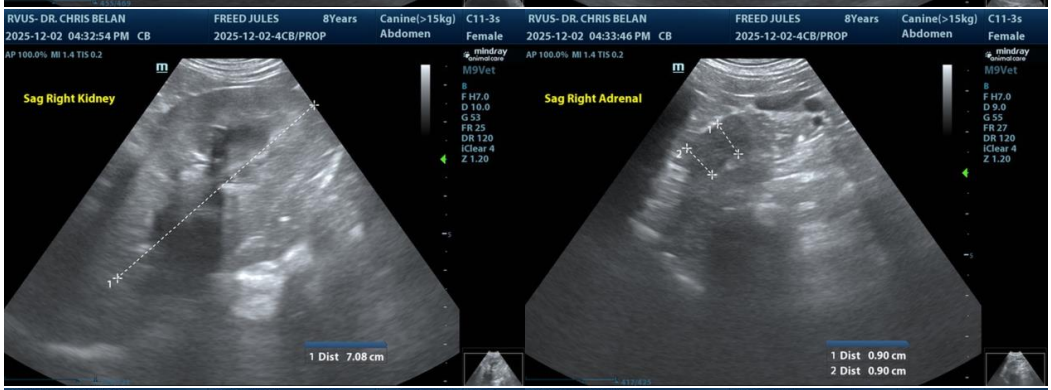


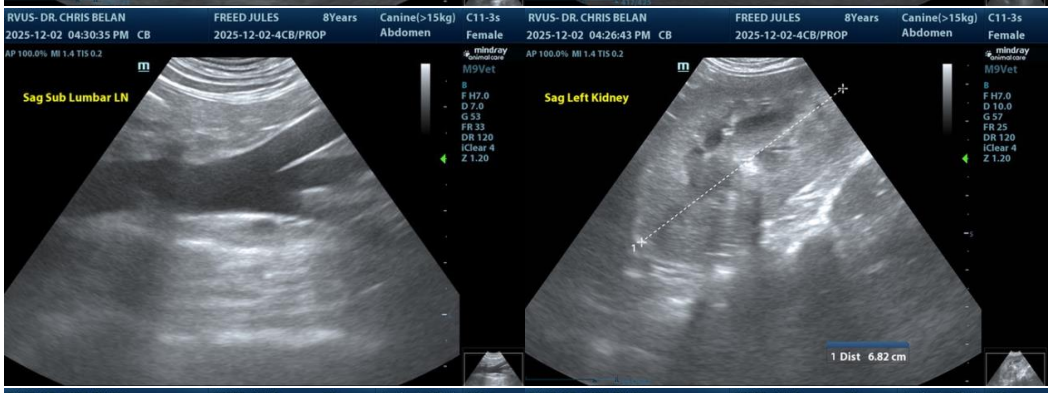


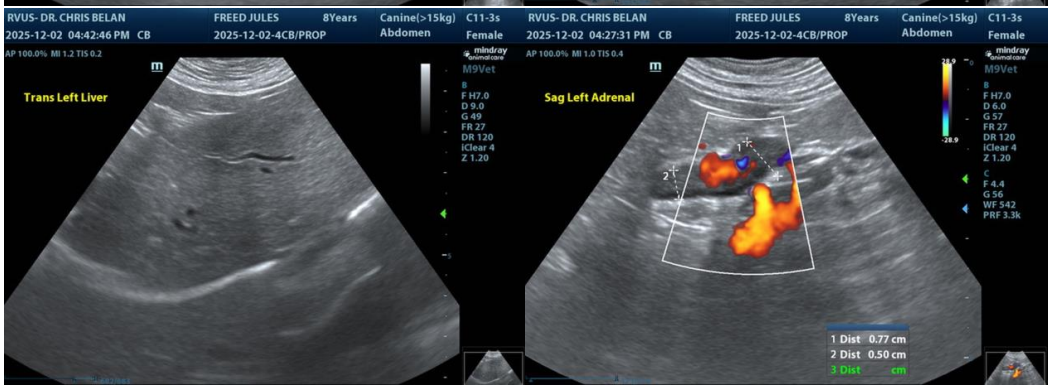

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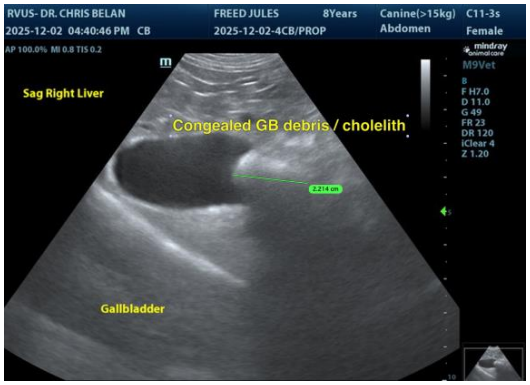


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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