



## PATIENT

Pluto Smolen

## SPECIES

Canine

## BREED

Mix

## SEX

MN

## AGE

6

## WEIGHT

28

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sharkawy

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr Elyas

## INVOICE 23300

**DATE**  
12/20/2025

## PRESENTING CLINICAL SIGNS

Broken nail

Abnormal PE/Chem/CBC/UA Results: Mild elevated GGT, elevated bilirubin

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 5.0 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### Spleen

The spleen exhibited a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. A solitary non-capsule deforming hypoechoic splenic nodule was present in the mid lateral spleen measuring 0.64 cm in diameter.

### 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. 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no 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 contained similar appearing non-shadowing ingesta/chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material.



## PATIENT

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

Pluto Smolen

## *Pancreas*

The area of the pancreas was sonographically normal.

## SPECIES

## *Free Abdomen*

Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

## ULTRASONOGRAPHIC FINDINGS

Mix

## Primary

- Sonographically normal liver and gallbladder
- Non-capsule deforming splenic nodule
- Gastrointestinal ingesta

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of hepatobiliary pathology or post-hepatic stasis. If patient is non-clinical, continued monitoring would be reasonable, whereas hepatosupportive medications may be considered.

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Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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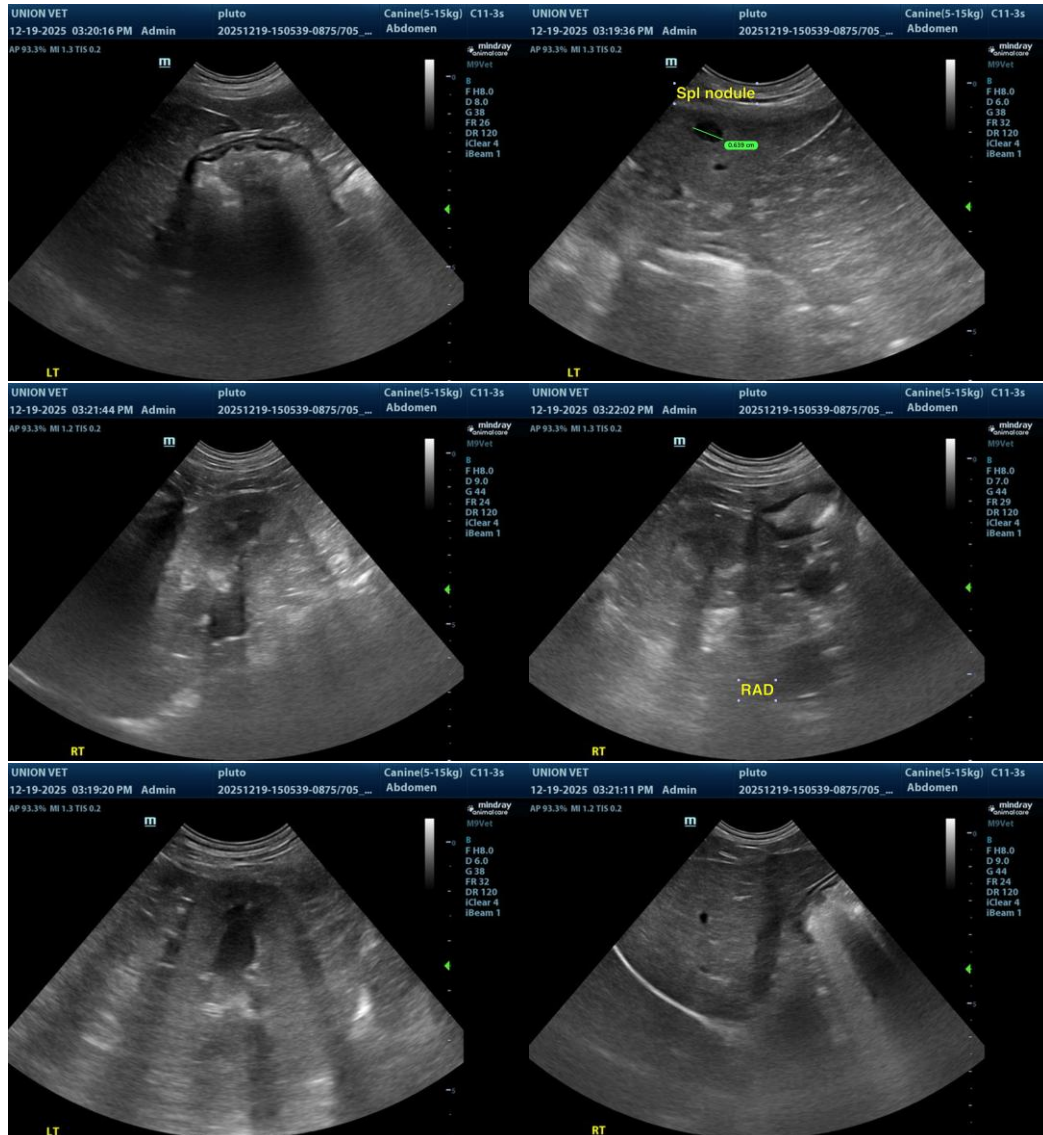
Dr Elyas

**INVOICE**

23300

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**PATIENT**

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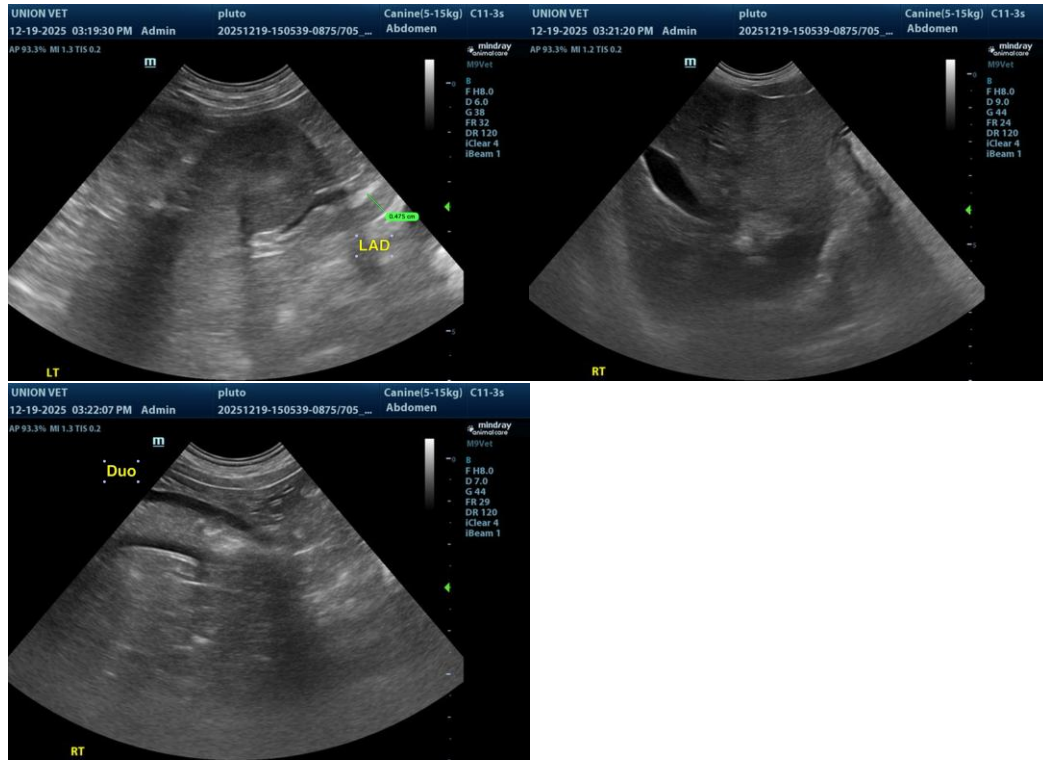
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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[info@sonopath.com](mailto:info@sonopath.com)