



## PATIENT

Kali Greco

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed Female

## AGE

13 Years 11 Months

## WEIGHT

44.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Ryan Moreno

## HOSPITAL NAME

Seven Fields  
Veterinary Hospital

## REFERRING VET

Dr. Ryan Moreno

## INVOICE

12898

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

Patient presented for vomiting, radiographs revealed an abdominal mass. Chest radiographs were performed with no obvious masses. New minor liver value elevation pre-op. Spleen was removed after ultrasound.

Abnormal PE/Chem/CBC/UA Results: ALT: 136 (previous was normal)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsal apical bladder wall measured 0.63cm wall width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal tone. Anechoic urine was present in the lumen with mineral, calculi or tumors. The ureteral papillae were normal. The ureters were not visible which is normal.

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 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 4.7 cm in length. The right kidney measured 5.0 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 0.58 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology and subjectively measured 0.53 cm width at the caudal pole.

### Spleen

A mass involving the mid cranial spleen with secondary capsule expansion and disruption was present and measured 0.78 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and 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.

### Liver

The liver presented with subjective mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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.



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**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.

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 area of the pancreas was sonographically normal.

**Free Abdomen**

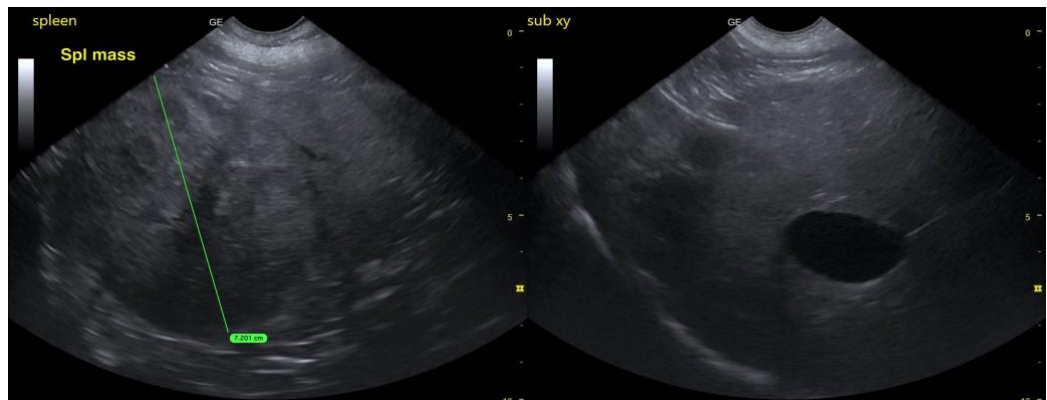
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Mild hepatomegaly exhibiting mild parenchymal remodeling.
- Age-related renal changes.
- Sonographically normal empty gastrointestinal tract.
- Normal area of the pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). The liver is nonspecific yet consistent with mild benign hepatopathy criteria. No overt evidence of intra-abdominal major organ macro metastasis or splenic mass rupture. Potential for nonsonographically evident metastasis or micro metastasis cannot be definitively excluded. Given performed splenectomy, hepatosupportive medications and consideration for screening hepatic FNA cytology (assuming normal clotting status) primarily to assess for evidence of inflammation in conjunction with ALT elevation along with clinical monitoring is indicated if evidence or progressive hepatopathy or if splenic histopathology indicates malignant criteria.





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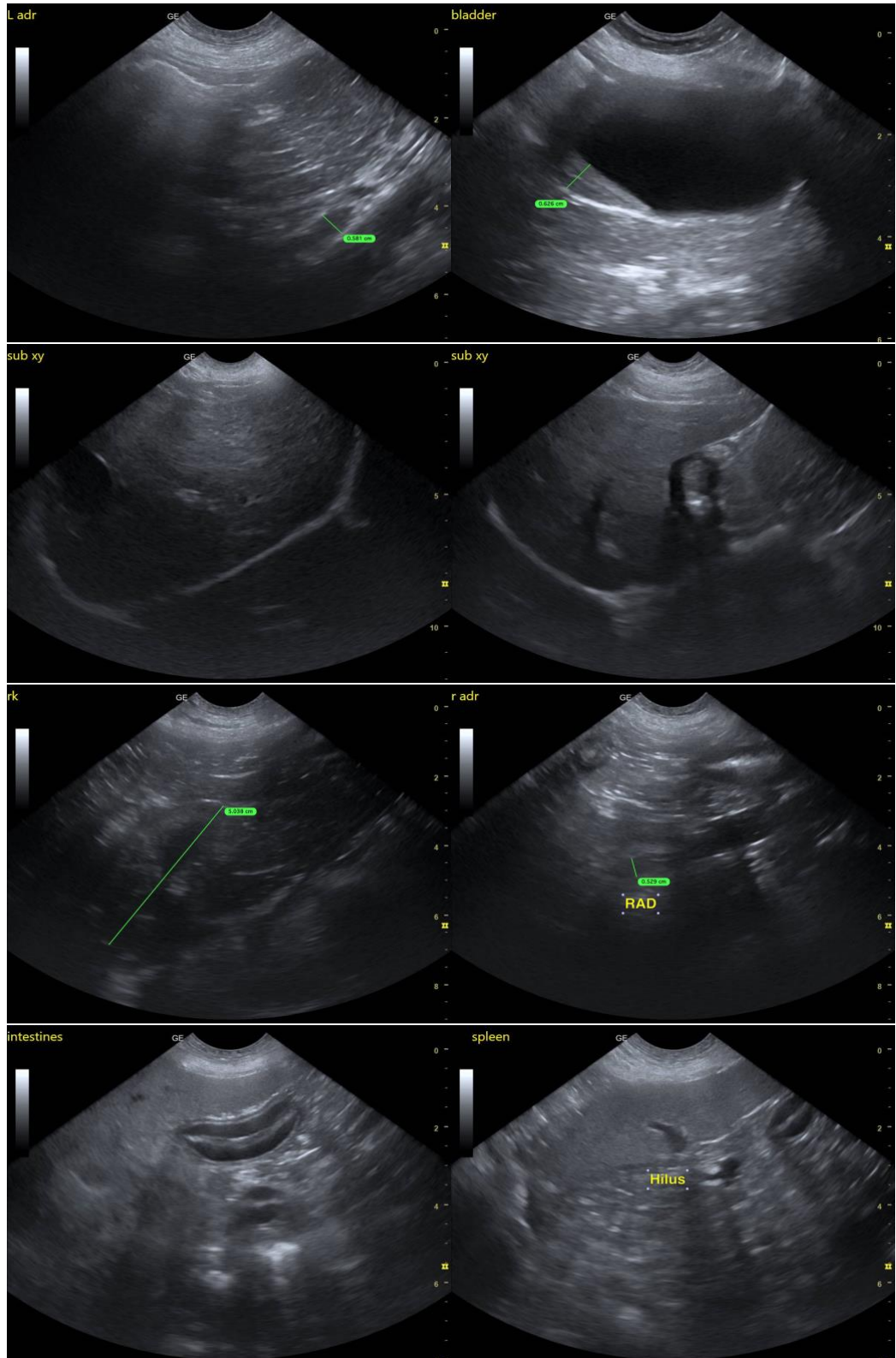
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)