



PATIENT

Elmer Thompson

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

12yr

WEIGHT

18.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Tumalo Animal
Hospital

REFERRING VET

Keaton Cuthbert DVM

INVOICE

23176

DATE

12/8/2025

PRESENTING CLINICAL SIGNS

Patient initially presented for diarrhea and decreased appetite on 11/14/25 (dx with giardia). Elmer has since gained 2 lbs and energy and appetite improved after being treated for giardia owners considering splenectomy, but would like to check for any evidence of metastasis prior to moving forward with surgery Patient was highly intolerant of AUS imaging (vocal, poorly compliant) and veterinary staff was sedation was not feasible, given time restraints.

Abnormal PE/Chem/CBC/UA Results: 11/14/25: - weight loss and significant generalized muscle atrophy was noted. - A brief abdominal ultrasound showed a cavitated splenic mass, approx 2.5-3cm across. no obvious masses on liver or free fluid seen. labwork abnormalities - HCT decreased 31 % - NuQ results HIGH risk for hemangiosarcoma, lymphoma, histiocytic sarcoma - chest radiographs clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

The residual prostate appeared normal and 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 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth, patient size and conformation.

Spleen

The spleen exhibited overall normal size. A mild expansive, non-homogenous hypoechoic potentially cavitated splenic mass was present with mild associated capsule distortion measuring ~ 3 cm in diameter. Concurrent subjective separate non-homogenous non-disruptive splenic nodules were present; an example measured 1.0 cm in diameter.

Liver/Gallbladder

The liver was borderline mild 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



| | |
|--|---|
| PATIENT | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of obstruction or foreign material. |
| Elmer Thompson | |
| SPECIES | 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 mechanical/metabolic ileus, obstruction or foreign material. |
| Canine | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| BREED | Pancreas |
| German Shepherd Mix | 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. |
| SEX | Free Abdomen |
| MN | A solitary mildly prominent to enlarged mid abdomen mesenteric lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.0 cm x 0.9 cm. |
| AGE | An unspecified subjective thinly walled cystic structure was present in the mid caudal abdomen, extending to the approximate level or possibly effacing the cranial urinary bladder. The cystic structure contained primarily anechoic fluid with mild echogenic fluid component. No evidence of regional inflammation. Scant caudal abdomen peritoneal effusion was present. The structure measured ~ 10-11 cm. |
| 12yr | |
| WEIGHT | Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. |
| 18.3kg | |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Primary |
| IMAGING PERFORMED BY | <ul style="list-style-type: none">Mildly expansive splenic mass with concurrent non-disruptive splenic nodules.Borderline to mild hepatomegaly-subjectively benign.Unspecified mid caudal abdomen cystic / fluid-filled structure.Mild age-related renal changes.Mild mid-abdomen mesenteric lymphadenopathy.Sonographically normal gastrointestinal tract with mild non-obstructive hypomotile stomach. |
| Patti Mayfield, DVM | |
| HOSPITAL NAME | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Tumalo Animal Hospital | Although histopathology is required for definitive diagnosis, the splenic mass and splenic nodules are primarily concerning for neoplastic criteria, i.e. sarcoma, round cell neoplasia, or other with benign etiologies possible. |
| REFERRING VET | Further assessment of the splenic mass and fluid filled cystic structure may include assuming normal clotting status, splenic FNA cytology, as well as centesis of the fluid filled cystic structure with fluid analysis cytology +/- C/S if clinically indicated. Definitive evidence of cardiac or intraabdominal major organ metastasis was not obvious. Potential for non-sonographically evident metastasis or early lymphatic metastasis not excluded. |
| Keaton Cuthbert DVM | |
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Abdominal CT, if possible, is likely ideal for further assessment of the unspecified cystic to fluid filled structure, as well as assessment for non-obvious metastasis. Otherwise, laparotomy with splenectomy, gross inspection of the fluid filled to cystic structure for further clarification may be considered.

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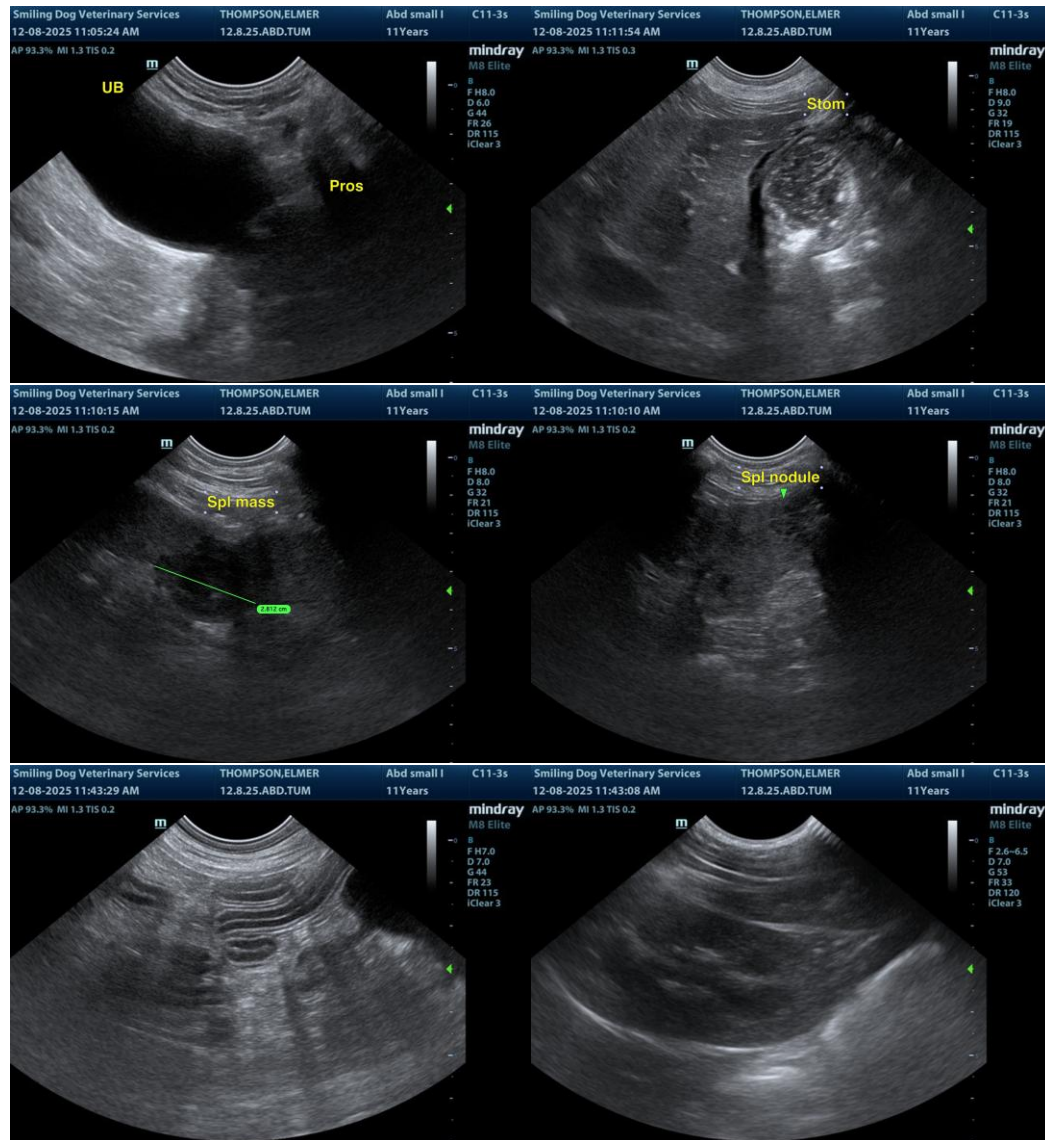
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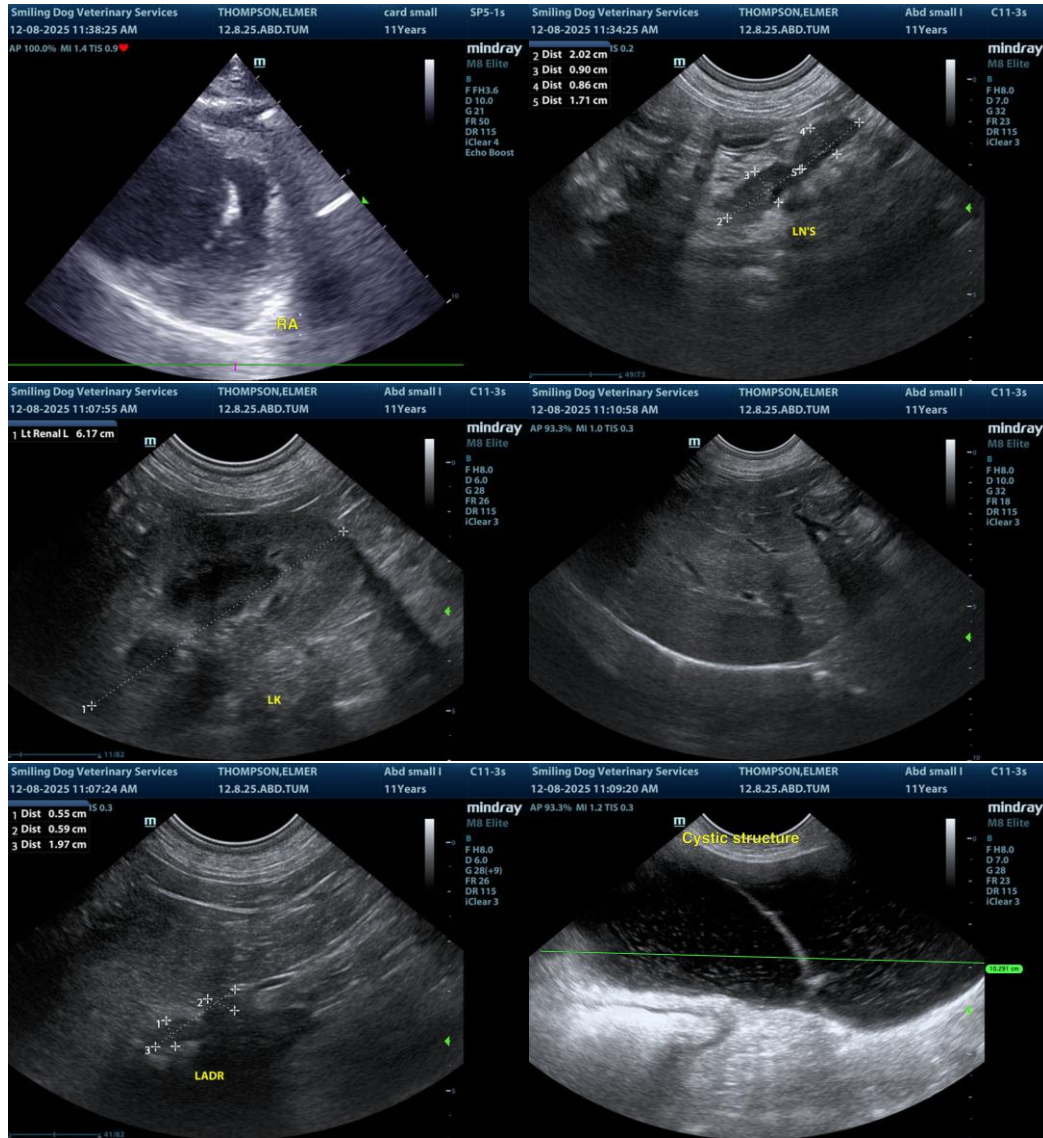
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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