



## PATIENT

Spring Genova

## SPECIES

Canine

## BREED

WHWT X

## SEX

Female Spayed

## AGE

12.5 yrs

## WEIGHT

15 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sorbo

## HOSPITAL NAME

JM Pet Resort & VC

## REFERRING VET

Sorbo

## INVOICE

12893

## DATE

12/9/25

## PRESENTING CLINICAL SIGNS

History: Presenting for AUS, ALK PHOS values 1400. Owner notices shaking within past six months. Occurrences around dinner time.

Abnormal PE/Chem/CBC/UA Results: Cataract OS. IOP 9mmHg OS, 20mmHg OD

## 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 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.

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. Minor medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.9 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 0.55 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 0.50 cm width at the caudal pole.

### Spleen

The spleen revealed a mild to moderately expansive, non-homogeneous, cystic to cavitated mass measuring ~3.5 cm – 4.0 cm in diameter. Mild, dissociated, primarily symmetrical capsule distortion. The remainder of the spleen was sonographically normal.

### Liver

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 mild, non-organized, echogenic, non-mineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### 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.



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**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**

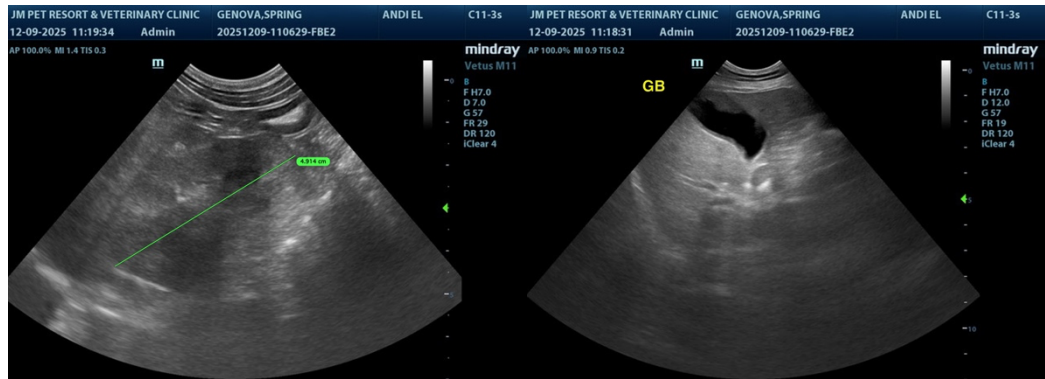
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Hepatopathy – subjective benign
- Non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Normal bilateral adrenal glands

**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). No obvious evidence of intraabdominal major organ macro metastasis. Potential for non-sonographically evident metastasis or micro metastasis associated with the splenic mass not definitively excluded. The hepatic presentation favors benign or idiopathic vacuolar hepatopathy criteria or non-obstructive cholestasis. No evidence of adrenal pathology as a contributing factor. Assuming no pathology on 3-view chest radiographs and normal clotting status, splenectomy with hepatic biopsies may be considered. Urinalysis recommended if not done.





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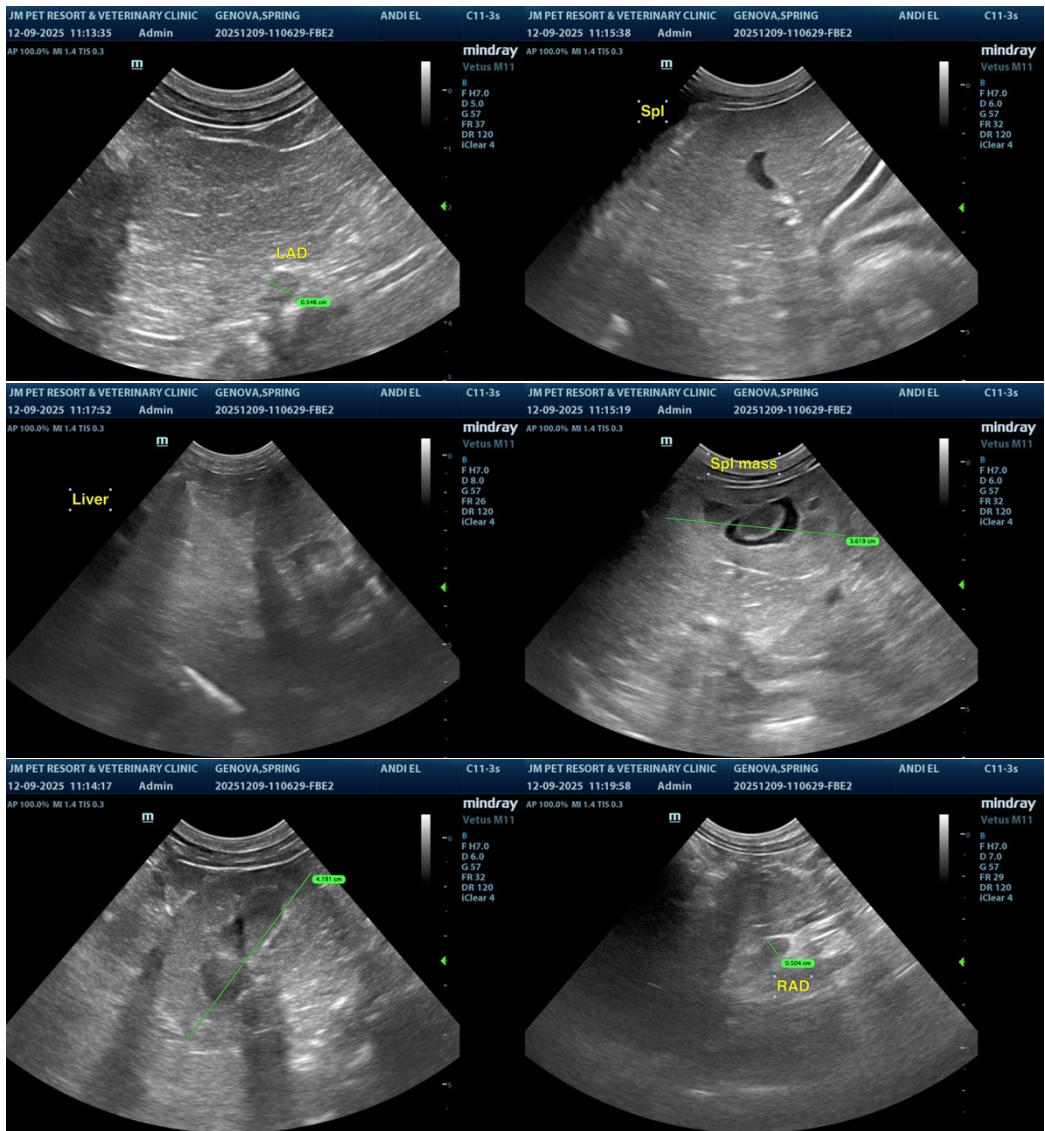
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)