



PATIENT

Pippin Bush

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

7

WEIGHT

15 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal
Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

13688

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- Pet was seen at an ER in January 2025 for pancreatitis and had an abdominal ultrasound. An approximately 6mm x 12mm hypoechoic, cavitated mass that distorted the splenic capsule was noted in the tail of the spleen. Follow up ultrasound was recommended which owner had not pursued until today.
- Pet is asymptomatic

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable.

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

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 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 3.8 cm in length. The right kidney measured 3.8 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 0.47 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 0.39 cm width at the caudal pole.

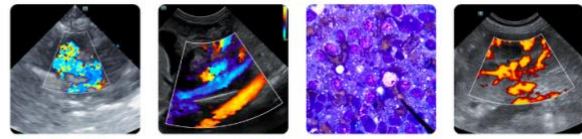
Spleen

The spleen presented normal in size with primarily symmetrical contour and homogenous parenchyma. A solitary mildly expansive caudal medial nonhomogenous to hypoechoic splenic nodule was present with mild associated symmetrical medial capsule distortion measuring 1.5 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate primarily gravity dependent to mild nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 pancreas was normal in size and contour with heterogeneous mildly remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

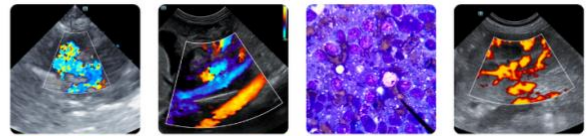
- Expansive nonhomogenous splenic nodule.
- Mild heterogeneous remodeled pancreas.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or emerging tumor i.e. sarcoma or other. Concern for neoplastic nodule or emerging tumor is warranted given evidence of mild capsule distortion. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered.

Diagnostic and prophylactic splenectomy, assuming no pathology on three view chest radiographs and without overt evidence of intra-abdominal major organ macro metastasis could be considered. Otherwise, serial sonographic monitoring of the splenic nodule for changes in size or appearance with initial recheck in three weeks would be a more conservative approach.

Mild pancreatic remodeling owing to previous inflammation or persistent low-grade chronic pancreatitis is possible.



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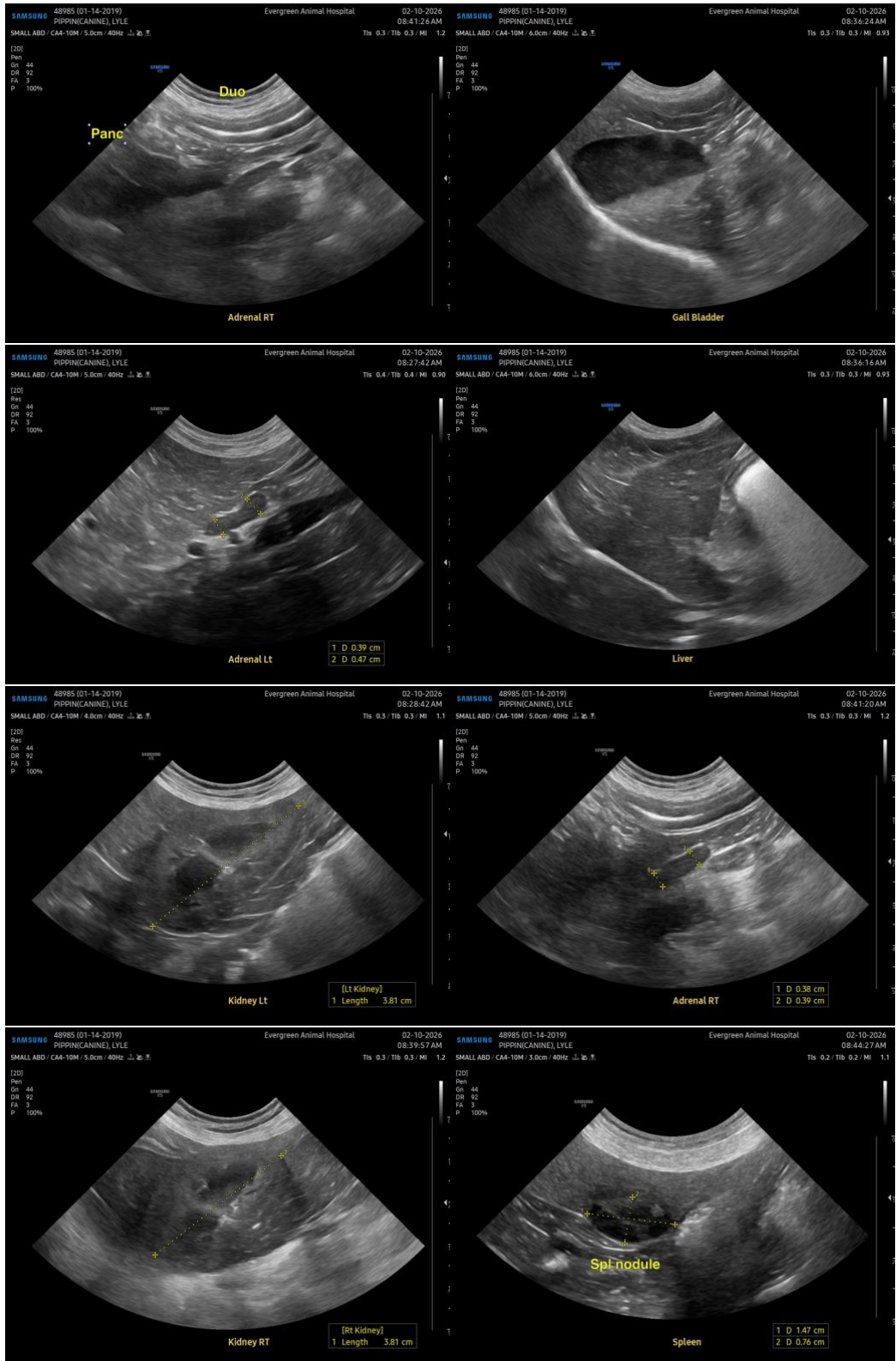
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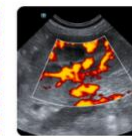
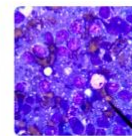
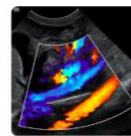
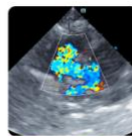
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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