



PATIENT

Mason Dixon
McCartney

SPECIES

Canine

BREED

Cattle Dog

SEX

FS

AGE

14.5yr

WEIGHT

19.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

23093

DATE

02/17/2026

PRESENTING CLINICAL SIGNS

- Presented Monday 2/16 at 7:15p for first time seizure. Was at RVDM earlier today for sedated radiographs for a suspected shoulder injury. O came home with her and she started having a seizure. Lasted about 1 minute was paddling and lost bowel control.
- PE: Neurologically inappropriate and had seizure shortly after presentation
- Lab: CBC: HCT 36.3 (L) Lymphocytes 0.98 (L) PDW 7.9 (L)
- EPOC: pCO2 25.0 (L) pO2 182.7 (H) TCO2 15.7 (L) Lactate 7.78 (H) BE, ECF -7.8 (L) BE, B -6.2 (L) cSO2 99.7 (H)
- Chem15: Unremarkable
- Total T4: 2.6 (n)
- Ammonia: 27 (n)
- BP - 135/92 MAP 100

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate, non-dependent particulate sediment. 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

The left adrenal gland measured 1.1 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

A solitary, mildly expansive non-homogenous mildly cystic to cavitated splenic mass was present in the mid to cranial spleen. Mild associated asymmetrical capsule distortion without evidence of capsule escape or rupture. The remainder of the splenic parenchyma exhibited mild parenchyma heterogeneity. The mass measured ~ 4.5 to 5 cm in diameter.

Liver/Gallbladder

Normal to possible borderline subnormal liver size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Adequate 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.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly expansive non-homogenous cystic / cavitated splenic mass
- Possible borderline subnormal liver size exhibiting subjective adequate vascular volume
- Bilateral chronic renal changes
- Mildly enlarged non-homogenous left adrenal gland
- Urine sediment

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). Definitive evidence of intra-abdominal major organ macrometastasis was not sonographically obvious, potential for micrometastasis not definitively excluded.

Left adrenal benign hyperplasia, adenomatous change, or emerging left adrenal tumor (felt less likely) possible. Serial monitoring of systemic BP for hypertension, which may potentially allude to emerging pheochromocytoma is suggested.

No obvious intrahepatic or extrahepatic macroscopic shunt criteria. Given neurological signs in this patient, correlation with bile acid profile may be considered. Sonographic monitoring of the splenic mass and left adrenal gland for evidence of progression would be reasonable pending further neurological assessment.



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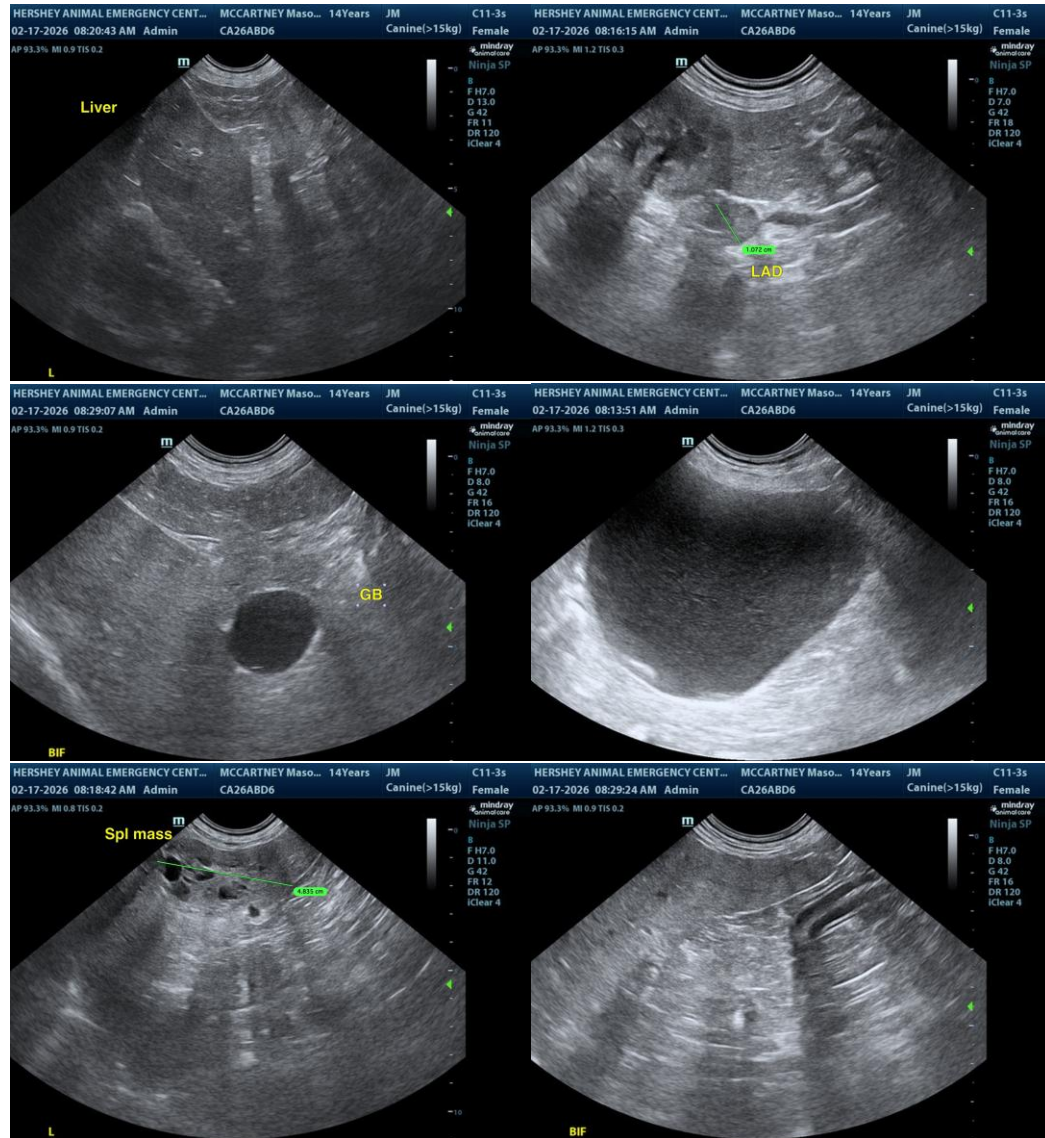
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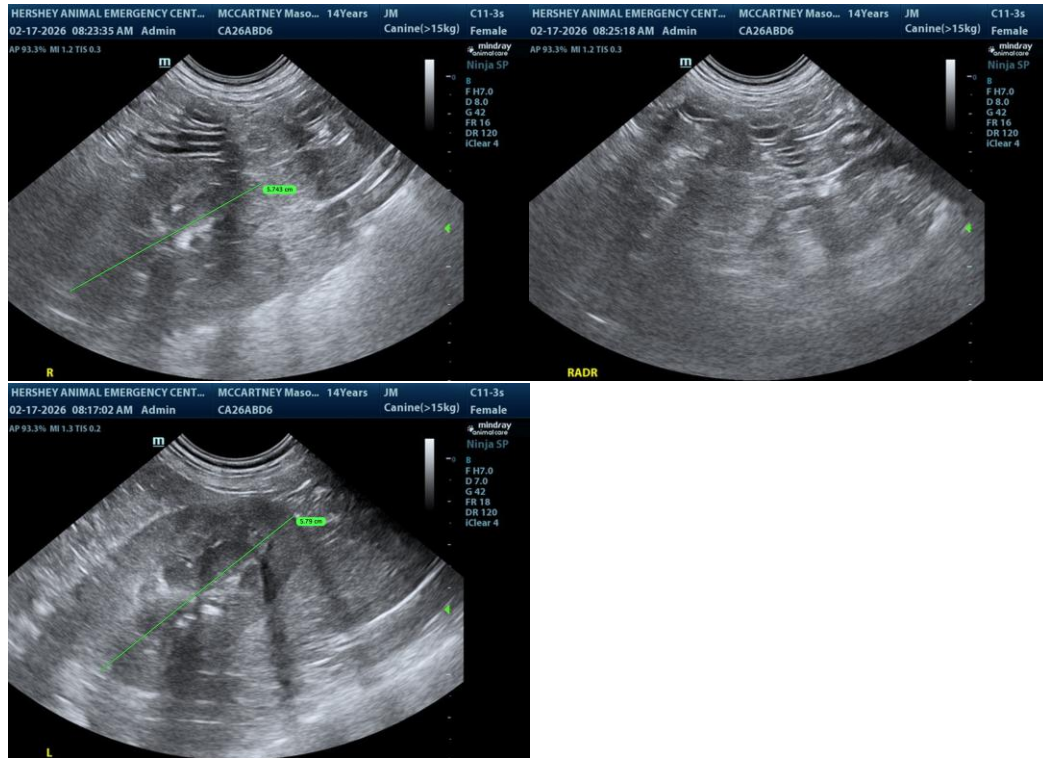
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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