



PATIENT

Chasey Geosits

SPECIES

Canine

BREED

GSD

SEX

Female Spayed

AGE

8y 8m

WEIGHT

84.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Erin Rothrock

INVOICE

13167

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- Patient was presented 2/4 for not eating, lethargy and a single episode of labored breathing. On exam she was BAR, mm pink and moist, CRT <2; H/L ausc wnl, femoral pulses strong and synchronous. Abdomen tense but there was moderate concern for cranial abdominal organomegaly.
- Plan to aspirate (FNA) the mass at the time of ultrasound today.

Abnormal PE/Chem/CBC/UA Results: BW- Mild hyperglobulinemia (4.0 g/dL), mild neutrophilic leukocytosis (neuts 13356 U/L, wbc 15.9 U/L), clotting times normal RADS: Large soft tissue opacity within mid abdomen that is caudally displacing the small intestines, otherwise appear unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 7.3 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

The left and right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.55 cm width at the caudal pole. The left adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

A large, non-homogeneous cystic to cavitated mass occupying majority of the mid to cranial abdomen was present measuring at least 17.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. The visualized intact spleen exhibited symmetrical contour, homogeneous parenchyma and mild splenic folding.

Liver

The liver presented borderline mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach was not definitively visualized likely owing to gastric displacement.

The visualized segments of 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 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

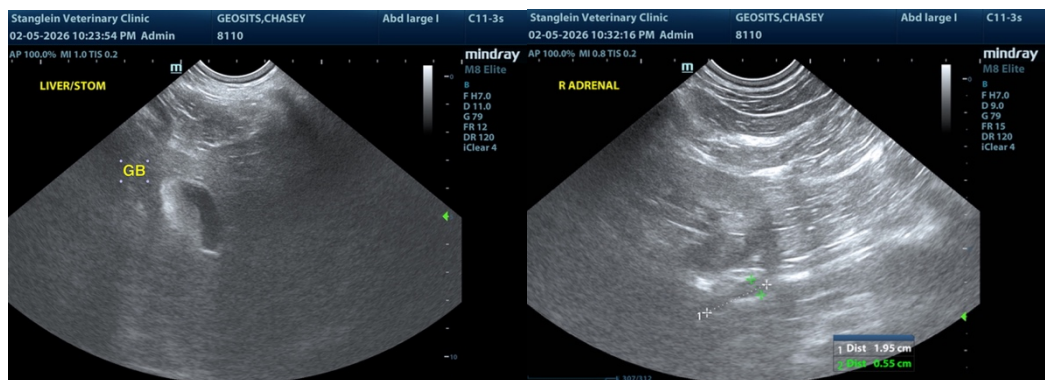
No peritoneal effusion/hemoabdomen and no visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large splenic mass
- Possible borderline/mild, congested hepatomegaly – subjective benign
- Mild gallbladder debris (non-mucocele)

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), neoplastic criteria favored. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted.





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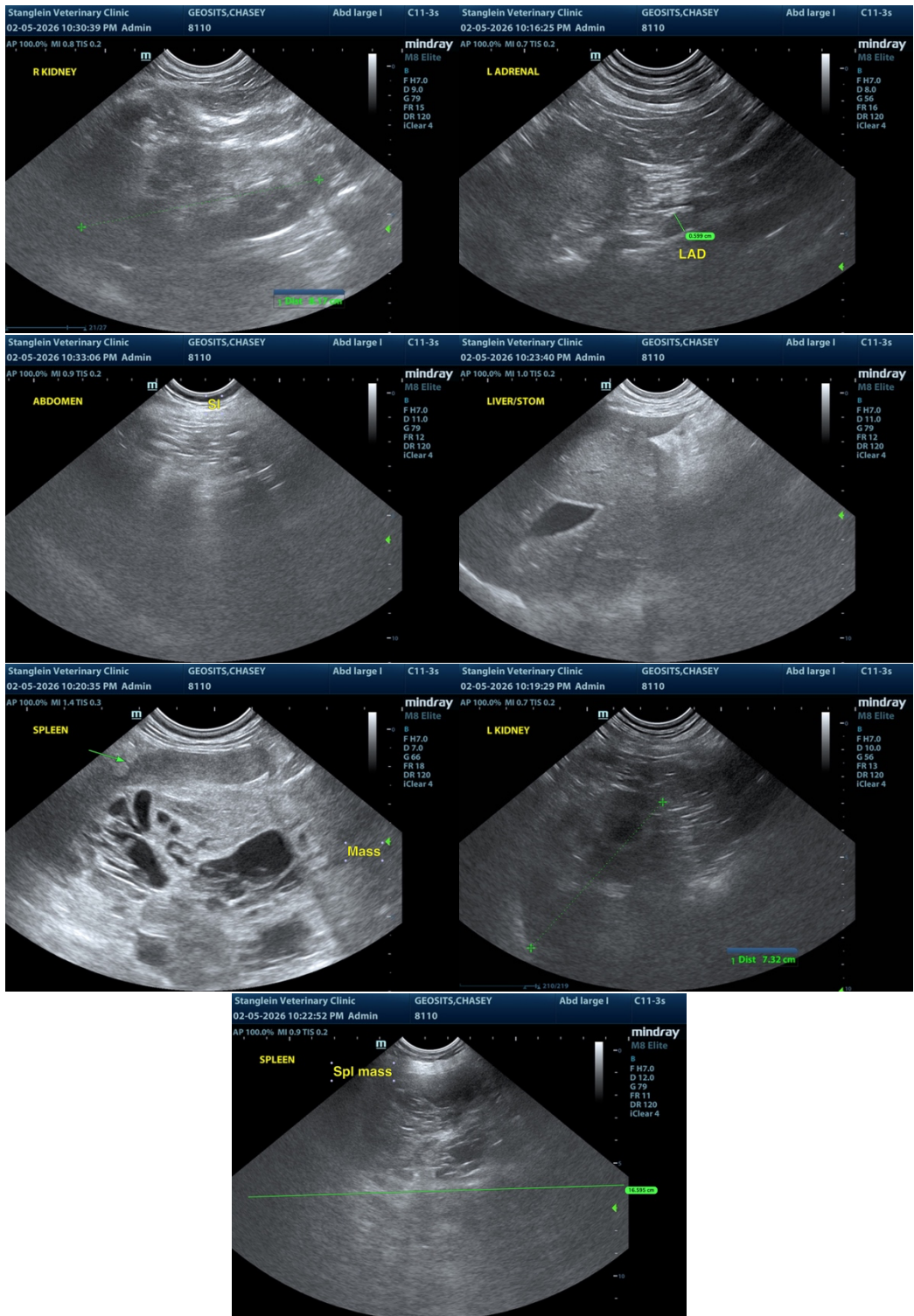
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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