



**PATIENT**

Nucky Dela Cruz

**SPECIES**

Canine

**BREED**

Irish Terrier

**SEX**

MN

**AGE**

11yr

**WEIGHT**

49.5lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr Mosaad

**INVOICE**

24235

**DATE**

03/16/2026

**PRESENTING CLINICAL SIGNS**

- Possible Splenic mass - last scanned 8/21/25 recheck
- Possibly doing splenectomy, check for metastasis in liver etc.
- Current medications - Zonasimide 100mg bid

**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 mild 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 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.43 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in the caudal pole.

**Spleen**

The spleen exhibited a mildly progressive isoechoic to mildly non-homogenous cranial splenic mass measuring 5.5 cm in diameter. Concurrent separate expansive non-homogenous mid to cranial splenic nodule was present measuring 3.5 cm in diameter. Associated generalized mid to cranial splenomegaly. The remainder of the spleen exhibited homogenous parenchyma.

**Liver/Gallbladder**

The liver was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. No visualized sonographically evident masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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.

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

**Pancreas**

**BREED**

Irish Terrier

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**

**SEX**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

MN

Normal perisplenic to omental echogenicity was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

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- Progressive splenic mass / macronodule
- Mildly enlarged non-homogenous liver
- Normal gallbladder
- Static age related renal/adrenal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass and macronodule may continue to indicate benign vs malignant etiologies although higher concern for neoplasia is warranted given evidence of mass and macronodule progression. Definitive sonographic evidence of intra-abdominal major organ, omental or cardiac metastasis was not obvious.

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The liver continues to suggest benign hepatopathy criteria. Assuming no pathology on three view chest radiographs and normal clotting status, splenectomy with suggested concurrent hepatic biopsies at the time of surgery is recommended.

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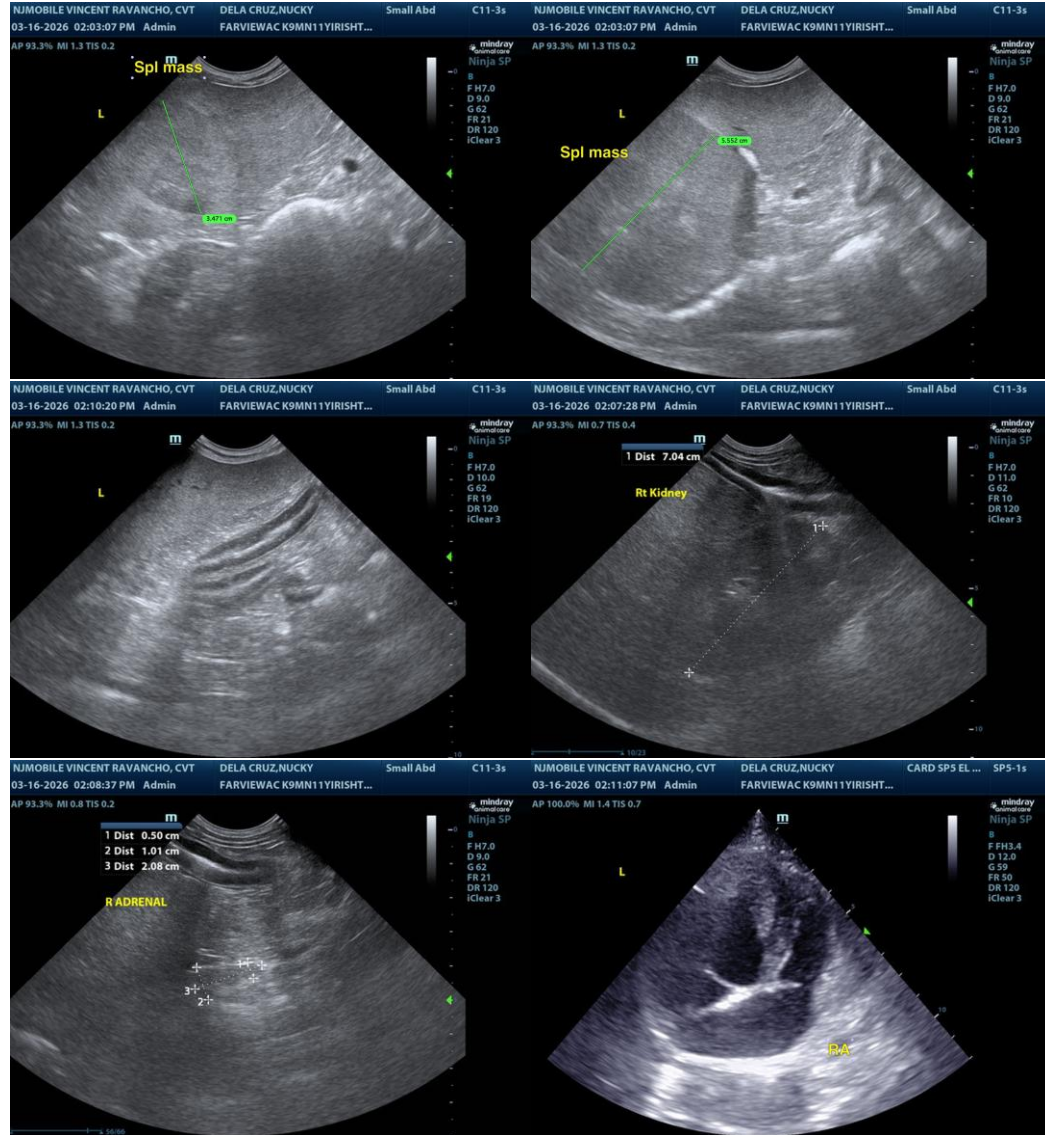
Dr Mosaad

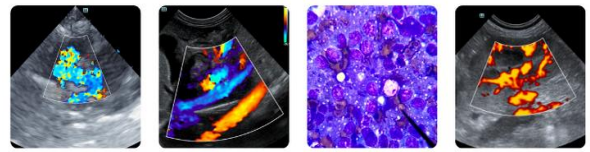
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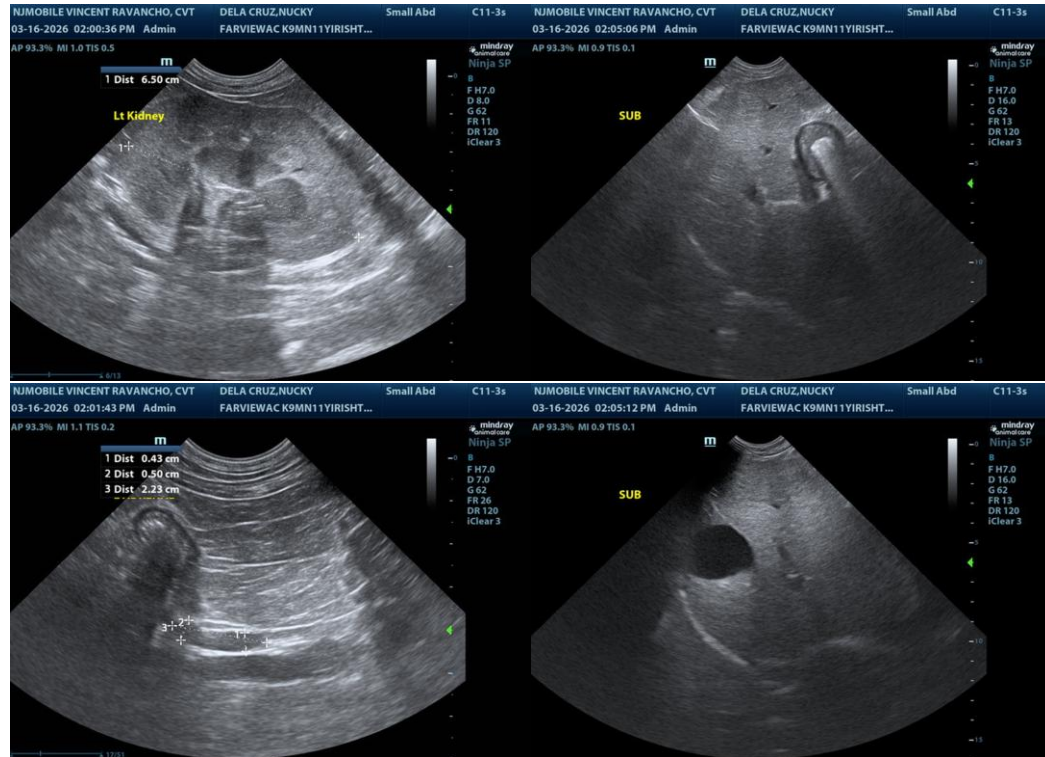
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

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