



PATIENT

Duke Nelson

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male Neutered

AGE

10y 9m

WEIGHT

27.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver VC

REFERRING VET

Emily Kent, DVM

INVOICE

13288

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Patient presents for routine, abdominal imaging to evaluate for the possibility of liver or spleen lesions.
- The patient's littermate died of a bleeding mass and clients wants to be cautious
- The patient has no active unusual clinical signs

Abnormal PE/Chem/CBC/UA Results: no unusual physical exam find - senior screen blood work in December 2025: - ALT: 147 (H) - USG: 1.029 - CBC, T4, HWT, fecal all 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 changes 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 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 noted. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.

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 0.90 cm width in the caudal pole. A nonhomogeneous / hyperechoic nodule was present in the cranial right adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.0 cm x 0.75 cm. Normal right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary, discrete, hypoechoic, non-capsule deforming mid lateral nodule was present measuring 0.74 cm in diameter.

Liver

The liver presented mildly enlarged in size with normal vascular volume. 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



PATIENT

Duke Nelson

appearance without signs of congestion. The gallbladder was non distended in size with minor, hyperechoic, non-organized, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

SPECIES

Canine

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate, shadowing ingesta and lumen gas without overt evidence of obstruction to pyloric outflow.

BREED

Australian Cattle Dog

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, non-shadowing ingesta/chyme.

SEX

Male Neutered

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

AGE

10y 9m

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.

WEIGHT

27.0 kgs

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

PRIMARY FINDINGS

- Solitary, discrete splenic nodule
- Hepatopathy
- Mild age-related renal changes
- Mildly enlarged non-homogeneous left adrenal gland with cranial right adrenal nodule
- Minor gallbladder debris (non-mucocele)

IMAGING PERFORMED BY

Patti Mayfield, DVM

SECONDARY FINDINGS

- Shadowing gastric and non-shadowing segmental intestinal ingesta

HOSPITAL NAME

Sunriver VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benign etiologies for the mild hepatopathy, discrete splenic nodule, and bilateral adrenal glands are favored with considerations including metabolic, reactive, vacuolar or low-grade inflammatory hepatopathy, discrete splenic nodular hyperplasia or hematopoiesis, adrenal benign hyperplasia with suspect right adrenal adenoma, all potentials. Emerging hepato-splenic or adrenal neoplastic criteria thought less likely yet not technically excluded. Initial serial sonographic monitoring of the splenic nodule and adrenal glands for evidence of progression with initial recheck in 4-6 weeks would be reasonable. Monitoring of systemic BP for evidence of hypertension which may potential allude to emerging right pheochromocytoma is suggested. Assuming normal clotting status and using 25-gauge needle, splenic FNA cytology could be considered for further assessment. Postprandial presentation suspected. Correlation with most recent meal ingestion is recommended.

REFERRING VET

Emily Kent, DVM

INVOICE

13288

DATE

3/17/26



PATIENT

Duke Nelson

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male Neutered

AGE

10y 9m

WEIGHT

27.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver VC

REFERRING VET

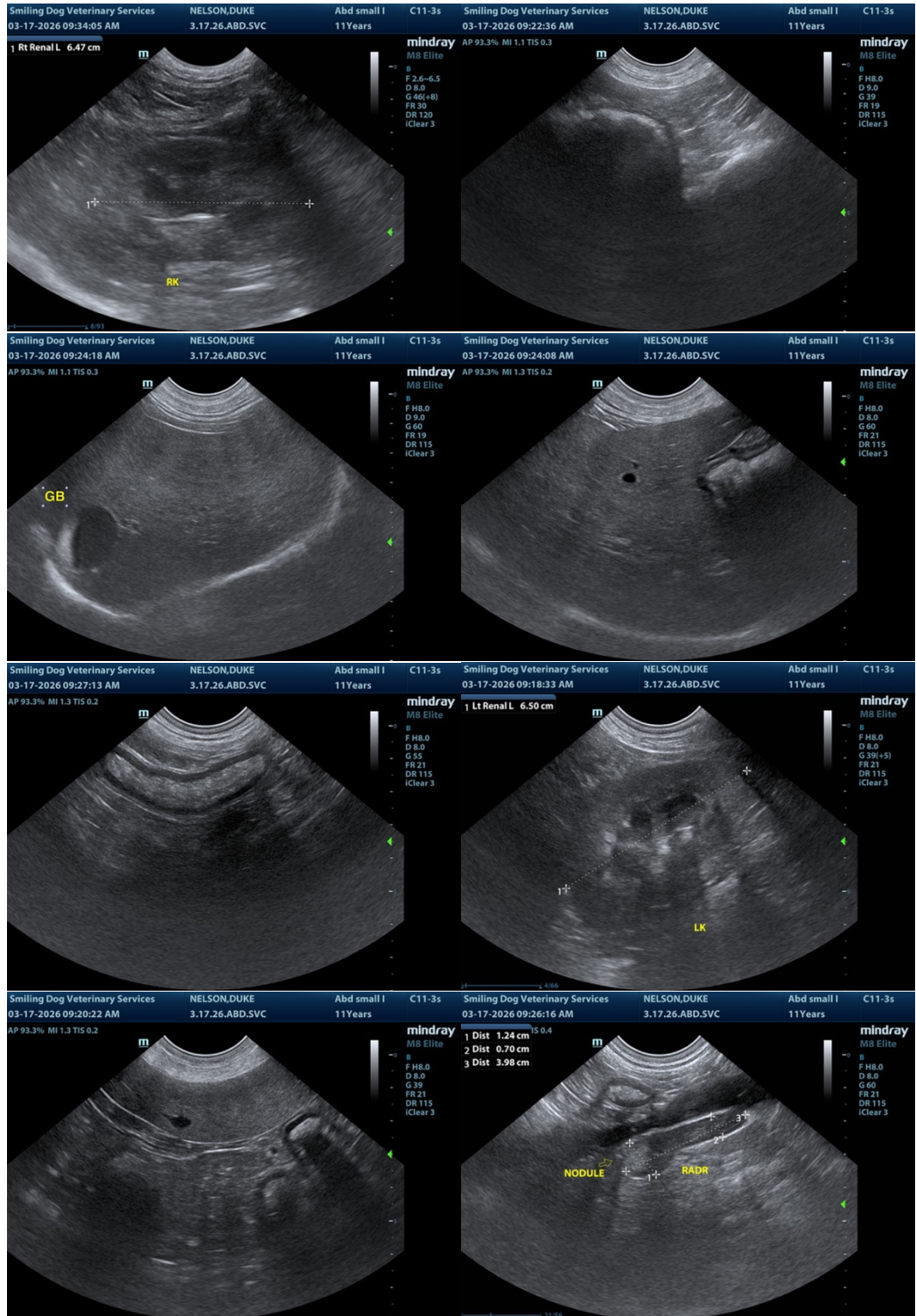
Emily Kent, DVM

INVOICE

13288

DATE

3/17/26





PATIENT

Duke Nelson

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male Neutered

AGE

10y 9m

WEIGHT

27.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver VC

REFERRING VET

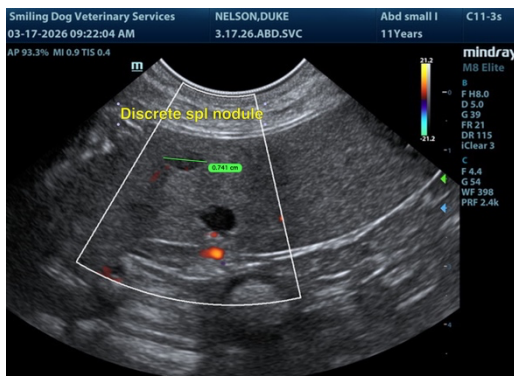
Emily Kent, DVM

INVOICE

13288

DATE

3/17/26



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