

PATIENT

Bubbles Simon

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

12 Years 5 Months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Silverado Vet Hospital

REFERRING VET

Dr. K.D. Maraher

INVOICE

14562

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Routine labs with abnormal values. Mild Non regen anemia, leukocytosis characterized by neutrophilia and monocytosis. Hx of elevated alp Prompted abd ultrasound. p is eating well. No reports of V/D
- hx skin issues
- over conditioned

Abnormal PE/Chem/CBC/UA Results: Rbc 5.2 L HCT 33 L Hg 105 L WBC 20 Neut 16.5 Mono 1.50 Glob 48 Alb glob 0.6 Alp 582 Amylase 1557 T4 8.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. The, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. 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 was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were present. The left kidney measured 5.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The adrenal glands were asymmetrically enlarged with a nonhomogenous hypoechoic nonmineralized parenchyma. The left adrenal gland measured 0.86 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the caudal pole.

Spleen

The spleen presented variably to asymmetrically enlarged with asymmetrical capsular contour, non-homogenous hypoechoic parenchyma with an expansive non-homogenous to indistinctly nodular mid-splenic mass measuring 3.5 centimeters in diameter. Mildly expansive, non-homogenous, hypoechoic, potentially cavitated cranial splenic nodule with associated capsule distortion measuring 1.2 cm in diameter. Mild regional perisplenic hyperechoic omentum.

Liver & Gallbladder

The liver revealed subjective mild hepatomegaly. Mild nonhomogenous to remodeled hepatic parenchyma exhibiting discrete fairly echogenic nodular changes with an example measuring 0.78 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical splenomegaly exhibiting nonhomogenous hypoechoic parenchyma and mid splenic mass with expansive cranial splenic nodule.
- Enlarged nonhomogenous indistinctly nodular liver.
- Mild gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild medullary mineral.
- Bilateral mild adrenomegaly.
- Pancreatic remodeling.
- Chronic cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is strongly consistent with infiltrative neoplastic criteria, i.e. sarcoma, round cell neoplasia or other. The hepatic parenchymal changes are more nonspecific and may indicate chronic vacuolar hepatopathy, inflammatory disease, discrete areas of nodular hyperplasia or lipogranulomas, non-obstructive cholestasis, while early hepatic metastasis is not definitively excluded.

Assuming normal clotting status and using 25-gauge needle, screening hepatosplenic FNA cytology could be considered for initial clarification. Adrenal workup is indicated if clinical signs are consistent with Cushing's syndrome. Mild chronic pancreatitis may be suspected if gastrointestinal signs are nonreported or arise.

If no pathology on three view chest radiographs, diagnostic splenectomy and concurrent hepatic biopsies could be considered. Guarded prognosis pending splenic sampling for histopathology.



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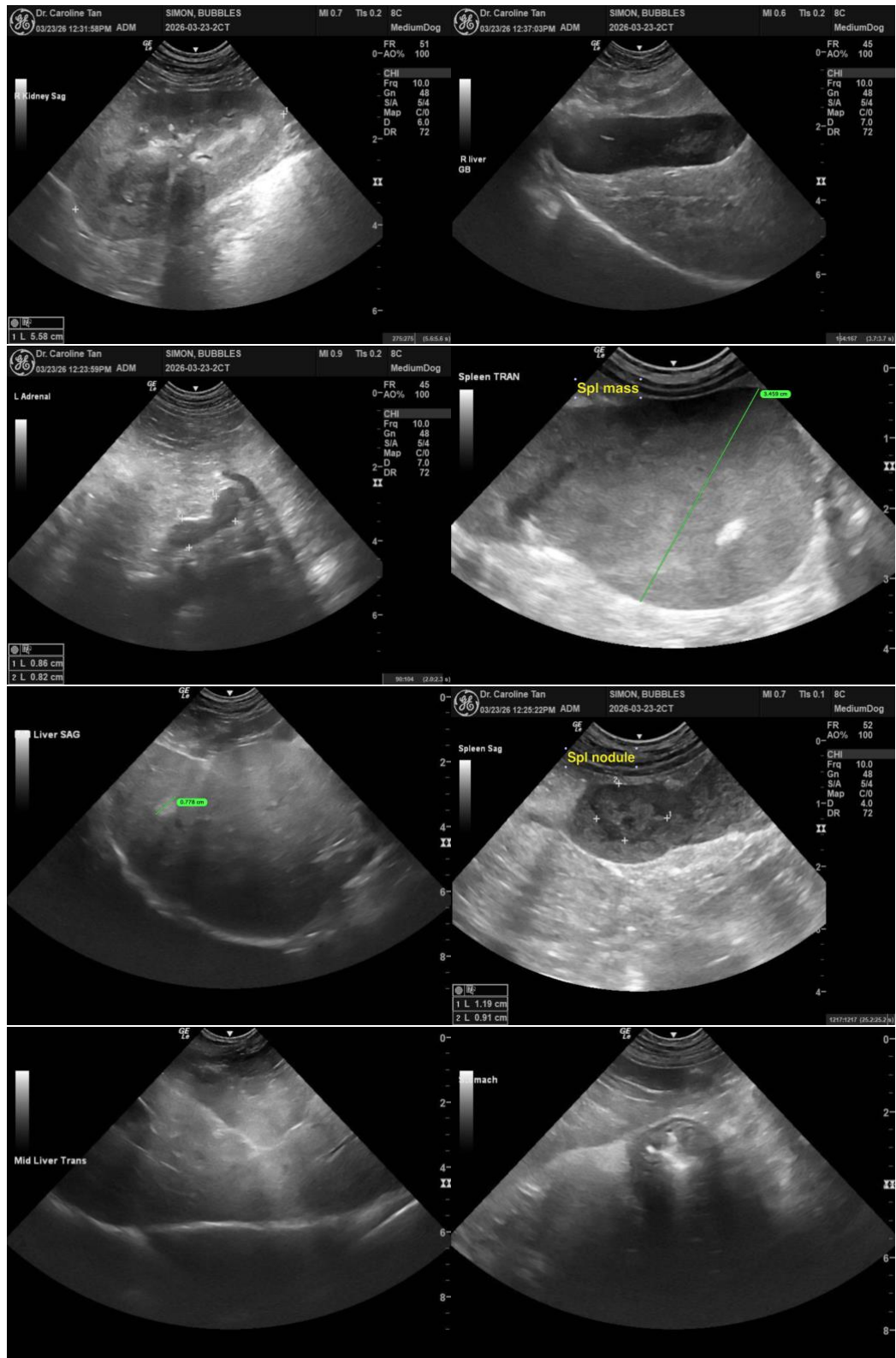
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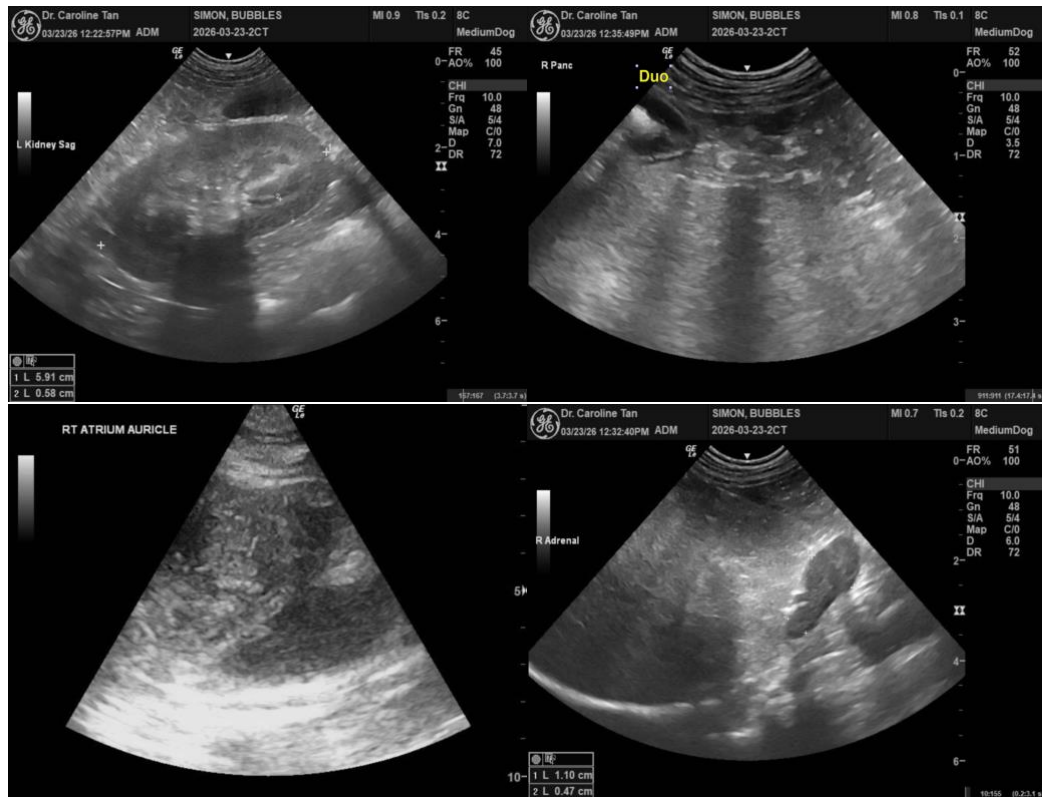
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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