



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zephyr Fenlon	BCS 6/9, hind end OA decreased appetite, slow weight loss possible mid-abd mass current meds: Adequan, Amantadine
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results:    Glucose 40 (pending in house recheck); K+ 3.6; Cl 107
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Border Collie/Golden	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
<b>SEX</b>	
MN	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 6.7 cm in length. The right kidney measured 7.0 cm in length.
<b>AGE</b>	
12yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
83lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited irregular regional splenomegaly with a mid to caudal non-homogenous nodular appearing splenic mass measuring ~ 8.5 cm x 6.2 cm. Concurrent expansive non-homogenous to hypoechoic mid to cranial splenic nodule was present.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Shari Reffi CVT	The liver was subjectively mildly enlarged with several variably sized isoechoic to non-homogenous intraparenchymal nodules to masses. An example of a liver mass measured 3.3 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Mt Bethel AH	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.
<b>REFERRING VET</b>	
Dr Stevans	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.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
24279	
<b>DATE</b>	
03/24/2026	



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**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**

Primarily perisplenic to cranial abdomen non-homogenous hyperechoic to nodular omentum with intermittent mildly swollen to hypoechoic perisplenic / perihepatic lymph nodes.

Minor perisplenic effusion.

Transdiaphragmatic brief thoracic assessment revealed no overt cardiac tumors or pericardial effusion with pleural effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Infiltrative neoplastic splenic pattern including splenic mass /nodule
- Several hepatic masses /nodules with mild generalized non-congested hepatomegaly
- Perisplenic non-homogenous nodular omentum and mild hypoechoic/ swollen mesenteric lymphadenopathy
- Normal visible gastrointestinal tract
- Non-cardiogenic pleural effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the hepatosplenic presentation is consistent with multicentric hepatosplenic neoplasia with evidence of regional perisplenic omental seeding and lymphatic metastasis. Thoracic involvement is likely given non-cardiogenic pleural effusion. Curative surgical options are precluded indicating an unfavorable prognosis.

**INTERPRETED BY**

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

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PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

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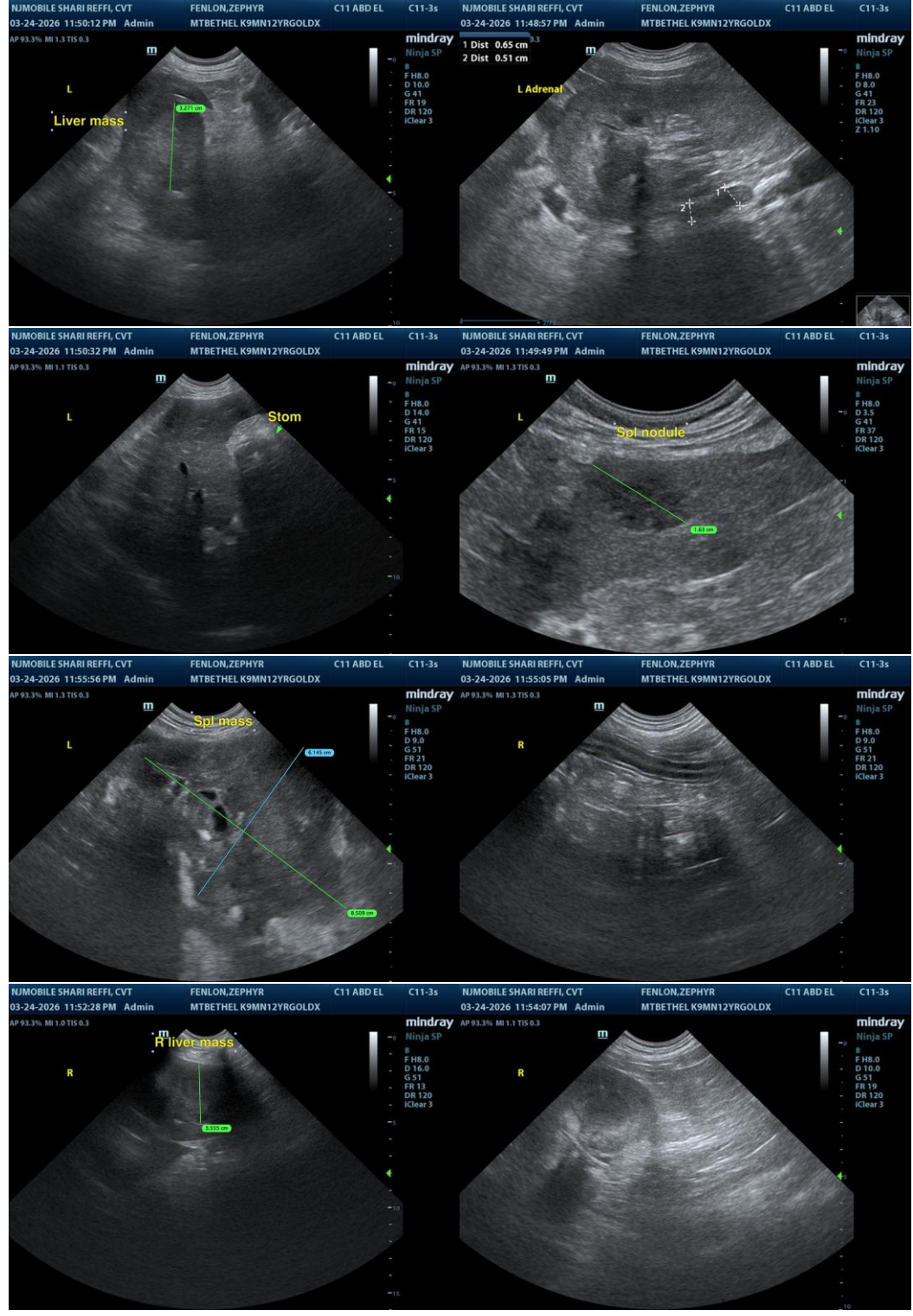
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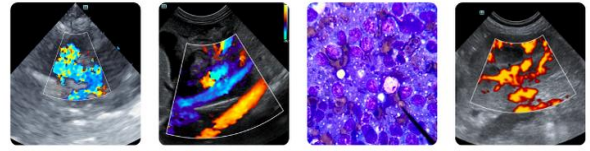
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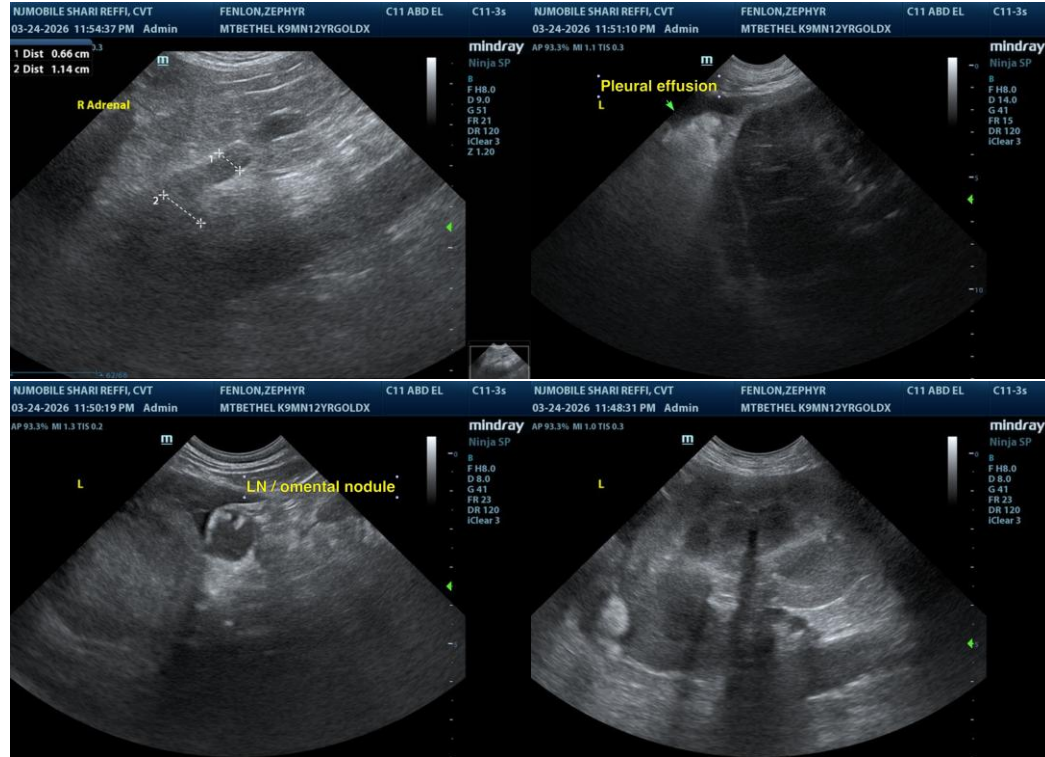
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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

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**

Shari Reffi CVT

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