

**PATIENT**

Chester Ciesla

**SPECIES**

Canine

**BREED**

Soft Coated Wheaton

**SEX**

MN

**AGE**

2015

**WEIGHT**

40

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Easton Animal  
 Hospital

**REFERRING VET**

Craig

**INVOICE**

24303

**DATE**

03/25/2026

**PRESENTING CLINICAL SIGNS**

- Halitosis
- Proteinuria
- Medication: Cerenia, aspirin, enalapril, k/d diet

**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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Bilateral areas of medullary mineral and variably sized cortical cysts were present. The left kidney measured 5.9 cm in length. The right kidney measured 5.4 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 left adrenal gland normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole.

A well-defined, hyperechoic nodule was present in the mid right adrenal gland with mild associated asymmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.86 cm x 0.67 cm. The right adrenal gland measured 0.49 cm width at the caudal pole and 2.7 cm in length.

**Spleen**

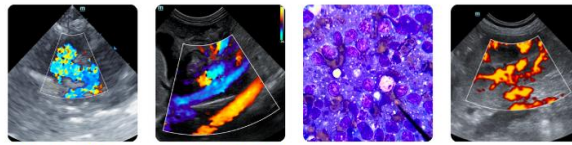
The spleen exhibited a moderately sized mixed echogenic non-homogenous cranial splenic mass measuring ~ 6-7 cm in diameter. Associated mild asymmetrical splenic capsule distortion without evidence of capsular escape.

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

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.



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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.

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

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***Pancreas***

The pancreas was normal in size and contour with mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

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

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Splenic mass
- Mild hepatic and pancreatic remodeling-subjective benign
- Mild non-organized gallbladder debris (non-mucocele)
- Bilateral non-specific chronic nephropathy, exhibiting pyelectasia, cortical cyst, and medullary mineral
- Nodular right adrenal gland- hyperplasia, adenoma, emerging tumor, all potentials
- Sonographically normal urinary bladder

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**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). No overt evidence of cardiac or abdominal major organ macrometastasis. Non-sonographically evident metastasis or micrometastasis not definitively excluded.

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The kidneys may indicate non-specific nephritis, i.e. glomerulonephritis or other. The pyelectasia may be secondary to renal scarring, passage of previous mineral or possible low grade chronic infection. Correlation with recheck urine C/S if not done is suggested.

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Monitoring of systemic BP given renal presentation and adrenal nodule is recommended. If hypertensive, screening urine metanephrine level to assess for potential pheochromocytoma is recommended.

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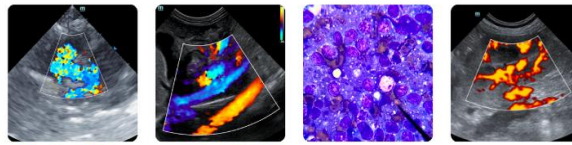
If stable renal function with concurrent renal support and no pathology on three view chest radiographs, splenectomy with gross inspection of the right adrenal gland +/- right adrenalectomy could be considered.

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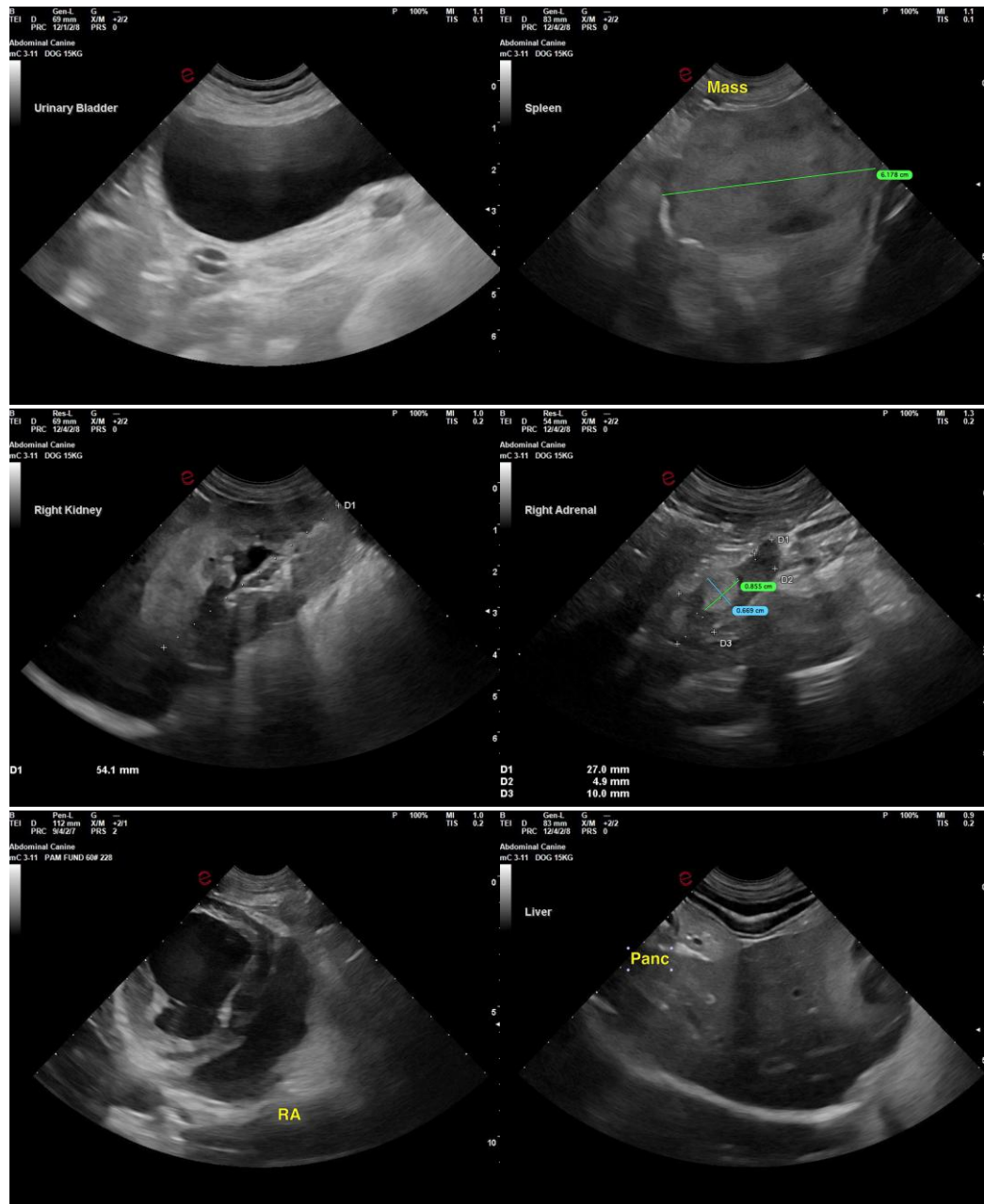
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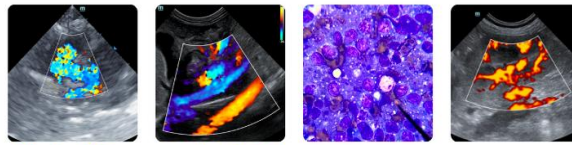
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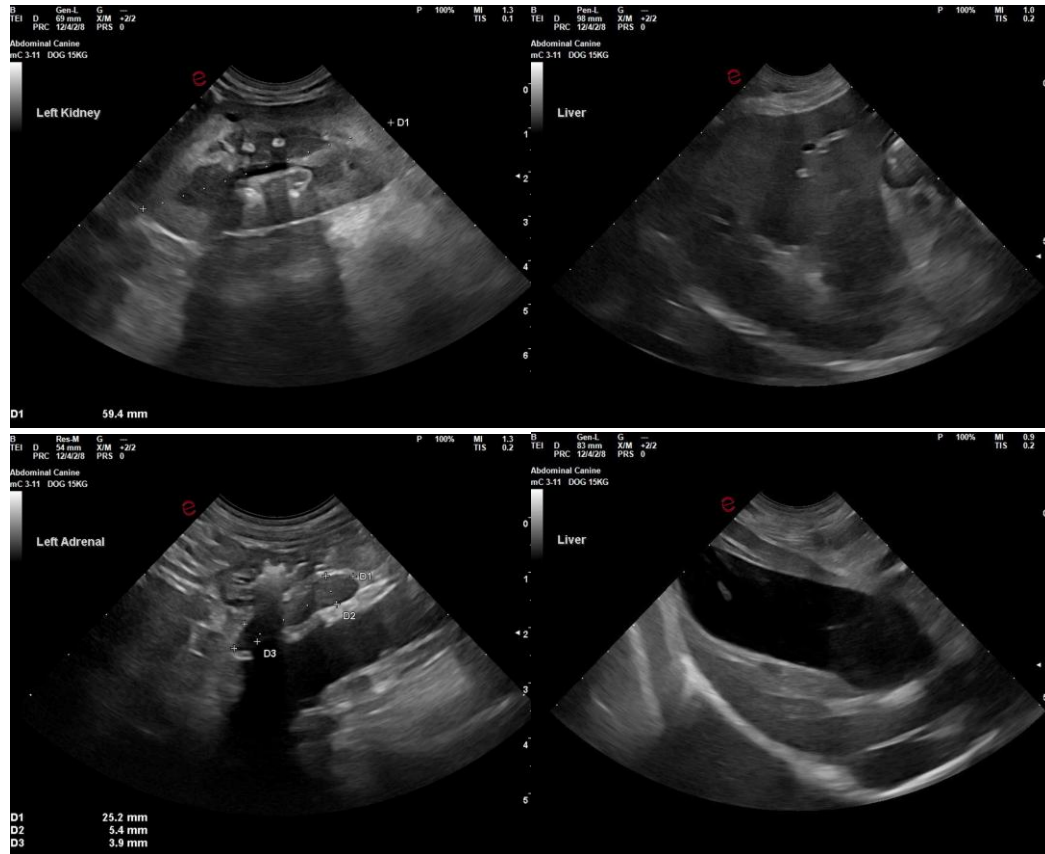
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)