

PATIENT

Deacon Schaeffer

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

2015

WEIGHT

108

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Creekview VH

REFERRING VET

Ballek

INVOICE

13331

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Orthopedic issues
- Skin issues
- Decreased ALP, RBC, HCT - concern for splenic mass
- Medication: Carprofen, gabapentin, Apoquel PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No obvious visualized pathology in the area of the residual prostate.

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. Focal areas of medullary mineral present. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

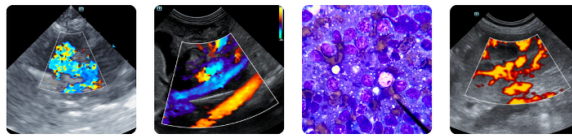
The left adrenal gland was asymmetrically enlarged in size with non-homogeneous, indistinctly nodular to focally mineralized parenchyma measuring 4.4 cm length x 2.0 cm width at the caudal pole. A nonhomogeneous, indistinct nodule was present in the right cranial adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 1.0 cm. Normal right adrenal gland measured 0.71 cm width at the caudal pole.

Spleen

Mildly expansive, non-homogeneous, hyperechoic mid to cranial splenic mass was present. Concurrent, variably echogenic, non-capsule deforming splenic nodules noted. Splenic mass measured 5.5 cm in diameter. Example of splenic nodule measured 1.2 cm in diameter.

Liver

The liver was subjective normal mid to left hepatic size with maintained symmetrical contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Enlarged caudal lobe exhibiting ill-defined non-homogeneous nodular parenchyma to mass lesion measuring ~8.3 cm x 6.3 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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.

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 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

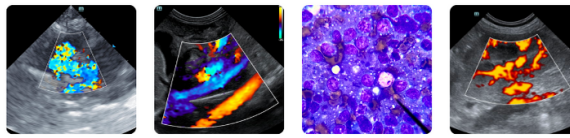
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with concurrent variably echogenic separate splenic nodules – hyperplasia, hematopoiesis, granuloma, inflammation, neoplasia, i.e. sarcoma, round cell neoplasia or other
- Hepatic parenchymal remodeling with ill-defined caudate lobe non-homogeneous nodular parenchyma/mass lesion – lobar hyperplasia, hematopoiesis, remodeling, fibrosis, neoplasia or combination
- Bilateral nodular adrenal glands with left adrenomegaly and evidence of left adrenal mineralization – hyperplasia, function vs non-functional adenomatous change, unilateral/bilateral adrenal tumors with concern for left adrenal neoplastic criteria given evidence of mineralization
- Age-related kidneys with mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, splenic mass and caudate hepatic FNA cytology could be considered for further clarification. Adrenal workup with LDDST recommended if clinical signs consistent with Cushing's Syndrome and with concurrent serial sonographic monitoring of systemic BP for evidence of hypertension which may potentially allude to pheochromocytoma. Assuming no pathology on 3-view chest radiographs and if surgery is a potential abdominal CT would be ideal.



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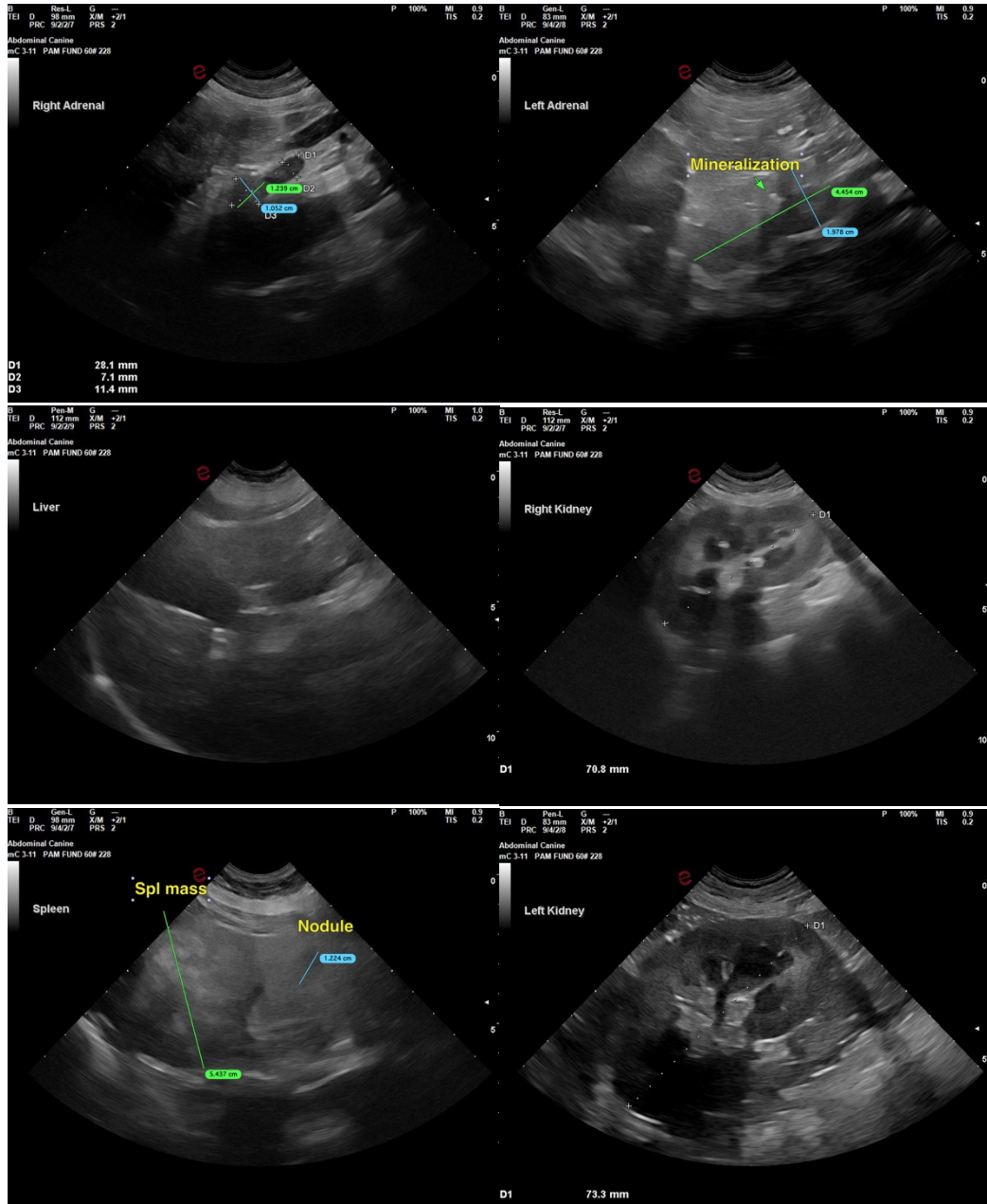
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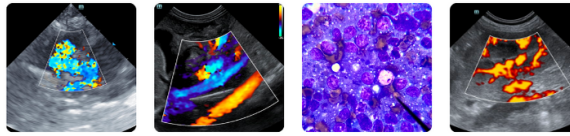
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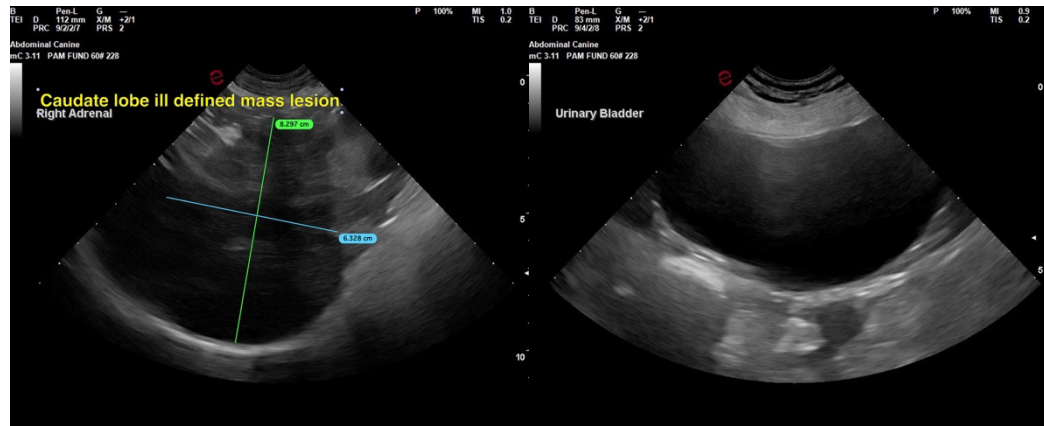
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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