



PATIENT

Johnson Hennessy-Snow

SPECIES

Canine

BREED

Goldendoodle

SEX

Male Neutered

AGE

8y 11m

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Melanie Harms, LVT &
Bridget Kanelli, LVT

HOSPITAL NAME

Thorn Ave. AH

REFERRING VET

Dr. Nathan Tompkins

INVOICE

13327

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- P has been lip licking, restless and heavy panting at night over the last couple months
- Only one episode of vomiting over the last 4-6 months
- No improvement with Famotidine and omeprazole use

Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.7 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.68 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with primarily symmetrical contour and homogeneous parenchyma exhibiting cranial medial folding. Mildly expansive non-homogeneous cranial mass was present measuring ~3.0 cm in diameter. Concurrent separate, non-capsule deforming, hypoechoic mid medial nodule was noted measuring 1.3 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 subjectively empty with mild lumen gas. Subjective mildly thickened, non-obstructive pylorus wall noted measuring 0.68 cm.

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

- Mildly expansive cranial splenic mass with concurrent non-disruptive mid splenic nodule
- Empty stomach with mildly thickened intact pylorus wall
- Normal empty small intestine
- Normal area of pancreas
- Sonographically normal liver/bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and separate nodule are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other or possible combination, all potentials). The mildly thickened intact pylorus wall is of unclear clinical significance without evidence of obstructive pyloric criteria. Given non-response to previous gastro protectants, novel protein or hydrolyzed diet trial with potential small more frequent feedings, +/- empirical coverage for helicobacter and monitoring may prove beneficial. Assuming no pathology on 3-view chest radiographs, diagnostic and prophylactic splenectomy with gross inspection of the upper gastrointestinal tract, and +/- biopsies may be considered. In addition to continuing gastrointestinal support, serial sonographic monitoring of the splenic mass/nodule for evidence of progression would be more conservative.



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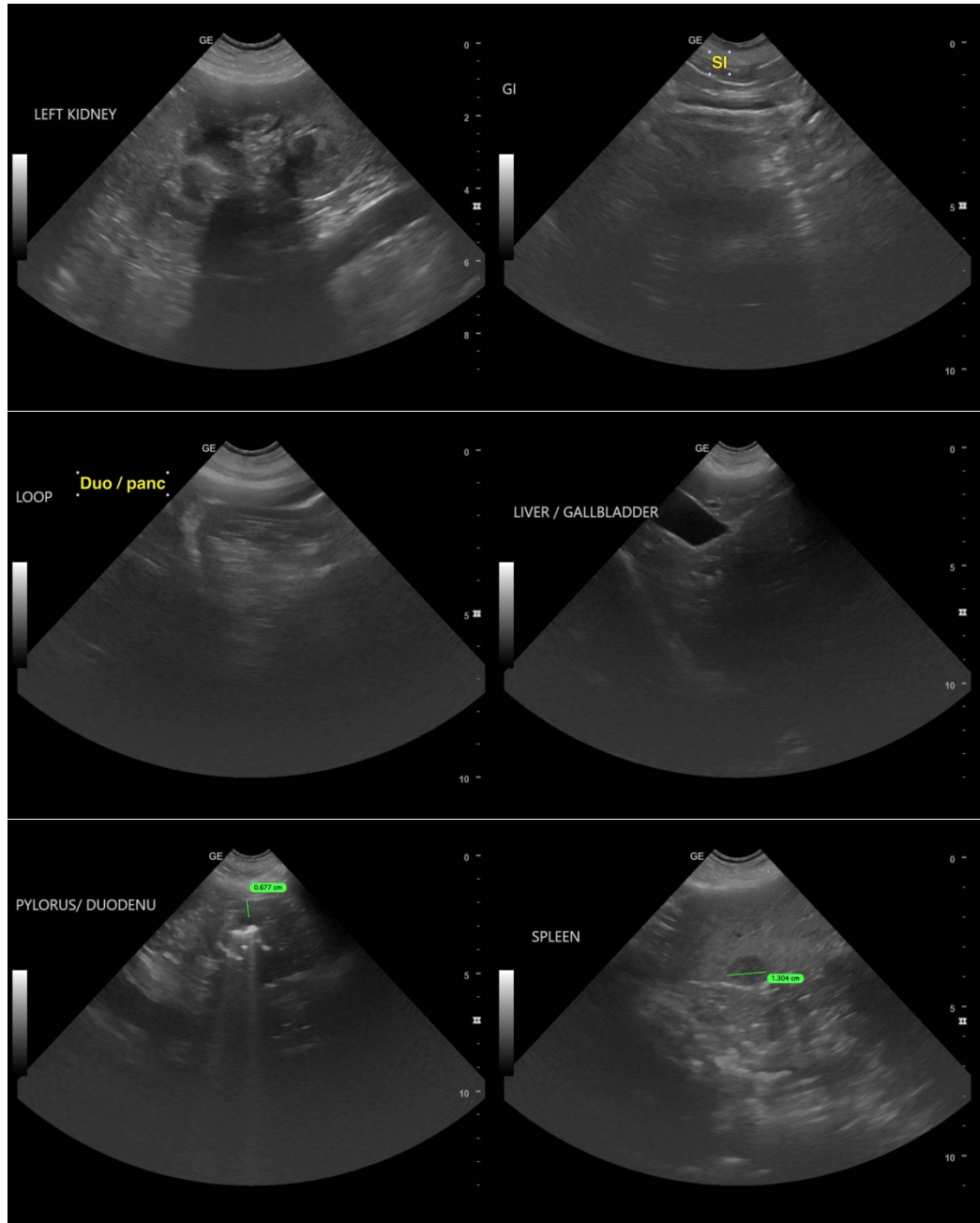
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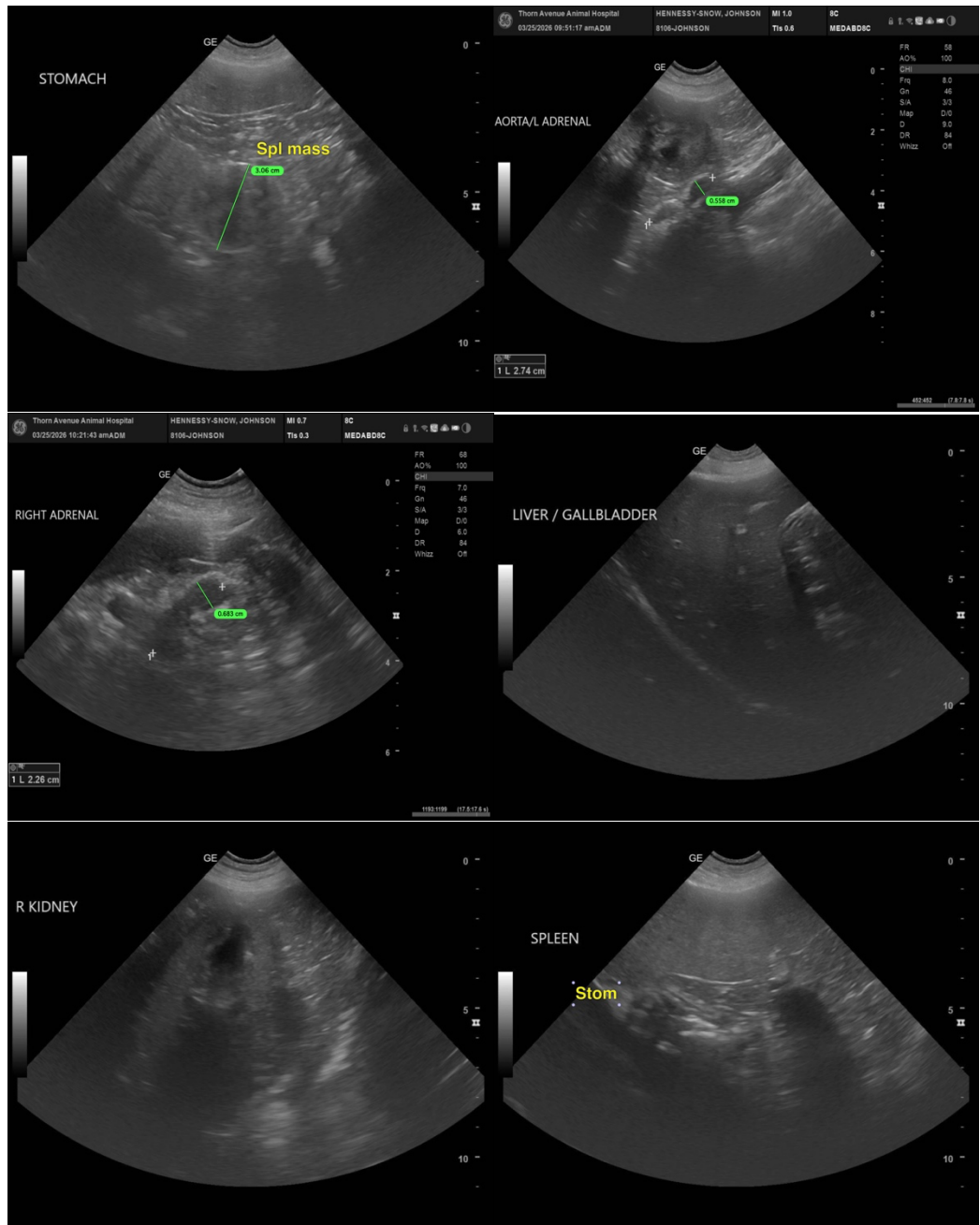
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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