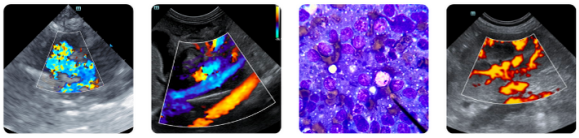

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PATIENT

Daisy Crybliskey

SPECIES

Canine

BREED

Corgi

SEX

Female Spayed

AGE

13y

WEIGHT

18.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

13340

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- tense abdomen but her usual/anxious, weight loss of 3lbs since Jan 2025, all else wnl
- ABNORMAL Lab work Values: see record

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 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. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the caudal pole. The right adrenal gland measured 0.67 cm width in the caudal pole.

Spleen

A moderately sized, associated, symmetrical to mildly asymmetrical, capsule distorting mass involving the cranial medial spleen with secondary capsule expansion and disruption was present and measuring ~5.0 cm in diameter. The remainder of the spleen exhibited normal size and contour with primarily homogeneous parenchyma. Concurrent non-capsule deforming, hypoechoic mid to caudal splenic nodule was present measuring 0.6 cm in diameter. Mild perisplenic hypoechoic omentum and minor effusion.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, non-shadowing ingesta without signs of 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 contained generalize mild, non-shadowing ingesta.

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.

Heart

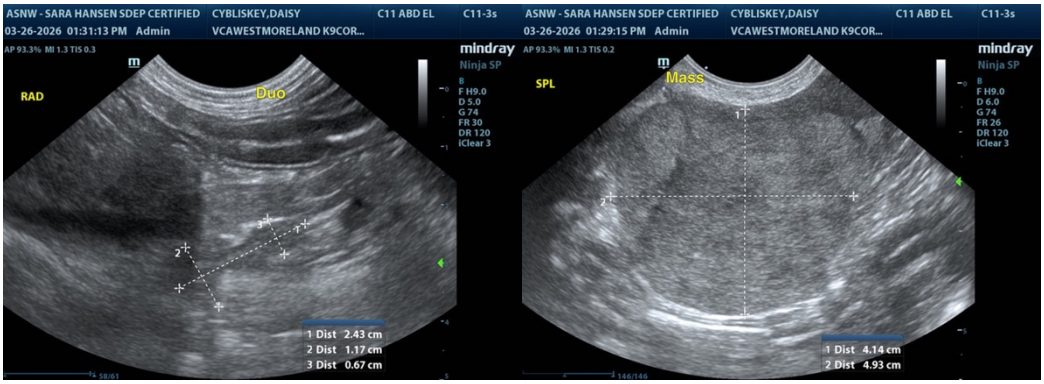
Rapid view of the heart revealed no overt evidence of cardiac tumors or pericardial effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass and concurrent separate non-disruptive nodule
- Sonographically normal liver
- Normal gastrointestinal tract with gastrointestinal ingesta – consistent with food echogenicity
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and nodule are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural intestinal disease as a contributing factor may be considered.



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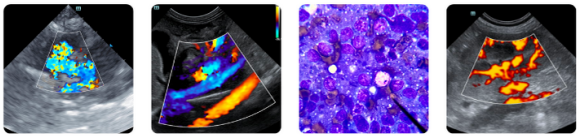

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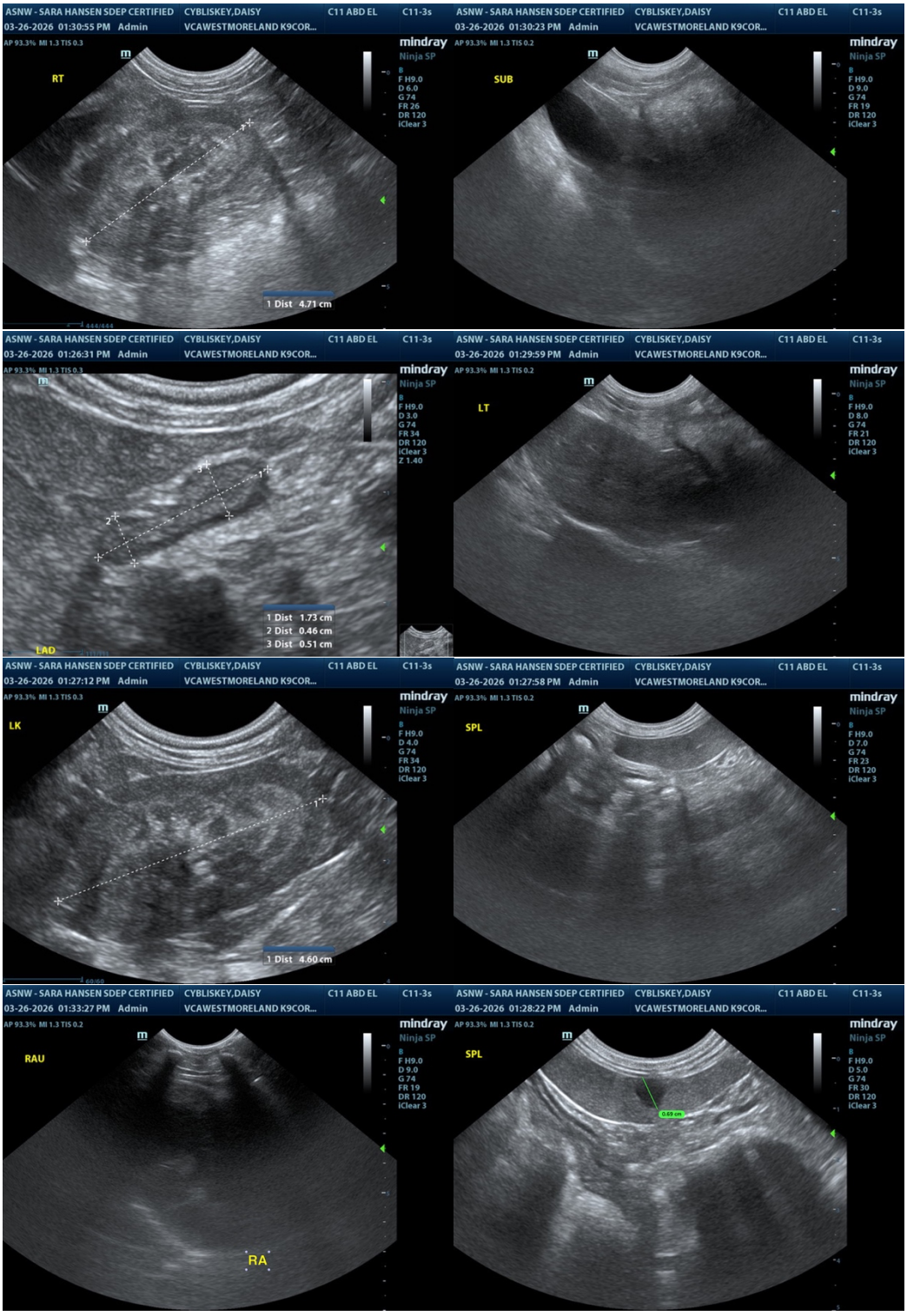

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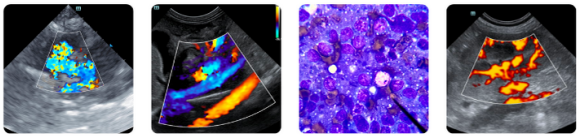

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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