



PATIENT

Marcie Cullen

SPECIES

Canine

BREED

Neopolitan Mastiff

SEX

Female Spayed

AGE

12y 10m

WEIGHT

61.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Allendale VH

REFERRING VET

Dr. Raum

INVOICE

13335

DATE

3/27/26

PRESENTING CLINICAL SIGNS

History:

- Confirmed MCT- Met Check
- Rads and consult (cxr) pending, 4DX neg, chol/ triglycerides (H), Mg2+ (H) Glob (H)
- Meds: recently tapered off medrol, finished Zenrelia, ID, Simparica Trio, GABA/Traz, skin topicals

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.

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 8.7 cm in length. The right kidney measured 89.0 cm in length.

Adrenal Glands

The left and right adrenal glands were mildly subnormal in size given patient breed and body weight likely secondary to steroid administration with no obvious pathology present. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

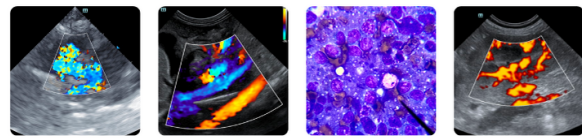
The spleen was normal in size and contour with primarily homogeneous parenchyma. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. Solitary, discrete, hypoechoic, non-capsule deforming mid splenic nodule was present measuring 0.7 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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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

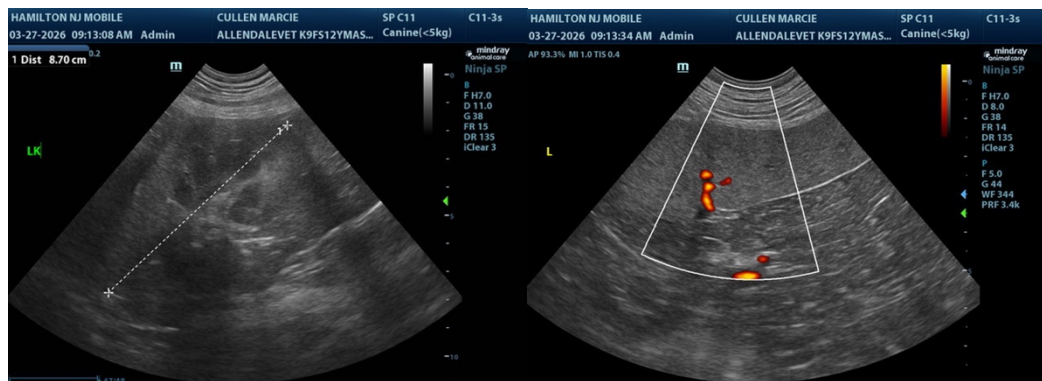
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-enlarged spleen with discrete intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Bilateral mild subnormal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the discrete splenic nodule, which is nonspecific, no evidence of intraabdominal primary or metastatic neoplastic criteria. The splenic nodule may indicate focal to minor lymphoid hyperplasia or hematopoiesis, potential for emerging metastatic splenic nodule not definitively excluded. Assuming normal clotting status and using 25-gauge needle, splenic parenchyma and if accessible, nodule FNA screening cytology warranted. Given patient history, serial sonographic monitoring of the splenic nodule for evidence of progression would be more conservative. Correlation with thoracic radiographs is recommended.





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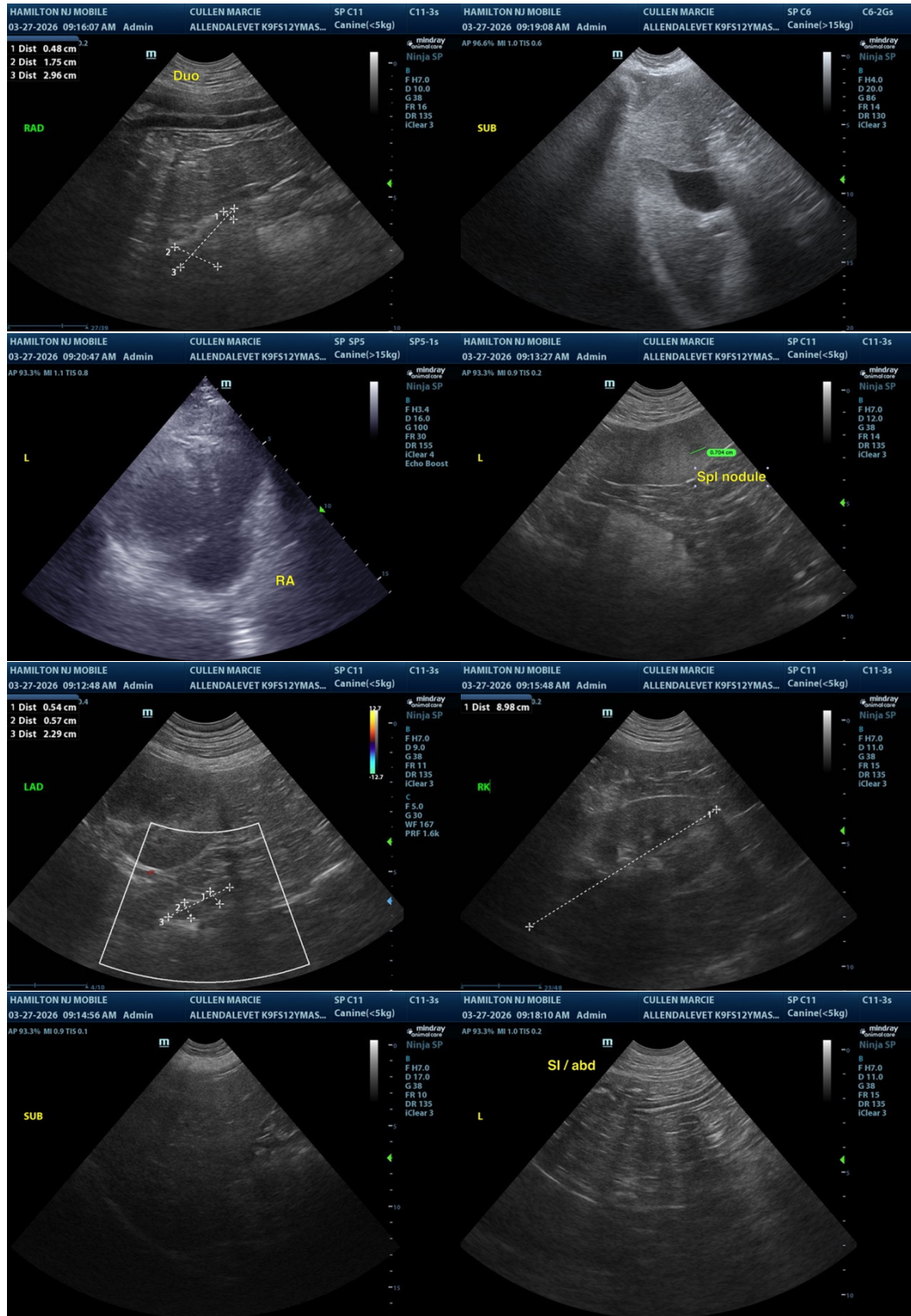
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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