PATIENT
Willie Metz

SPECIES
Canine

BREED
Hound Mix

SEX
MN

AGE
8.5yr

WEIGHT
46lb

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME
Norfolk County Veterinary Service

REFERRING VET
Christina Poor, BVetMed

INVOICE
23429

DATE
03/29/2026

PRESENTING CLINICAL SIGNS

- Presented for routine dental cleaning. Pre op PCV was 38%. Retested a few weeks later and was 42%, low normals. Currently, no medications.
- *Sedated with butorphanol/dexdomitor

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 or 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 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 6.8 cm in length. The right kidney measured 6.5 cm in length.

The visualized medial iliac lymph nodes were sonographically normal. An example measured 2.5 cm x 0.44 cm.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 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 0.60 cm width at the caudal pole.

Spleen

The spleen was subjective mildly enlarged with symmetrical contour and maintained mild heterogeneous parenchyma. No visualized masses or nodules were present. Normal splenic vascularity.

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate variably congealed 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. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.48 cm width.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

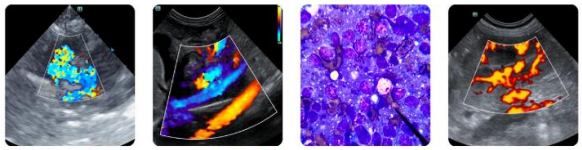
- Mildly enlarged heterogeneous spleen
- Normal gastrointestinal tract
- Normal bilateral adrenal glands
- Moderate non-organized gallbladder debris -not consistent with mature mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall definitive cause of the patient's anemia was not obvious. The spleen may indicate hyperplasia or hematopoiesis in conjunction with anemia, inflammation with occult to emerging splenic neoplasia thought less likely.

Further assessment may include assuming normal clotting status using 25ga needle, screening splenic FNA cytology. Sedation as a contributing factor to mild splenomegaly also possible. Continued monitoring of splenic size and PCV given reported improvement would be reasonable. A CBC pathology review +/- infectious disease serology if recurrent or persistent anemia may be considered.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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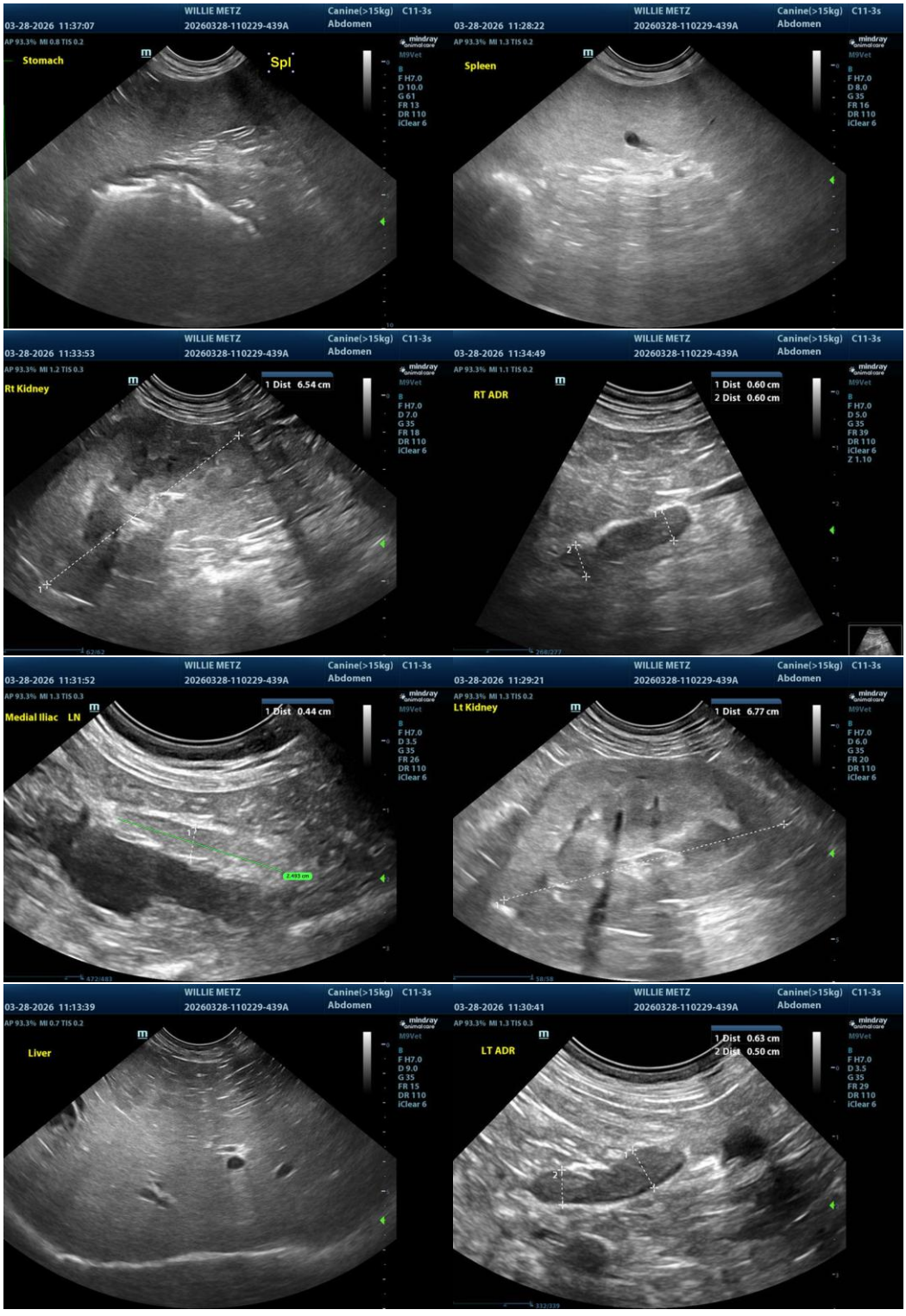

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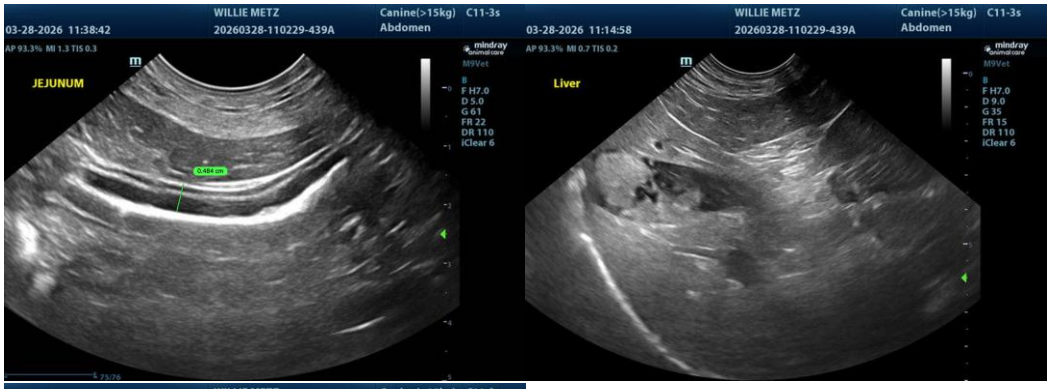

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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