



## PATIENT

Dexter Hayunga

## SPECIES

Canine

## BREED

PitBull

## SEX

MN

## AGE

10yr

## WEIGHT

66.4lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Megan Bray

## HOSPITAL NAME

Taylorville Veterinary  
Clinic

## REFERRING VET

Dr. Melissa Earp

## INVOICE 24108

**DATE**  
03/04/2026

## PRESENTING CLINICAL SIGNS

Dexter presented today because owner noticed he was lethargic and drooling, and his stomach appeared bloated, all of which are unusual for him. He also did not eat his breakfast this morning, which is another sign that something is wrong. The owner noted that he's been lethargic for several days, and they noticed the distended abdomen but assumed it was weight gain from the winter. Upon his initial evaluation, we found that his gums were pale pink and tacky, and his tongue had a dark coloration. We performed a brief ultrasound of his abdomen which confirmed the presence of free fluid, and when we sampled that fluid, we found that it was blood. A blood sample showed his packed cell volume is 32% and his total protein is 5.2 mg/dL. On his physical exam, Dexter is very quiet and subdued, which is a significant change from his normally bright and outgoing demeanor. CBC/Chem/UA is being submitted to Idexx today for evaluation.

**Abnormal PE/Chem/CBC/UA Results:** Upon his initial evaluation, we found that his gums were pale pink and tacky, and his tongue had a dark coloration. We performed a fast scan of his abdomen which confirmed the presence of free fluid, and when we sampled that fluid, we found that it was blood. A blood sample showed his packed cell volume is 32% and his total protein is 5.2 mg/dL. On his physical exam, Dexter is very quiet and subdued, which is a significant change from his normally bright and outgoing demeanor. CBC/Chem/UA is being submitted to Idexx today for evaluation.

## 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 evidence of urine/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 6.7 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

A cavitated splenic mass was present in the mid to caudal spleen measuring ~ 7-8 cm in diameter. The remainder of the spleen exhibited a mild heterogeneous parenchyma and areas of mild asymmetrical capsule contour.

### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

## SPECIES

Canine

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was mildly gas distended.

The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty.

## BREED

PitBull

Normal visible colon wall layers were present with apparent formed feces in lumen.

### **Pancreas**

## SEX

MN

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.

## AGE

10yr

### **Free Abdomen**

An undifferentiated, small to cavitated appearing mass was present in the area of the cranial spleen measuring ~ 4 cm in diameter.

## WEIGHT

66.4lb

Perisplenic non-homogenous hyperechoic omentum exhibiting potential for subtle omental nodules vs mild lymphadenopathy.

Moderate peritoneal effusion.

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Rapid view of the heart revealed no obvious cardiac tumor or pericardial effusion. Suspect minor volume pericardial pleural effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Splenic mass
- Undifferentiated mass area of cranial spleen
- Non-congested mild non-homogenous liver
- Perisplenic non-homogenous potential subtle nodular omentum vs mild perisplenic lymphadenopathy
- Peritoneal effusion and suspect minor volume pleural effusion

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

The undifferentiated mass in the area of the cranial spleen may indicate additional non-obvious splenic mass or perisplenic omental metastasis in conjunction with potential subtle nodular peri-splenic changes or mild lymphadenopathy. Definitive evidence of hepatic metastasis was not sonographically evident yet not excluded.

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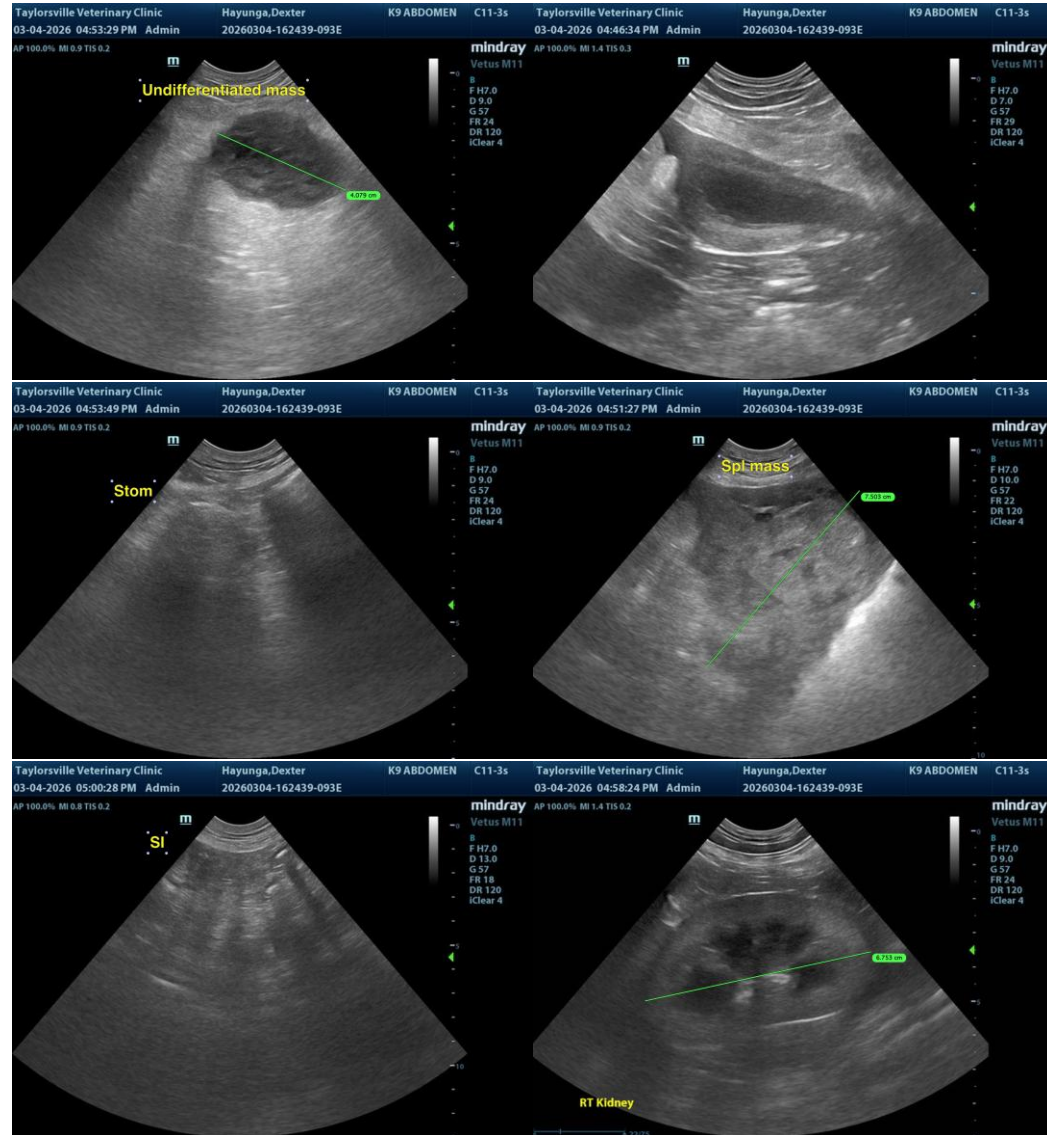
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Likewise, thoracic metastasis is of concern given suspect minor volume non-cardiogenic pleural effusion. Additional micrometastasis cannot be excluded.

Correlation with three view chest radiographs recommended. Given likely hemangiosarcoma an extremely guarded to unfavorable long-term prognosis is unfortunately suspected even with surgical intervention i.e. splenectomy, potential unspecified mass or omental resection and chemotherapy.



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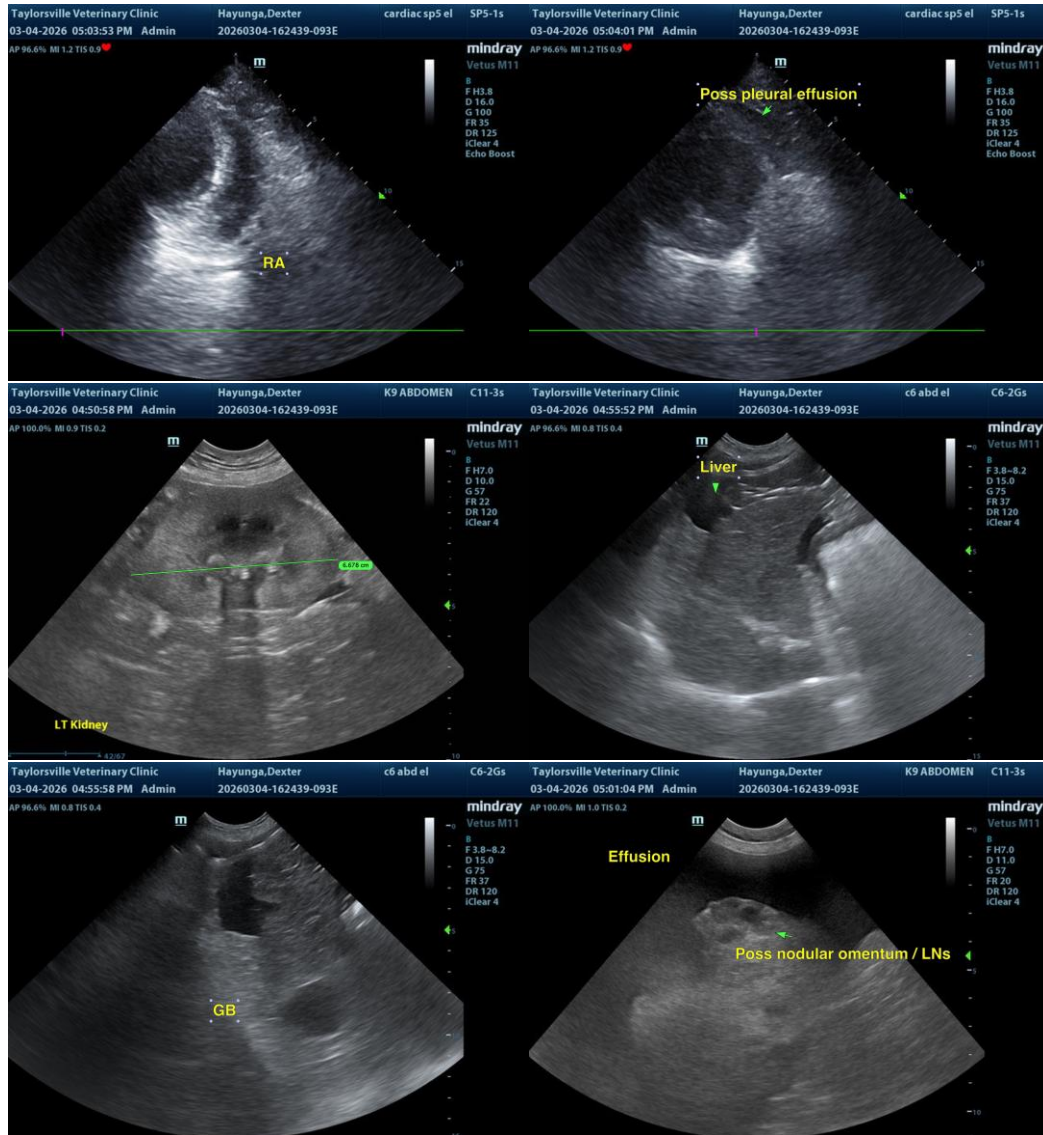
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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