



## PATIENT

Bauer Deboom

## SPECIES

Canine

## BREED

Border Collie

## SEX

Male Neutered

## AGE

13y

## WEIGHT

46 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Rodriguez

## INVOICE

13396

## DATE

4/14/26

## PRESENTING CLINICAL SIGNS

History: First time seizure. Incidental mass on palp. Met check.

## 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 residual prostate appeared normal and free of pathology.

Solitary, non-enlarged, focally cystic medial iliac lymph node was present.

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 6.1 cm in length. The right kidney measured 5.9 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 0.78 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 0.65 cm width at the caudal pole.

### Spleen

A moderate sized to expansive, mixed echogenic to non-uniform, hyperechoic solid mass involving the spleen with secondary capsule expansion and disruption was present measuring ~7.2 cm in diameter. The remainder of the spleen was sonographically normal with mild splenic folding.

### Liver

The liver presented subjective mild hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discrete, hyperechoic intraparenchymal nodules were present measuring 1.2 cm in diameter. 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.

### **Heart**

No overt cardiac tumors or pericardial effusion present.

## **ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Discrete, hyperechoic hepatic nodules
- Gallbladder debris (non-mucocele)
- Age-related renal changes
- Mild cystic medial iliac lymph node – subjective benign

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Sonographically, the mildly hyperechoic nodules suggest benign criteria, i.e. nodular hyperplasia or lipogranulomas, hepatic metastasis not definitively excluded yet thought less likely.

Assuming no pathology on 3-view chest radiographs and pending neurological workup for seizure activities, splenectomy with gross inspection of the liver and +/- hepatic biopsies, assuming normal clotting status is recommended. Correlation with full lab work and urinalysis is suggested, if not done. Serial sonographic monitoring of the splenic mass and liver nodules for evidence of progression would be more conservative.



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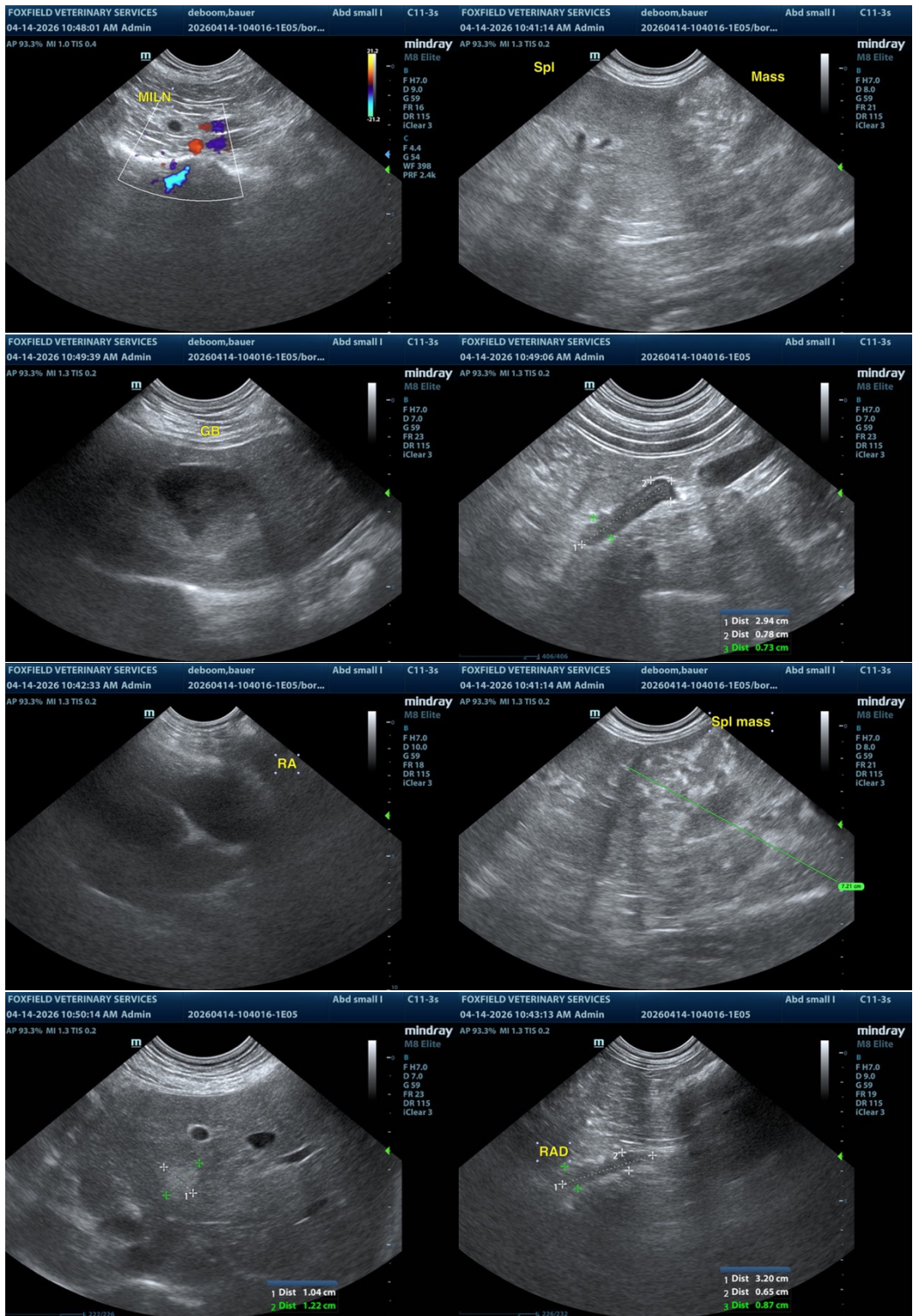
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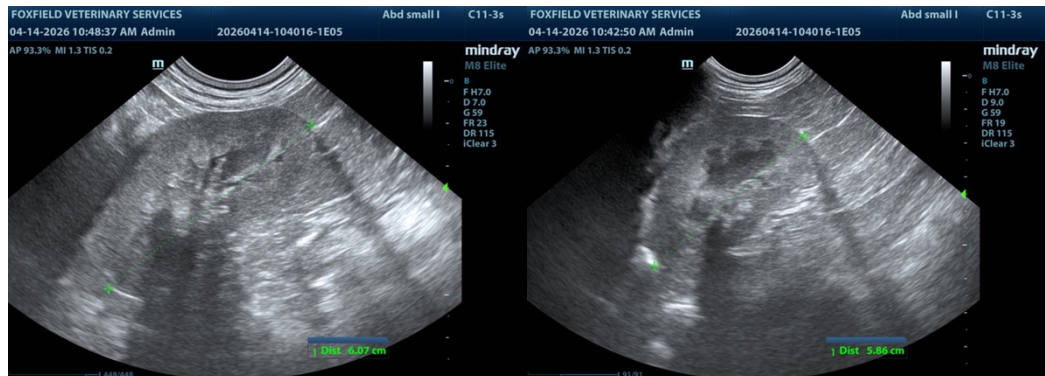
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)