



PATIENT

Harley Quinn Hill

PRESENTING CLINICAL SIGNS

incidental finding of splenic mass during cystocentesis. No clinical signs.
Abnormal PE/Chem/CBC/UA Results: BW + UA WNL

SPECIES

Canine

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/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.

BREED

GSD Mix

SEX

FS

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 6.0 cm in length. The right kidney measured 5.5 cm in length.

AGE

8yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

27.2kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

INTERPRETED BY

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

The spleen exhibited a finely textured and primarily homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. A solitary discrete non-capsule deforming non-homogenous mid to caudal splenic nodule was present measuring 1.6 cm in diameter.

IMAGING PERFORMED BY

Dr Tiffany Moore

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

HOSPITAL NAME

Lone Mountain Animal
Hospital

Gastrointestinal

REFERRING VET

Dr Tiffany Moore

The visualized 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.

The visualized 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.

INVOICE 24617

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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

- Discrete non-capsule deforming splenic nodule- nonspecific with hyperplasia, hematopoiesis, granuloma, or emerging splenic tumor, all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The discrete splenic nodule is nonspecific with hyperplasia, hematopoiesis, granuloma, or emerging splenic tumor, all potentials. Subjectively, the splenic nodule did not overtly meet neoplastic criteria, although not definitively excluded. Assuming normal clotting status and using 25ga needle, a splenic nodule FNA cytology could be considered for initial clarification. Serial sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be more conservative. If progressive, diagnostic and prophylactic splenectomy with histopathology may be indicated.

No evidence of additional abdominal visceral pathology.



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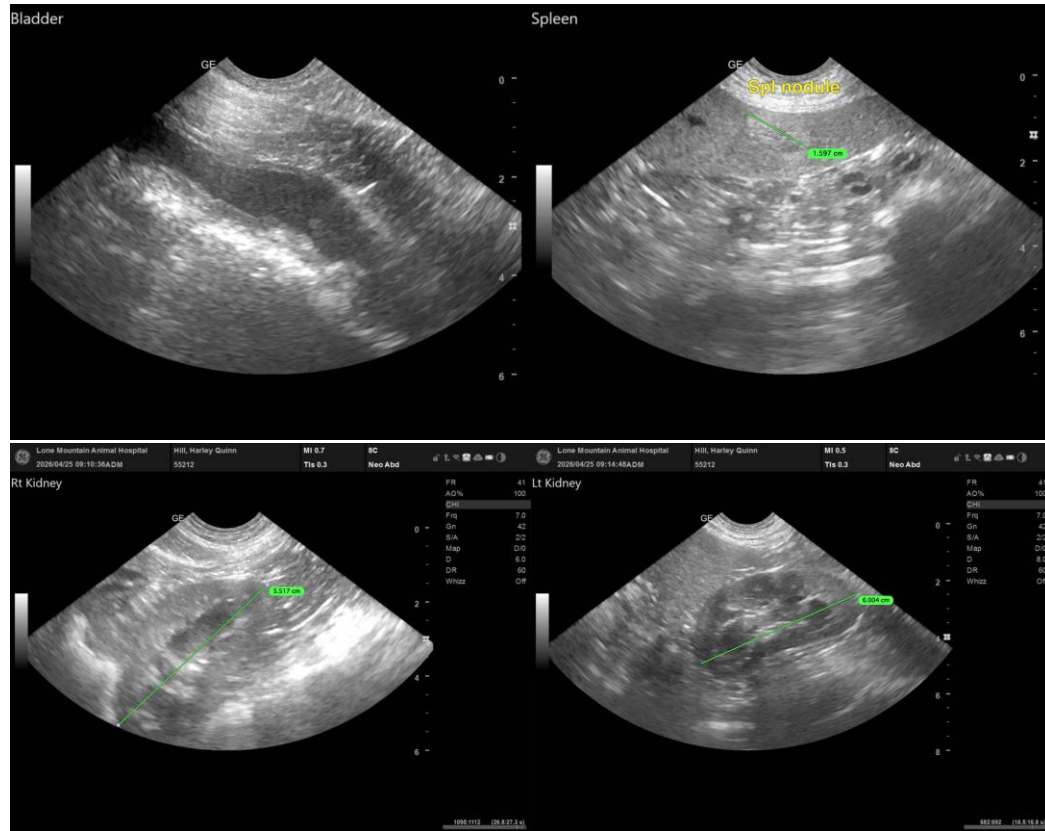
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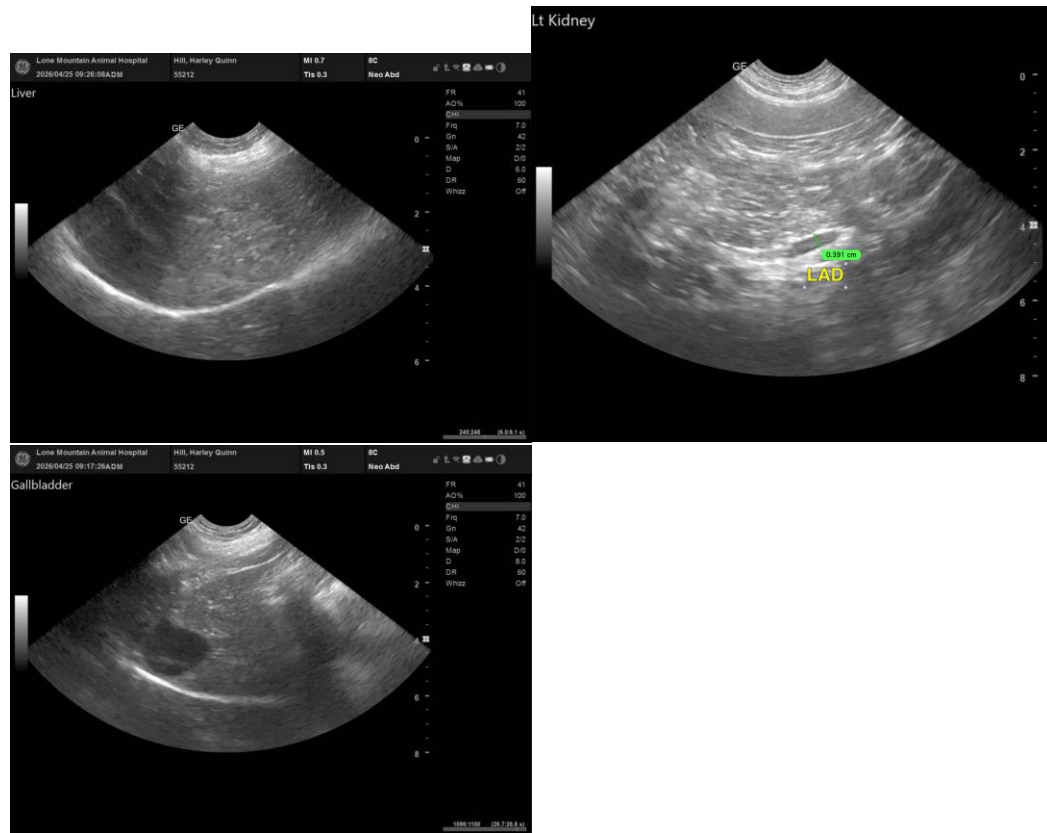
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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