



**PATIENT**

Lucky Daniels

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

12y

**WEIGHT**

Pending

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

VCA Northside AH

**REFERRING VET**

Dr. Russell

**INVOICE**

13445

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

History: On exam today, palpated multiple and large peripheral lymph nodes. History of sterile arthritis, otherwise PE unremarkable.

Current Medications: Carprofen 25 mg Sid.

Abnormal PE/Chem/CBC/UA Results: 3/13 ALKP mild elevation, CBC WNL, T4 1.4

**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 residual prostate was normal and free of pathology.

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 5.1 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm. The right adrenal gland was asymmetrical enlarged in size with non-homogeneous parenchyma. Non-capsule deforming, hypoechoic mid right adrenal nodule was present measuring 0.72 cm in diameter. The right adrenal gland measured 0.72 cm width at the caudal pole.

**Spleen**

The spleen was normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Perihilar hyperechoic nodule was present suggestive of probable myelolipoma.

**Liver**

The liver presented enlarged in size. 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. The gallbladder was non distended in size with mild, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**Gastrointestinal**

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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.

**BREED**

Terrier Mix

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

**SEX**

Male Neutered

**Pancreas**

The parenchyma of the pancreas base and right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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**Free Abdomen**

Intermittent, mildly enlarged, hypoechoic mesenteric and medial iliac lymph nodes present. Example of medial iliac lymph node measured 1.4 cm x 0.67 cm and mesenteric lymph node measured 1.8 cm length x 0.82 cm. No evidence of peritoneal effusion present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Micronodular spleen with probable perihilar myelolipoma
- Nonspecific hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Pancreatic remodeling/fibrosis, possible chronic pancreatitis
- Age-related renal changes
- Mildly enlarged nodular right adrenal gland
- Intermittent, mildly swollen mesenteric/medial iliac lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling required for further clarification, the micronodular splenic changes are highly suggestive of neoplastic criteria, such as lymphoma or other round cell neoplasia. In conjunction with peripheral and mild mesenteric/medial iliac lymphadenopathy. The hepatopathy and nodular right adrenal gland are nonspecific and of unclear clinical significance.

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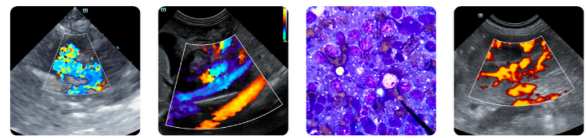
Further assessment may include, assuming normal clotting status. Hepatosplenic FNA cytology using 25-gauge needle in conjunction with peripheral lymph node cytology for correlation and possible oncology consult if suspected round cell neoplastic process is confirmed. Adrenal screening could be considered if clinical signs consistent with adrenal disease are not reported or arise. Systemic BP assessment suggested given nodular right adrenal gland for evidence of hypertension.

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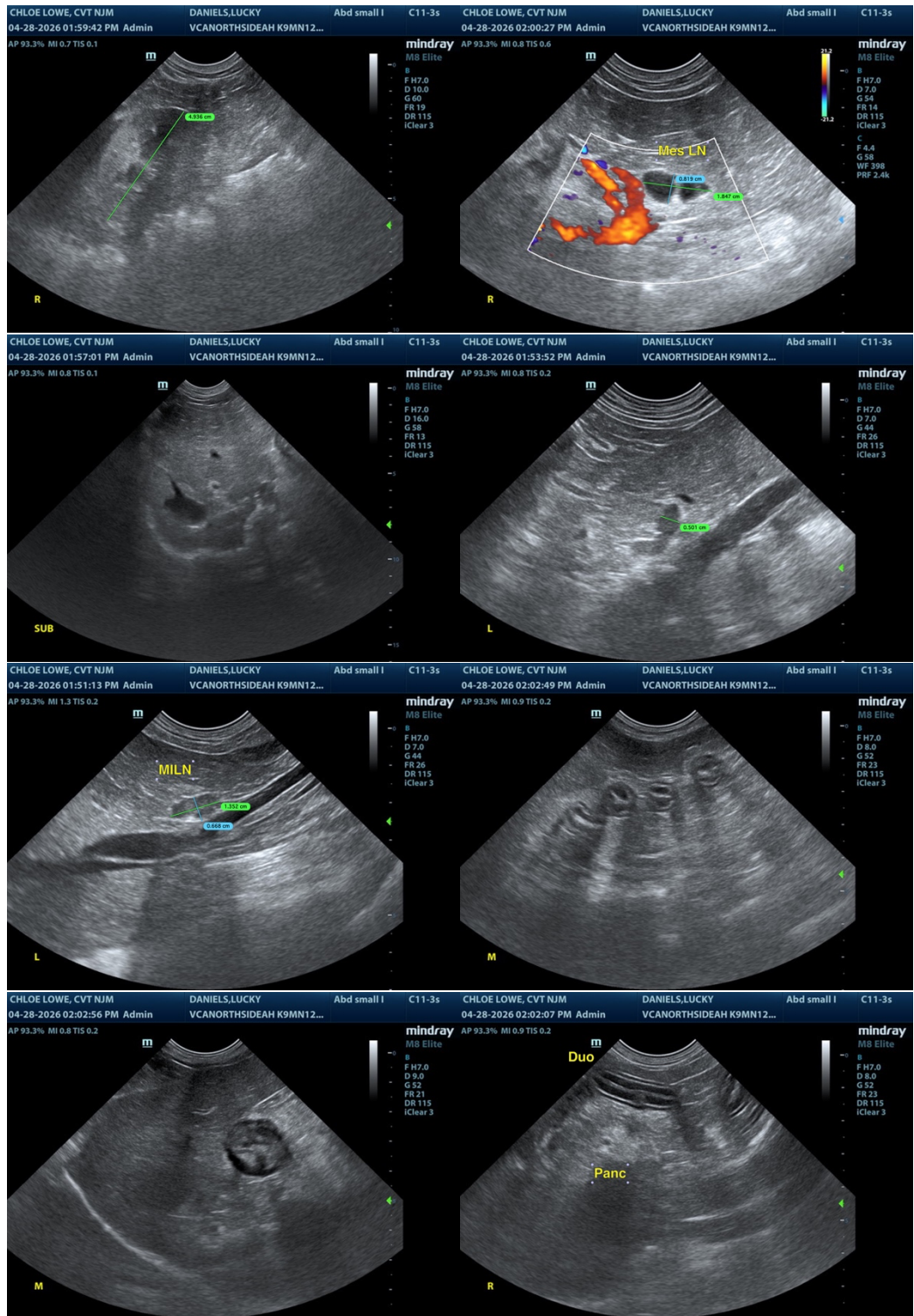
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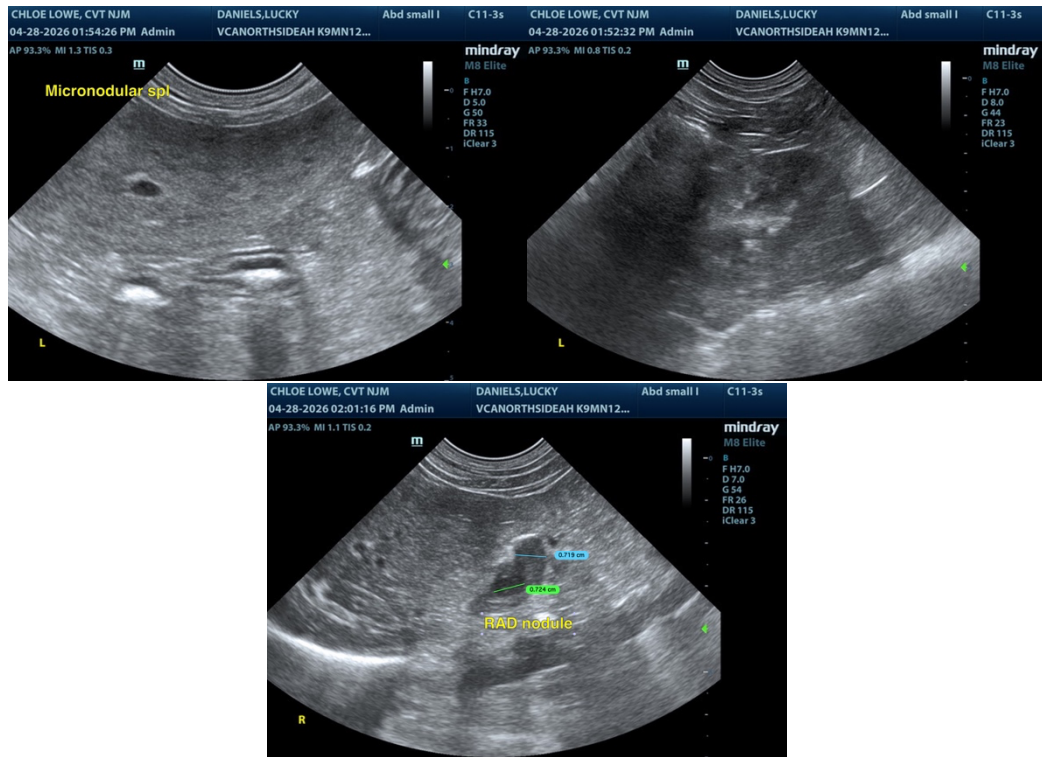
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)