



PATIENT

Seamus Trapanese

SPECIES

Canine

BREED

English Sheep Dog

SEX

MN

AGE

9 years 6 months

WEIGHT

88.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wantage Veterinary
Hospital

REFERRING VET

Dr. Bullock

INVOICE

10833

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Non regenerative anemia, decreased energy, Rads- suspicious area on caudal liver or might be cranial spleen

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia that has recently resolved

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.

The area of the iliac trifurcation was free of pathology.

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 7.8 cm in length. The right kidney measured 8.0 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 0.62 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 0.59 cm width at the caudal pole.

Spleen

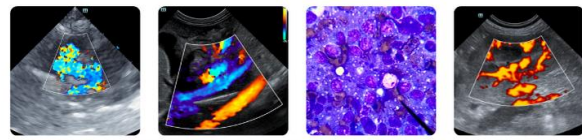
The spleen was subjectively mildly enlarged with maintained symmetrical contour and primarily homogeneous parenchyma. Intermittent, mildly expansive, nonhomogeneous, hypoechoic splenic nodules were present, with an example measuring 0.85 cm in diameter.

Liver/ Gallbladder

The liver presented hepatomegaly with mild asymmetrical hepatic capsule contour. Variably nonhomogeneous remodeled parenchyma exhibiting coarse echotexture was present. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, gravity-dependent gallbladder 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 minor, retained gastric fluid. No evidence of 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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

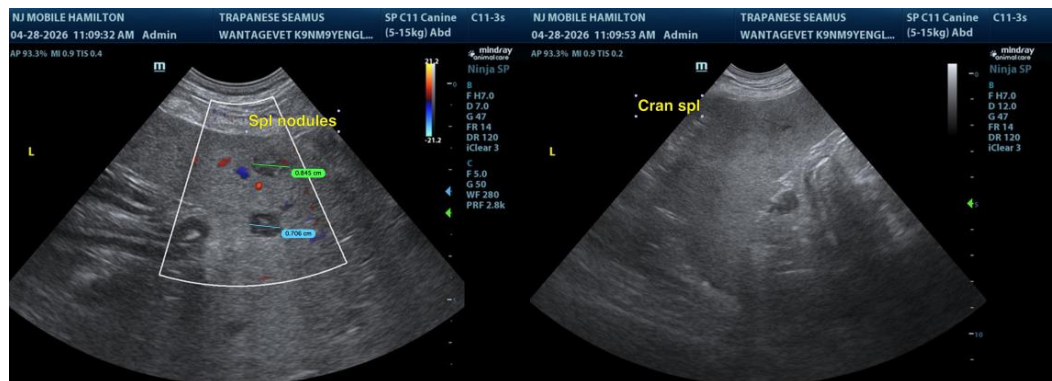
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous liver
- Mild splenomegaly with mildly expansive, intraparenchymal nodules
- Normal gastrointestinal tract with mild retained gastric fluid
- Normal kidneys / adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with hepatic enzyme assessment, if not recently done, is recommended. Although nonspecific and assuming normal clotting status, hepato-splenic parenchyma and splenic nodule FNA cytology using a 25-gauge needle is recommended for further clarification and assessment of occult disease, i.e., neoplasia as a potential contributing factor to the patient's clinical signs and anemia. Three-view chest radiographs are suggested if not done. Gastrointestinal support, if concurrent clinical signs, is recommended.





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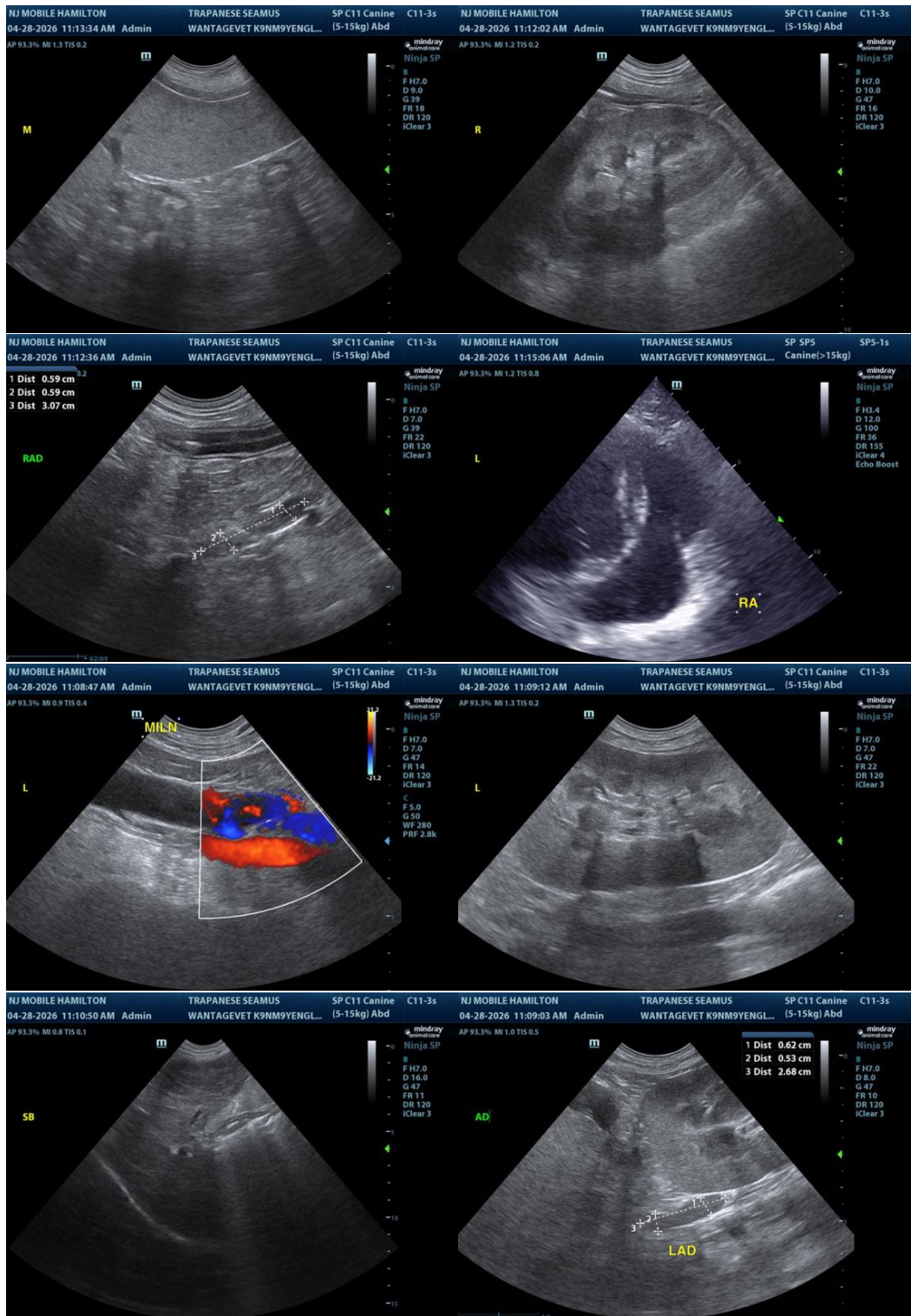
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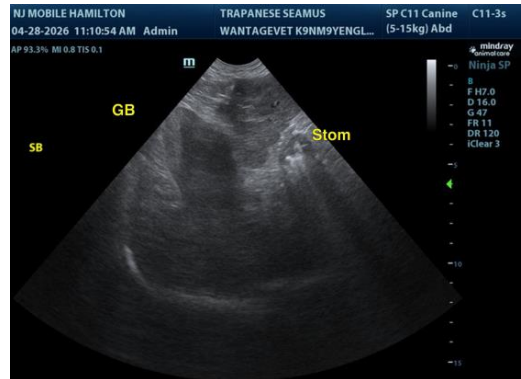
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com