



PATIENT

test 4-28

SPECIES

Canine

BREED

Maltese Mix

SEX

NM

AGE

7y

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Cris

HOSPITAL NAME

St. Georges
Veterinary Hospital

REFERRING VET

Dr. Ng

INVOICE

10836

DATE

4/28/26

PRESENTING CLINICAL SIGNS

no specific history i believe i noticed a small cyst like structure on the spleen

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 mildly prominent in size exhibiting mild nonhomogeneous nonmineralized parenchyma, measuring 2.1 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 3.4 cm in length. The right kidney measured 3.5 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 0.38 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 0.35 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. A solitary, discreet, non-capsule deforming cranial splenic, hypoechoic nodule was present, measuring 0.37 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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, gravity dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present without evidence of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The segmental small intestine contained mild nonshadowing ingesta/ chyme without signs of obstruction or foreign material.



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Maltese Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mildly prominent nonhomogeneous nonmineralized residual prostate gland

NM

- Discreet splenic nodule

AGE

- Mild nonorganized gallbladder debris (non mucocele)

7y

- Normal gastrointestinal tract with mild gastrointestinal ingesta – consistent with food / chyme echogenicity

WEIGHT

10

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The prominent nonhomogeneous residual prostate is nonspecific with potential for patient variant. Correlation with rectal palpation could be considered. Monitoring for evidence of lower urinary tract signs with sonographic reassessment of the residual prostate, if clinically indicated, is recommended.

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Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach. Hepatosupportive medications may be considered if evidence of cholestasis.

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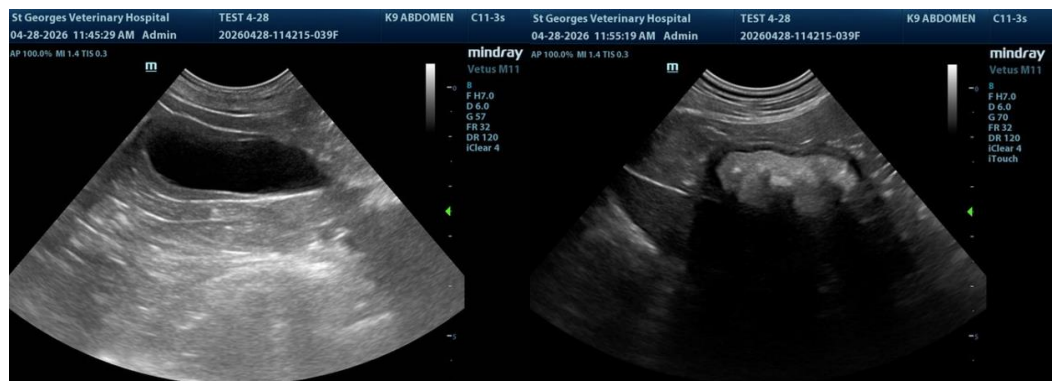
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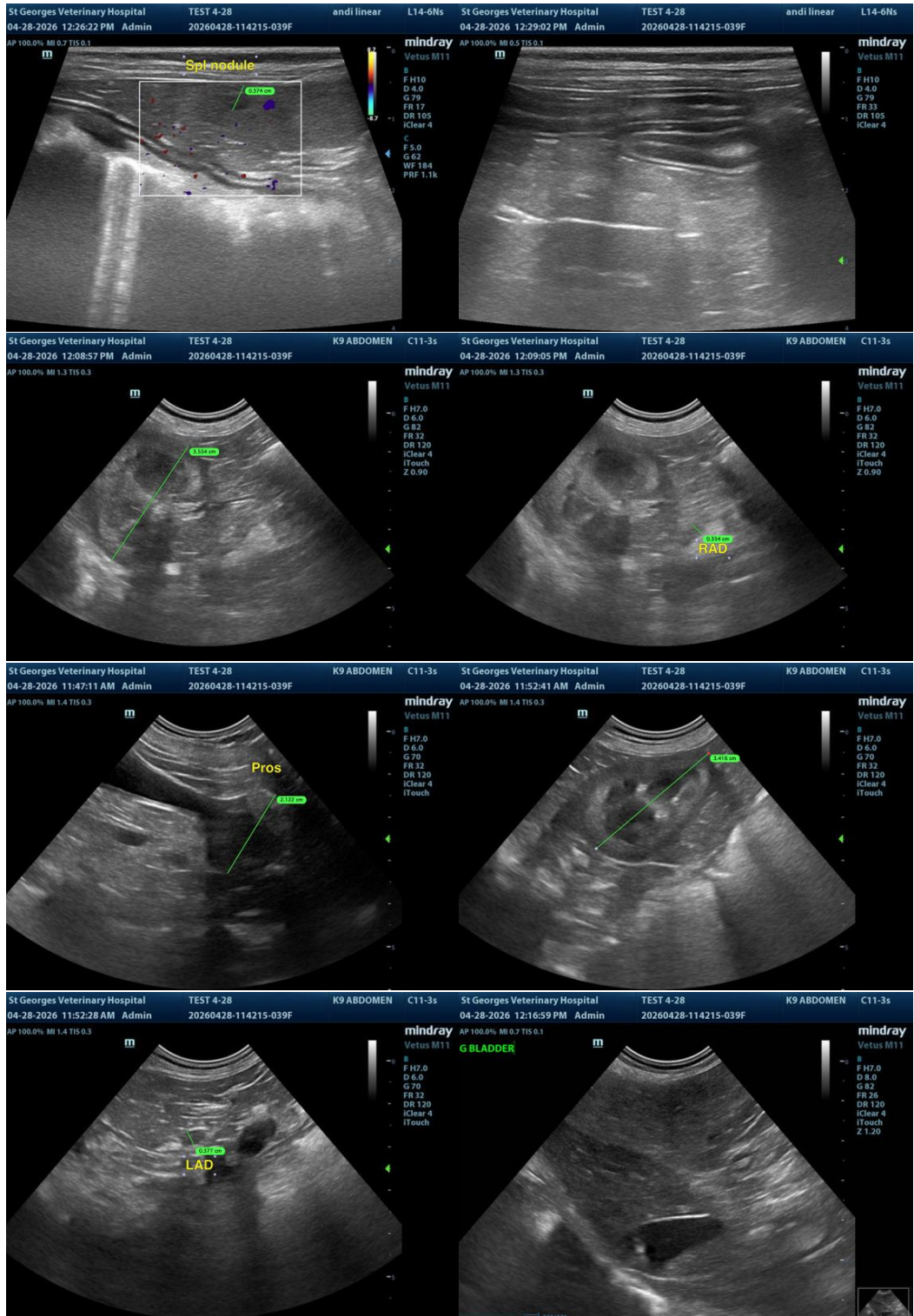
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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