



**PATIENT**

Riley Stezar

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

2016

**WEIGHT**

82.9

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

15621

**DATE**

04/30/26

**PRESENTING CLINICAL SIGNS**

1 week duration decreased appetite

Medication: Entyce, Gabapentin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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 7.2 cm in length. The right kidney measured 7.3 cm in length.

**Adrenal Glands**

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole.

**Spleen**

A moderately sized to expansive mass involving the caudal spleen with secondary capsule expansion and disruption was present and measured approximately 12.0 cm to 13.0 cm. The parenchyma of the mass was mixed echogenic without areas of cavitation. The remainder of the visualized spleen was sonographically unremarkable.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

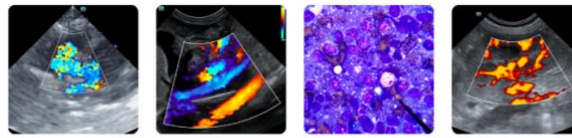
**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild nonshadowing intestinal ingesta without obstructive pattern to the level of the colon.

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

**Pancreas**



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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.

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**Free Abdomen**

No overt visualized significant omental lymphadenopathy or peritoneal effusion or hemoabdomen was present.

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

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- Splenic mass.
- Sonographically normal liver with mild nonorganized gallbladder debris (non-mucocele).
- Mild age-related renal changes.
- Normal visualized gastrointestinal tract with mild nonshadowing gastrointestinal ingesta-suggestive of food/chyme.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micro metastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted.

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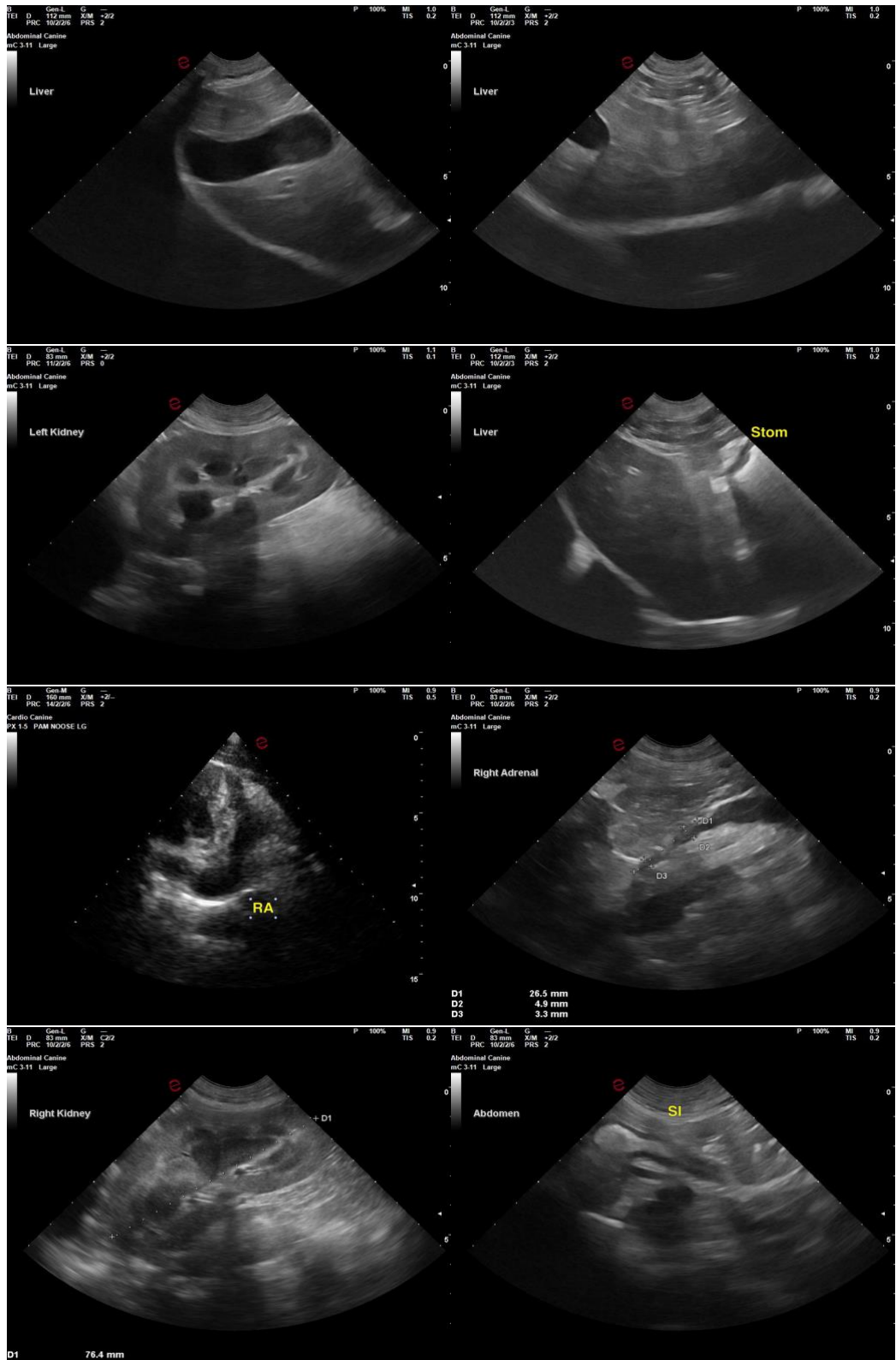
Dr. Hersh

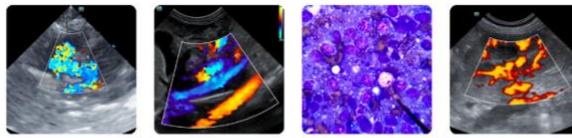
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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