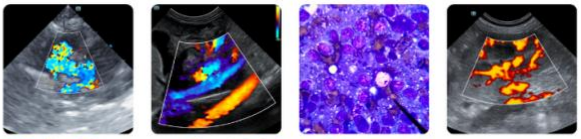


PATIENT

Maddee May

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

11

WEIGHT

58.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE

14924

DATE

04/07/26

PRESENTING CLINICAL SIGNS

Incidental finding of abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was 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 5.3 cm in length. The right kidney measured 5.8 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 0.81 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 6.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The remainder of the spleen was sonographically unremarkable with possible generalized mild splenomegaly.

Liver & Gallbladder

The liver presented with subjective adequate size and maintained symmetrical contour with primarily homogenous parenchyma. A solitary indistinct discretely hypoechoic intraparenchymal nodule was present in the subjective caudal liver measuring approximately 1.6 cm in diameter. No visualized additional hepatic nodules or masses.

The gallbladder was non distended in size with mild dependent lumen hyperechoic nonorganized debris. 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 was empty with no signs of ileus, obstruction or foreign material.

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.

PATIENT

Maddee May

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

11

WEIGHT

58.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE

14924

DATE

04/07/26

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Indistinct discrete hepatic intraparenchymal nodule.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Likewise, the discrete hepatic nodule may indicate incidental hyperplasia, granuloma, or hematopoiesis. Splenic neoplasia, i.e. sarcoma with early hepatic metastasis or non-sonographically evident micrometastasis cannot be definitively excluded.

Assuming no pathology on three view chest radiographs and ideally with brief sonographic assessment of the heart to assess for or rule out evidence of cardiac metastasis or pericardial effusion, splenectomy with gross inspection of the liver +/- hepatic biopsy may be considered.

PATIENT

Maddee May

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

11

WEIGHT

58.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

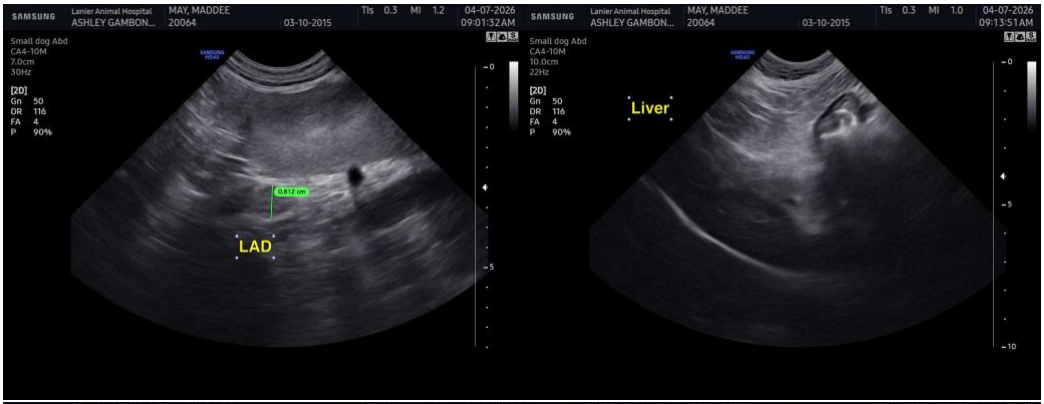
Dr. Ashley Gambon

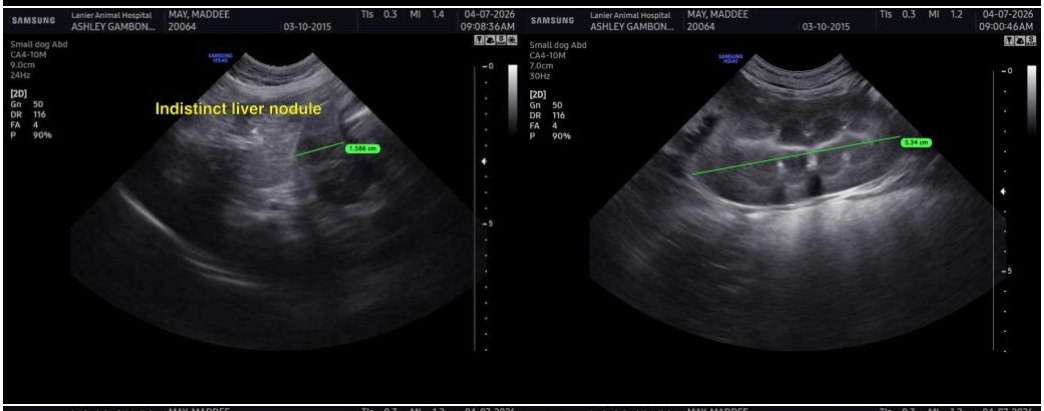
INVOICE

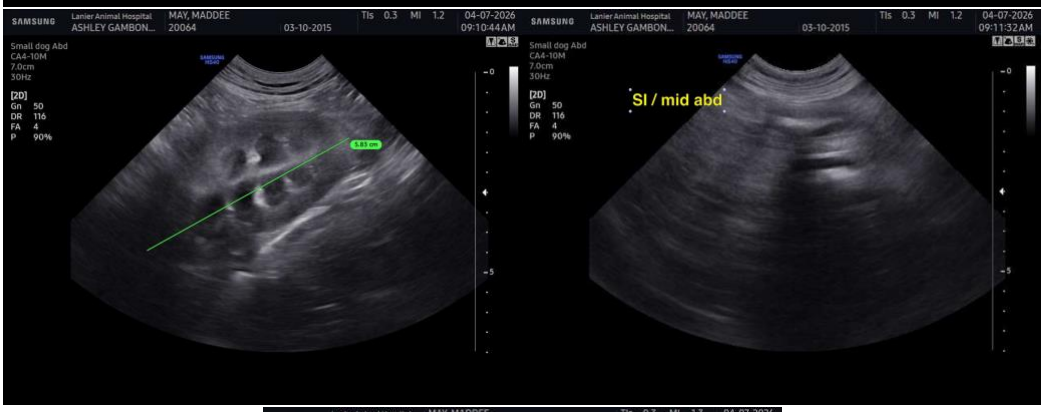
14924

DATE

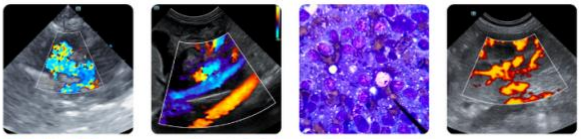
04/07/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Maddee May

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

11

WEIGHT

58.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE

14924

DATE

04/07/26

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