



PATIENT

Zeke Jones

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

3yr

WEIGHT

55kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Morgan RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr Shana Halfon

INVOICE

24409

DATE

06/07/2026

PRESENTING CLINICAL SIGNS

- 4dx negative
- presented after not doing well, lethargic, not eating well for 7 days (owners were away, family taking care of dog)
- no known ingestions but will eat items/socks/elastics
- suspect splenic bleed, hemoabdomen confirmed
- Gave Vit K (5 mg/kg PO last night and this am), Yunnan Bayio PO (2 caps TID); Yunnan red pill per rectum - seems better and brighter this am
- ddx rodenticide, splenic tumor/bleed, clotting factor deficiency, foreign body, other
- Not certain if any thoracic bleed but suspect a small amount noted there
- Abnormal appearance and mass effect on radiograph of mid abdomen (clotted blood?)
- Abnormal PE/Chem/CBC/UA Results: Prolonged PT, PTT noted last night (before treatment) sent to idexx Mild-Mod anemia Mild leukocytosis 4dx negative CBC somewhat better this am; blood was able to clot in red top tube this morning

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 7.6 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was asymmetrically enlarged, exhibiting variable non-homogenous to regional hypoechoic parenchyma and mildly expansive medial splenic nodule. The nodule measured 1.4 cm in diameter. Subjective adequate splenic vascularity on Doppler assessment at the level of the hilus with soft tissue echo within the splenic hilus vasculature suggestive of splenic vein thrombus with potential for splenic vascular parenchymal expansion.

Liver/Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct



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masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented normal visible stomach wall. The lumen of the stomach contained mild strongly shadowing ingesta.

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The small intestine was indistinctly visualized, yet the visible small intestinal segments exhibited intact wall, normal wall layer ratio and empty lumen.

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

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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.

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Free Abdomen

Generalized non-homogenous hyperechoic omentum most notable around the spleen with mild volume echogenic peritoneal effusion.

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Definitive significant or swollen mesenteric lymphadenopathy was not obvious.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

Primary

- Irregular splenomegaly exhibiting variable non-homogenous to regional hypoechoic parenchyma, expansive splenic nodule and suspect splenic vein thrombus vs potential hilar parenchymal expansion
- Mildly enlarged hypoechoic non-congested liver
- Shadowing gastric ingesta
- Generalized non-homogenous hyperechoic omentum and mild peritoneal effusion- consistent with reported hemoabdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for splenic to multicentric neoplasia i.e. round cell neoplasia, sarcoma or other is warranted with splenic to hepatosplenic hyperplasia, hematopoiesis, infection/ inflammation, emerging regional acute splenic infarction, coagulopathy potentially secondary to neoplasia or other all potentials. The shadowing gastric ingesta is also strongly suggestive of non-obstructive gastric foreign body.

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If adequate clotting status with continued empirical therapy for intra-abdominal bleed /coagulopathy, hepatosplenic FNA cytology using 25ga needle in correlation with effusion analysis cytology is recommended. Concurrent gastrointestinal support with documented 12-hour fast and sonographic monitoring of the shadowing gastric ingesta would be appropriate.



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Pending cytology and assuming no pathology on 3 view chest radiographs, laparotomy with splenectomy, omental biopsy and potential gastrotomy may be considered. A very guarded prognosis is indicated.

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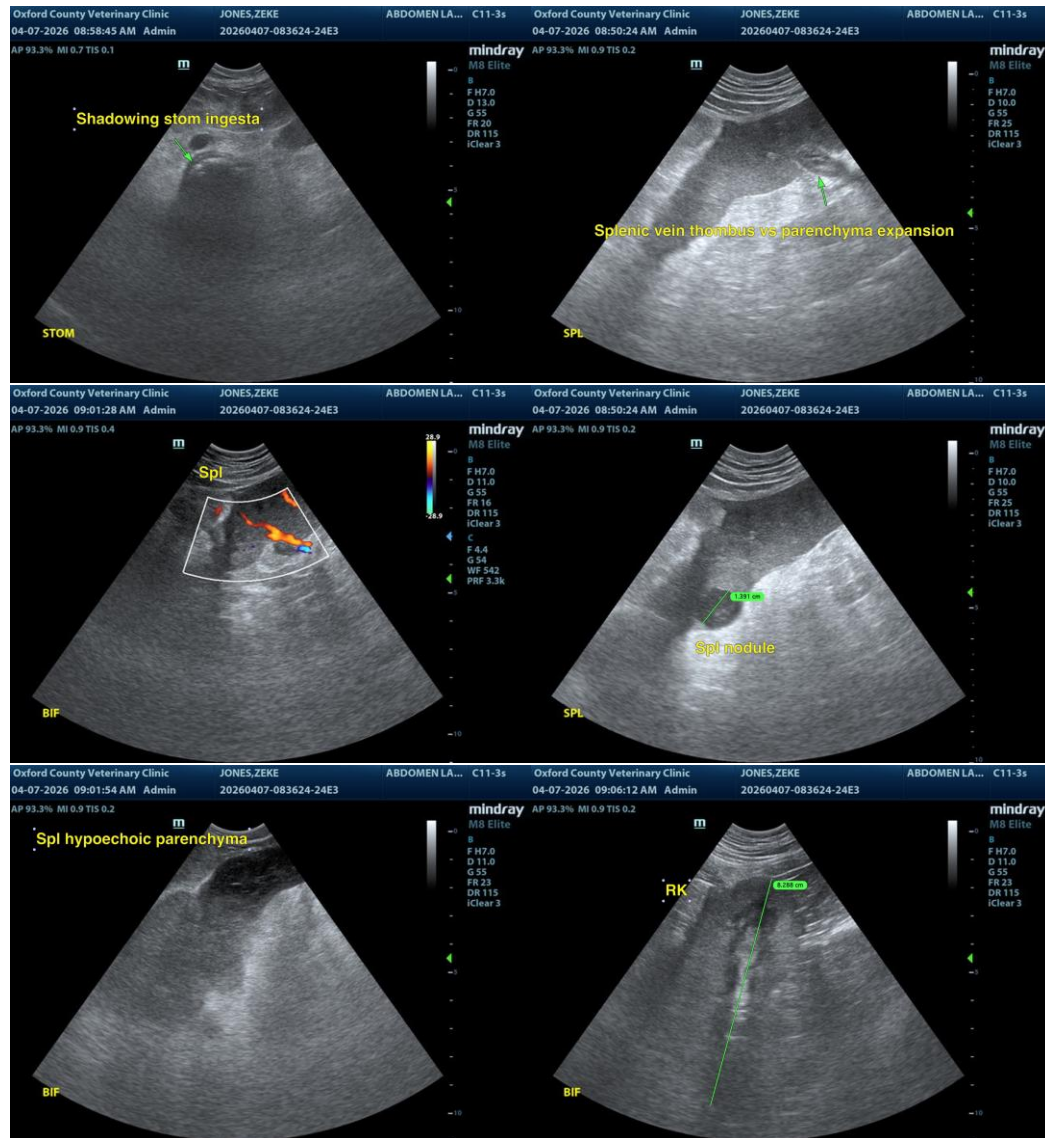
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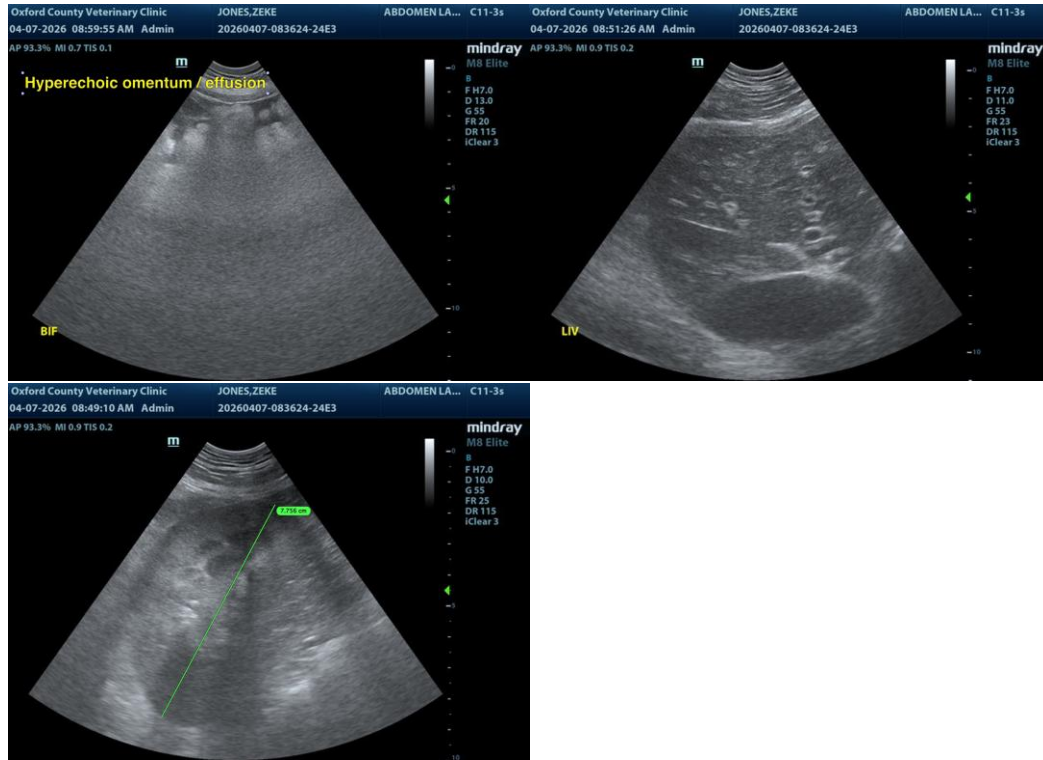
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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