

**PATIENT**

Pete Barnwell

SPECIES

Canine

BREED

Walker Hound

SEX

MN

AGE

11yr

WEIGHT

82lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary

REFERRING VET

Desen Ertunc, DVM

**INVOICE
22428****DATE**

04/08/2026

PRESENTING CLINICAL SIGNS

Decreased appetite x 2 months, no vomiting.

Hypothyroidism currently treated, stable.

Splenic mass noted during annual.

Abnormal PE/Chem/CBC/UA Results: PE- Multiple small cutaneous red masses consistent with hemangioma/hemangiosarcoma, ulcerated one excised with sedation (Dexmedetomidine & Butorphanol) and local prior to U/S. Started Iron Dextran injections. CBC: Non-regenerative iron deficiency anemia Hematocrit= 27.4 (37.3 - 61.7) %, Hemoglobin = 9.6 (13.1 - 20.5) g/dL, MCV = 47.3 (61.6 - 73.5) fL, MCH = 16.6 (21.2 - 25.9) pg, Reticulocytes= 39.4 (10.0 - 110.0) K/ μ L, other values WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED CARDIAC**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.

The residual prostate appeared normal and free of pathology

Normal size and margination were 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 6.7 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized, overtly normal in size, position, and shape. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

A moderately sized mass involving the subjective cranial spleen with secondary capsule expansion and disruption was present and measured ~ 11 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. Splenic folding was present. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent non-organized 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 contained mild retained anechoic fluid with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen/Cardiac

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Brief subjective echocardiogram revealed overtly normal left and right chamber dimension and adequate LV systolic function. No evidence of cardiac tumors in the visible window. No evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Sonographically unremarkable liver
- Mild non-organized gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with mild non-obstructive hypomotile stomach
- Subjective normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as hemangioma or hemangiosarcoma in conjunction with patient history or other. Benign pathologies such as significant hyperplasia, hematopoiesis, granuloma, etc. are possible yet considered less likely.

Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis 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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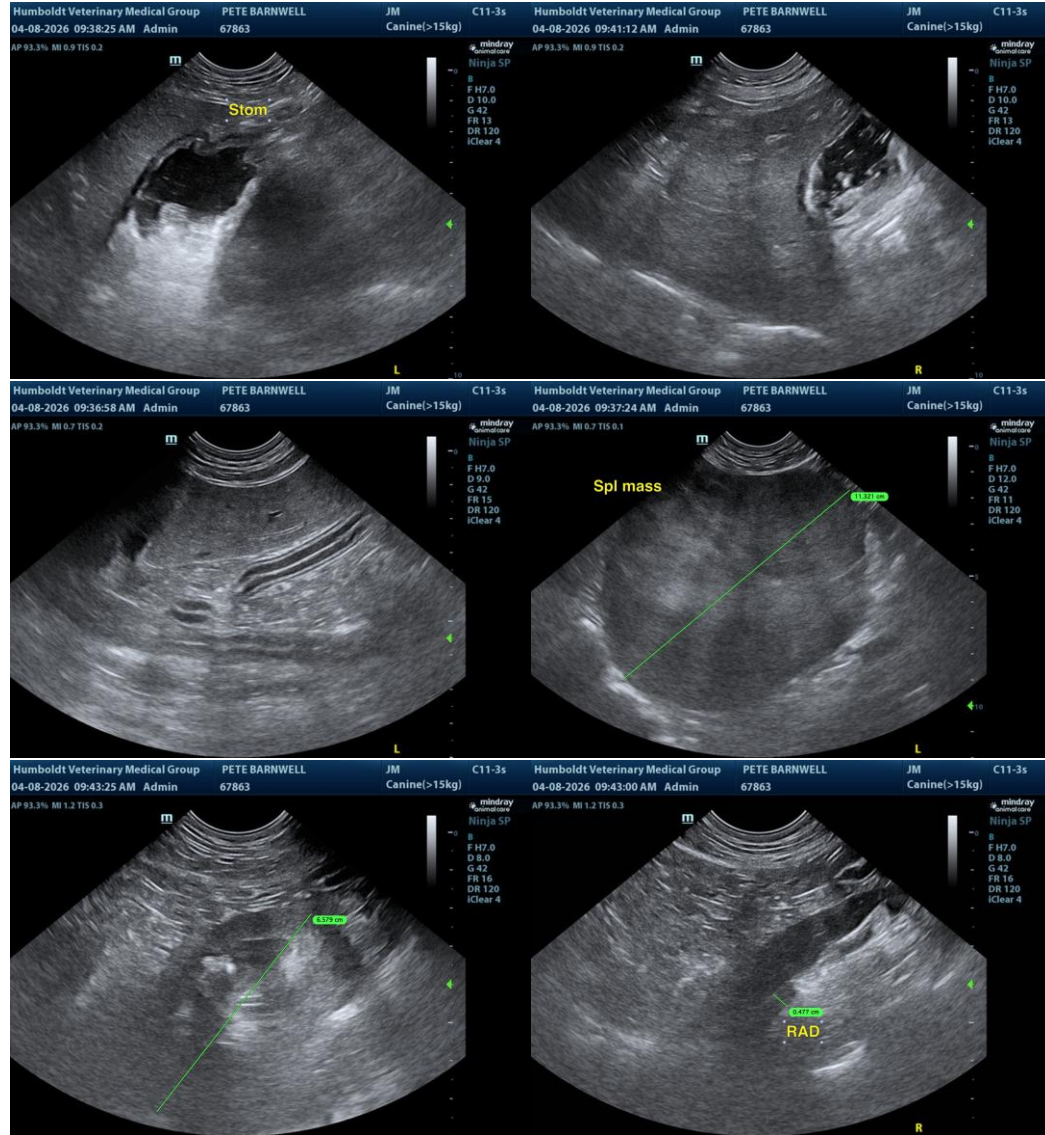
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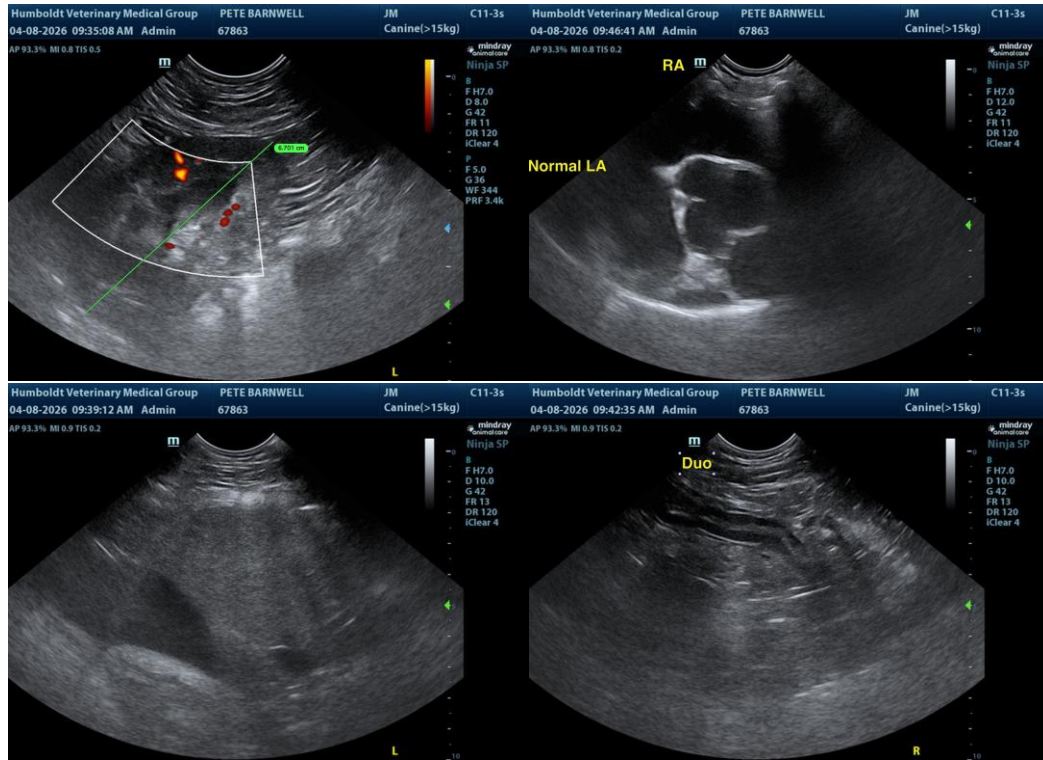
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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