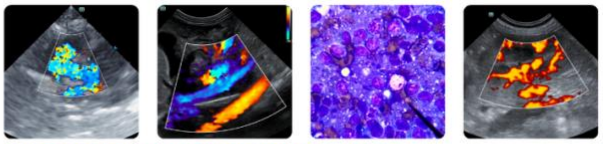


PATIENT

Rex Lucas

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

91.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

Dr. Crocker

INVOICE

16364

DATE

05/19/26

PRESENTING CLINICAL SIGNS

Presented 5/18/26 for vomiting over the past few weeks.

Abnormal PE/Chem/CBC/UA Results: 5/18/26 radiographs showed a splenic mass. CBC/chem/lytes WNL. cPLI WNL.

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.

The area of the residual prostate appeared normal and free of pathology.

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 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 7.5 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.92 cm width at the caudal pole. The right adrenal gland measured 0.85 cm width at the caudal pole.

Spleen

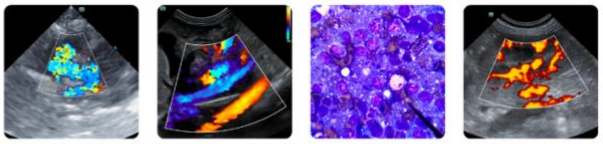
An expansive non-homogenous hypoechoic cranial to cranial lateral splenic mass with associated primarily symmetrical capsule distortion was present. No evidence of capsular escape or rupture, measuring approximately 4.2 cm in diameter. Concurrent intermittent separate variably sized hypoechoic splenic nodules were visualized with an example measuring 1.1 cm in diameter. 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. Mild perisplenic hyperechoic omentum.

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 and the common bile duct were not definitively visualized potentially owing to gallbladder/common bile duct depth or contracted gallbladder presentation given the presence of gastric ingesta.

Gastrointestinal



PATIENT

Rex Lucas

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

91.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

Dr. Crocker

INVOICE

16364

DATE

05/19/26

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

The visualized segments of small intestine presented intact normal wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon.

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.

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

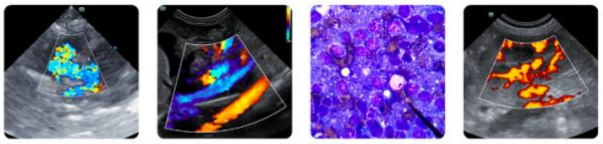
ULTRASONOGRAPHIC FINDINGS

- Confirmed splenic mass with concurrent separate splenic nodules, mild perisplenic hyperechoic omentum.
- Sonographically normal liver.
- Normal gastrointestinal tract with gastric ingesta- ingesta most consistent with food echogenicity.
- Subjective normal cardiac structure/function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass and concurrent splenic nodules are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. 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. If documented NPO with persistent gastric ingesta, gross inspection of the pylorus and upper small intestine is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Rex Lucas

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

91.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

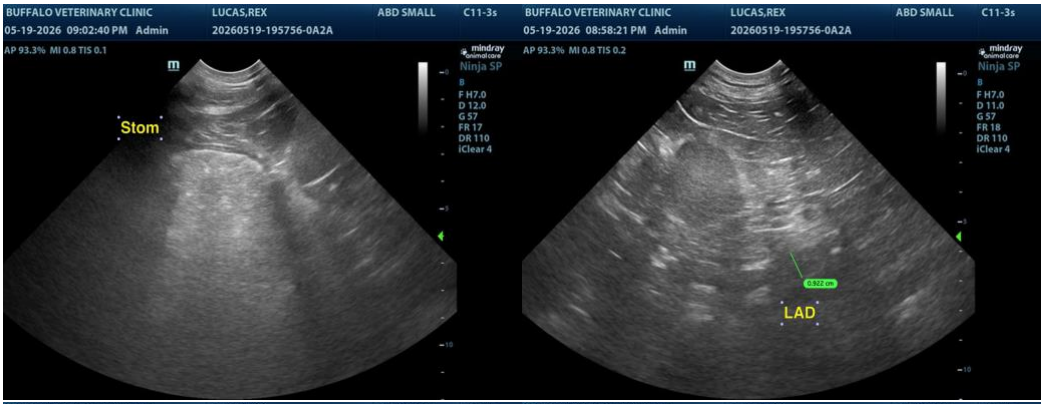
Dr. Crocker

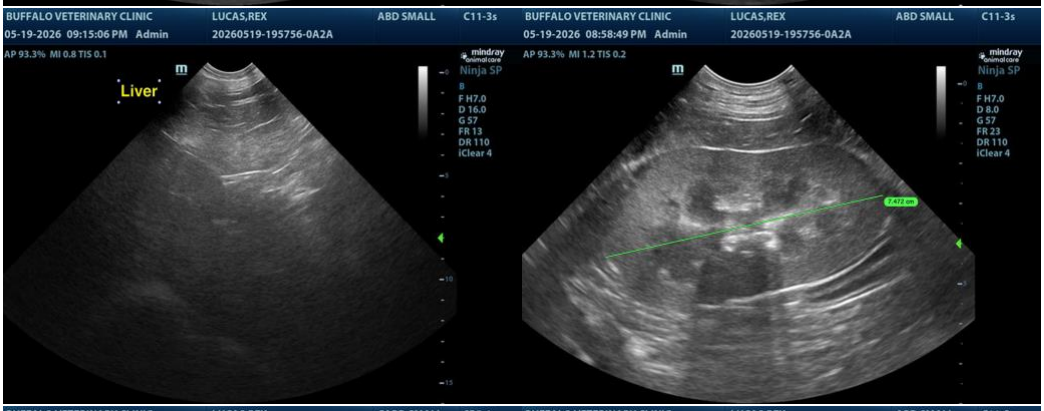
INVOICE

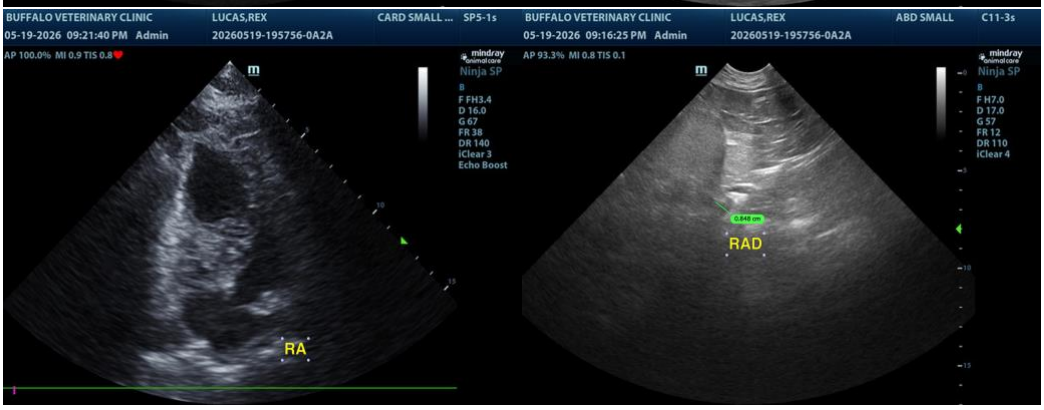
16364

DATE

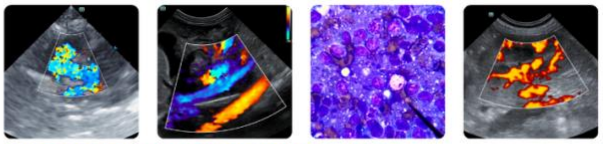
05/19/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Rex Lucas

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

91.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

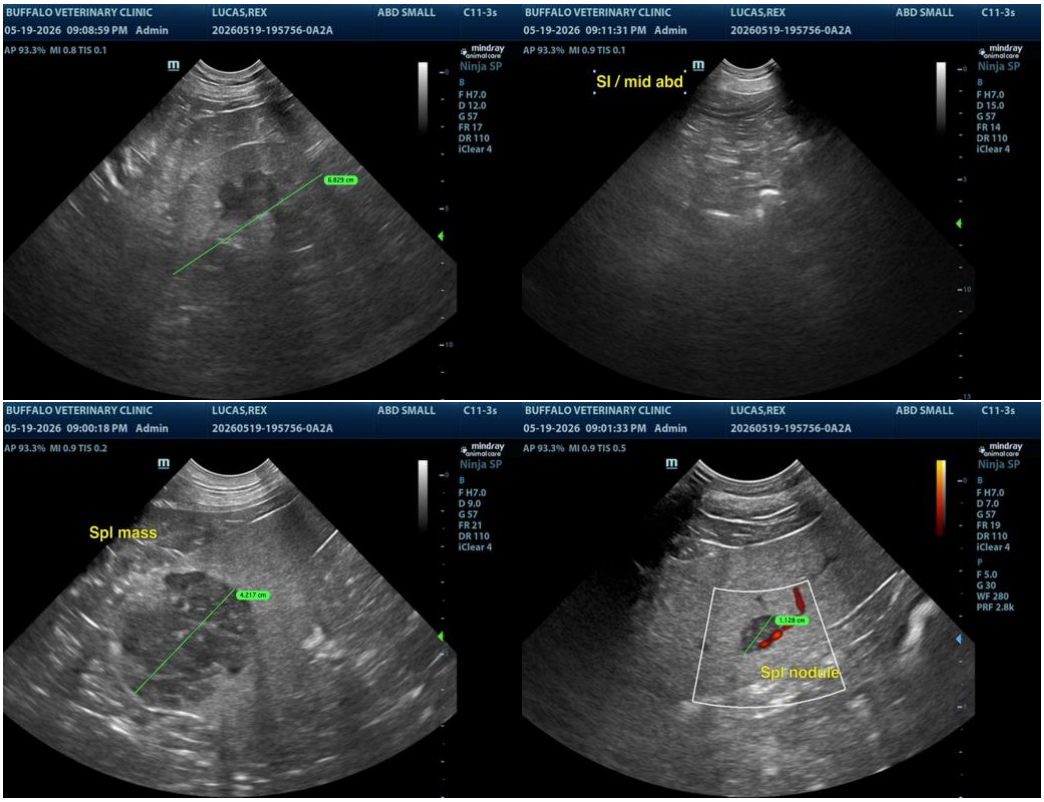
Dr. Crocker

INVOICE

16364

DATE

05/19/26



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