



PATIENT

Lilly Arkell

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

10 yrs

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

10913

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Recent bouts vomiting and diarrhea. - Abd- A large, palpable mass was identified. The patient is sensitive on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: stable, very anxious CBC: HCT 35.6 (N 37.3-61.7) HGB 12.7 (N 13.1-20.5) Chem: Na 162 (N 144-160) SDMA 15 (N 0-14) TT4 37 (N 13-51) U/A: Cystocentesis, Pale yellow, Slightly Cloudy, USG 1.034, pH 6.0, Pro/Glu/ Ket neg, Bil 1, UBG normal, , Bld 10. SEDI: WBC 1/HPF, RBC <1HPF, Bac 0, Non-SEC <1/HPF, Cast 0, Crystals 0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 6.2 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured 8.0-9.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. A concurrent, separate, non-capsule deforming, cystic-appearing splenic nodule was present, measuring 1.4 cm in diameter. The remainder of the visualized spleen was sonographically normal. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris.



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Gastrointestinal

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

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective cardiac exam revealed normal left and right cardiac chamber dimensions with decreased LV systolic function owing to sedation. There was no evidence of cardiac tumor or pericardial effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with concurrent separate splenic nodule
- Non-congested hepatomegaly – subjective benign
- Mild gallbladder debris (non mucocele)
- Age-related renal changes
- Sonographically normal gastrointestinal tract / colon with mild nonshadowing gastric ingesta and semi-formed fecal matter
- Overtly normal cardiac structure / function given sedation

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). 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.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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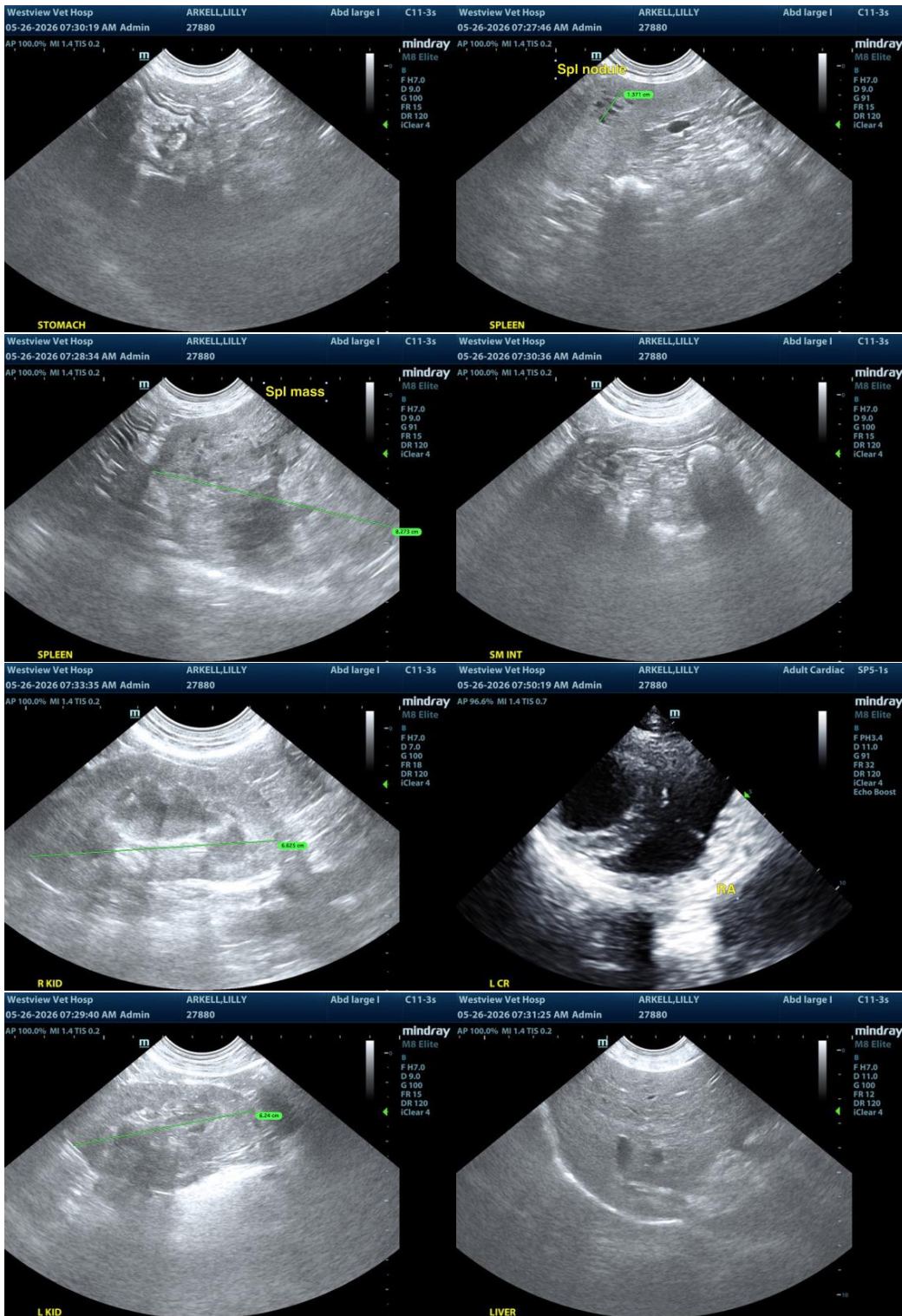
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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