



PATIENT

Maggie Wilk

SPECIES

Canine

BREED

Pointer Mix

SEX

FS

AGE

10Y

WEIGHT

56.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

75552

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Maggie is a very sweet 10.5 year old female spayed pointer mix weight 57.4#. On 12/02/25 Maggie was in and out of ER with gastroenteritis and pancreatitis. An abdominal ultrasound (read by Dr. Daniel at SonoPath) was performed and the interpretation/conclusion is below. She has also had UTIs and had a severe gastrointestinal reaction to enrofloxacin. She had a normal ACTH stim in the New Year. She is clinically doing very well and owner is moving forward with the recommended AUS follow up. She has osteoarthritis.

Dr. Knouse adding: p had Giardia diagnosed and treated in January, in May she had persistent mild ALT (129) and ALP (456) elevations. ALT first elevated in April of this year, ALP chronically elevated.

"ULTRASONOGRAPHIC FINDINGS

Structurally normal gastrointestinal tract/colon with semi formed to soft fecal matter.

Heterogeneous pancreas with subjective mild peripancreatic hyperechoic omentum.

Hepatopathy.

Minor gallbladder debris.

Small to mildly expansive splenic mass (2.6cm)

Mild chronic renal changes.

Subjective borderline to mild subnormal left adrenal gland".

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 changes was noted.

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

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 6.7 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was borderline subnormal in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

Spleen

The spleen revealed at least two visualized variably expansive nonhomogeneous hypoechoic nodules with similar nodule size compared to the previous study at approximately 2.6 cm in diameter. A mildly expansive nonhomogeneous cavitated concurrent splenic mass was present measuring approximately 5.1 cm in diameter. The spleen exhibited a 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.



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Liver/ Gallbladder

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The liver presented subjective borderline mildly 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.

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The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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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 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 were evident.

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Free Abdomen

A hypoechoic to swollen mid to right cranial abdomen lymph node vs unspecified mass was present measuring approximately 3.6 x 2.7 cm. Minor primarily perisplenic effusion and mild hyperechoic perisplenic omentum were also present.

Rapid view of the heart was normal.

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ULTRASONOGRAPHIC FINDINGS

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- Previously noted splenic nodular with newly noted nonhomogeneous cavitated splenic mass.
- Hepatopathy with mild nonorganized gallbladder debris (nonmucocele).
- Static mild chronic renal changes, sonographically unremarkable urinary bladder and visible proximal urethra.
- Borderline to mild subnormal left adrenal gland.
- Normal gastrointestinal tract/area of pancreas.
- Mid to right cranial abdomen lymphadenopathy vs unspecified mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the newly noted splenic mass in conjunction with previous splenic nodules and hypoechoic to swollen lymphadenopathy vs unspecified mass, neoplastic criteria are met. Assuming normal clotting status and using a 25-gauge needle, splenic mass/nodule, lymph node vs unspecified mass, and screening



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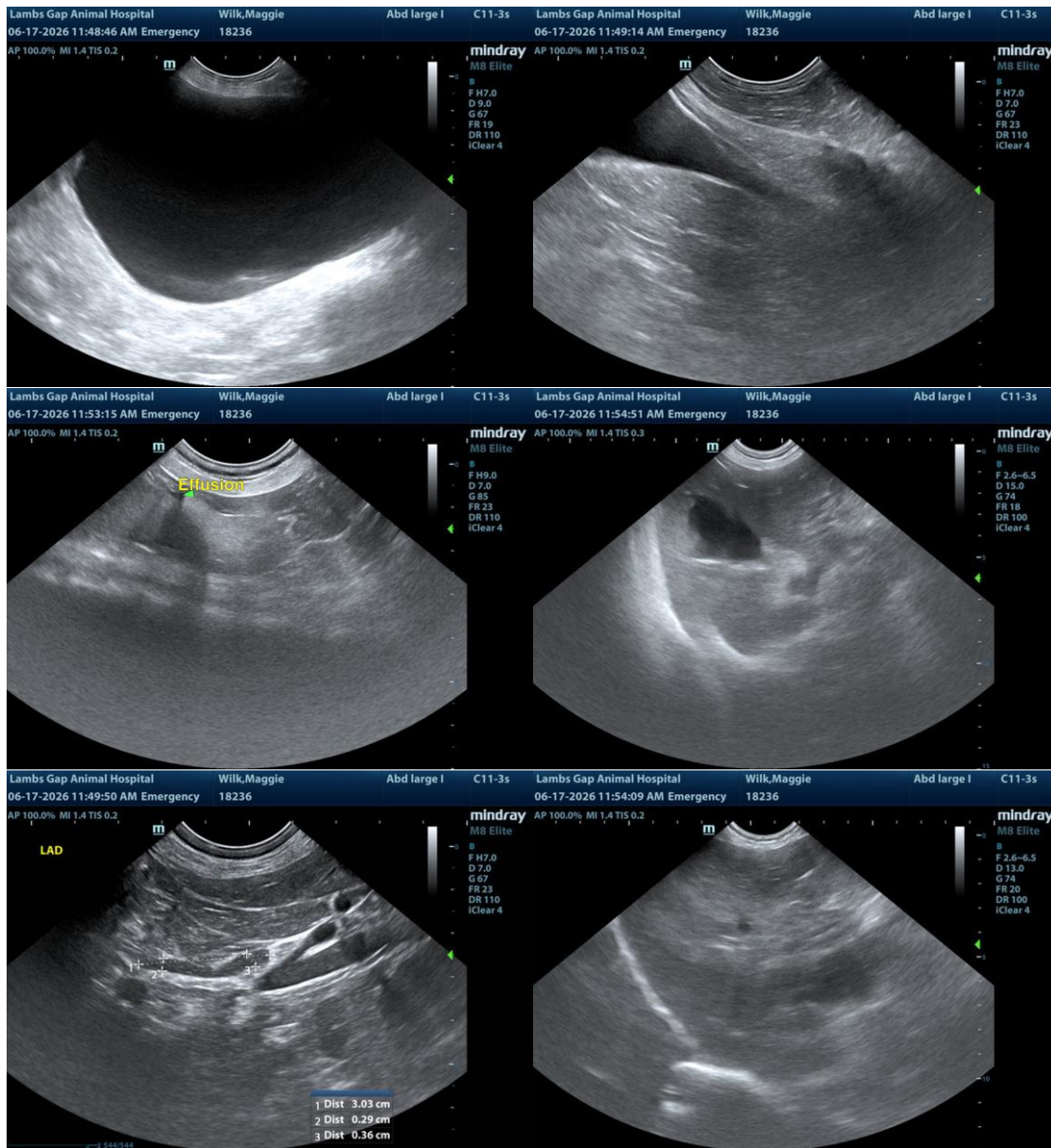
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hepatic FNA cytology are recommended for further clarification with potential for oncology consult. Three-view chest radiographs recommended if not done. Abdominal CT would be ideal for further clarification and assessment for additional nonobvious metastasis if surgery is a potential in this patient.





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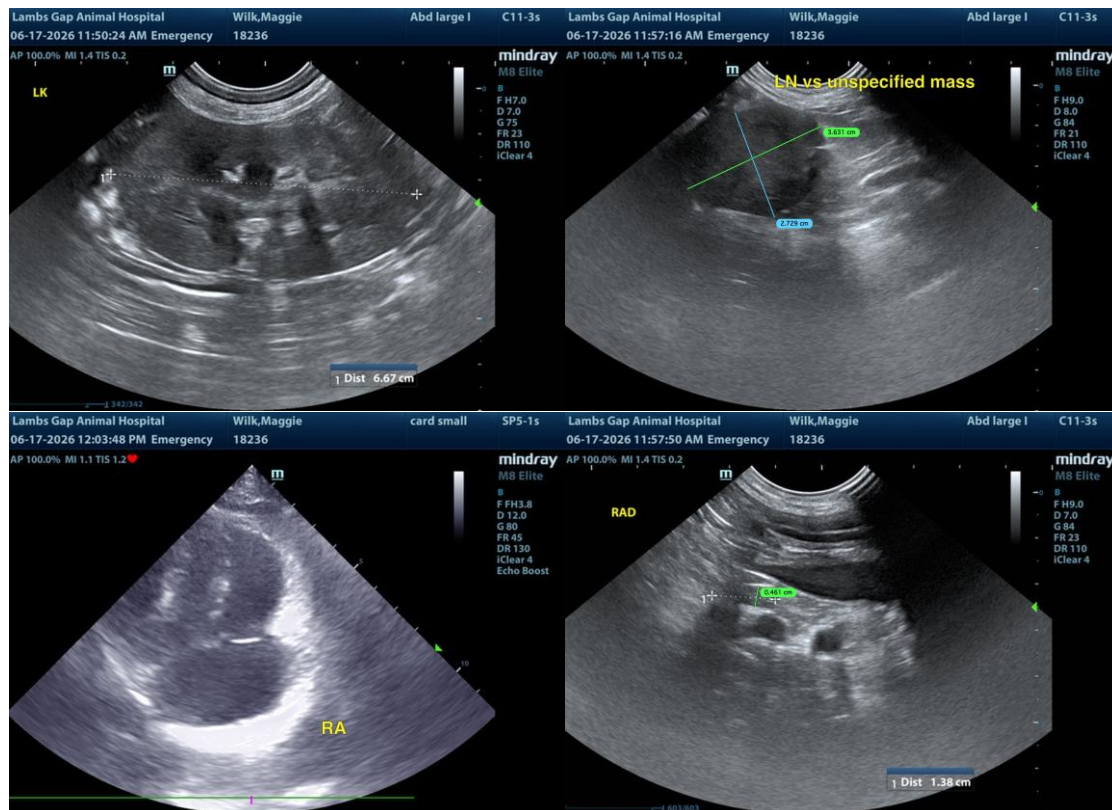
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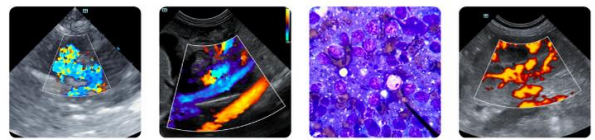
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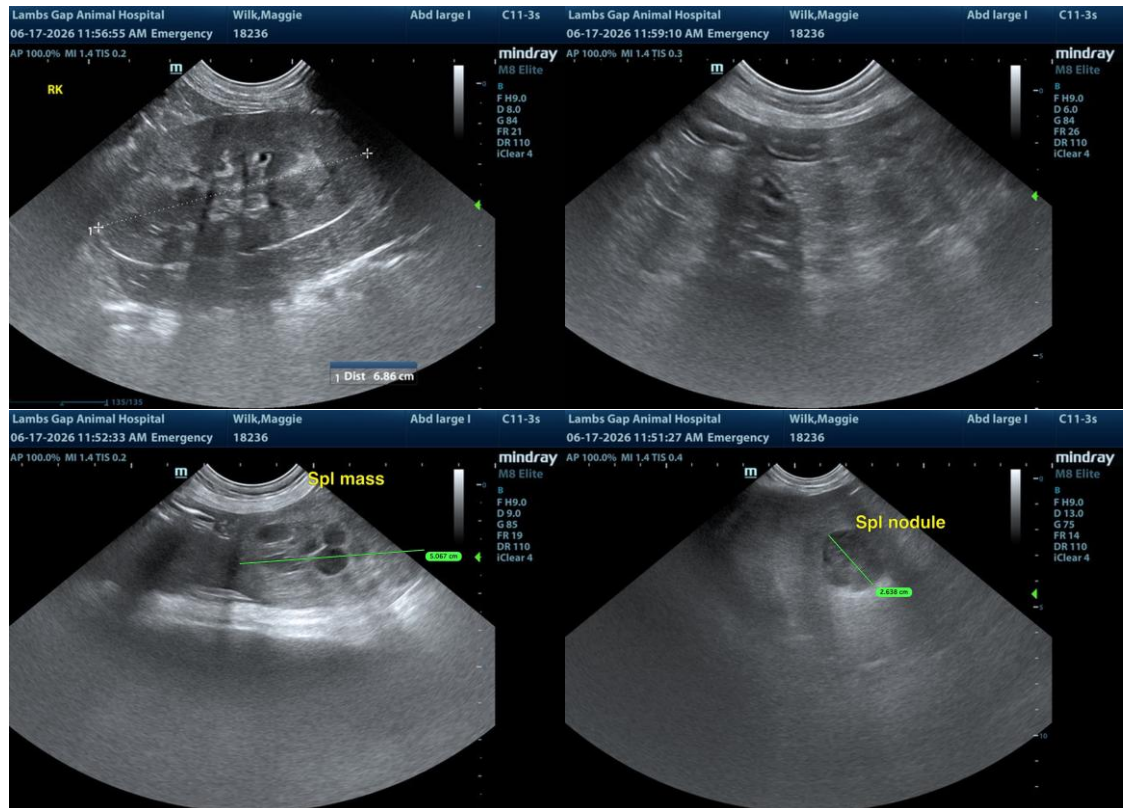
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com