



## PATIENT

Cooper Daniel

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

5 Years 6 Months

## WEIGHT

35 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Brandywine Valley  
Veterinary Hospital

## REFERRING VET

Marc Daniel, DVM

## INVOICE

16468

## DATE

06/08/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate a possible abdominal mass - splenic tumor vs folded spleen. Subsequent abdominal palpation, suspected mass was smaller/not as well appreciated. No sedation for AUS.

April 2026 - CBC/Chem: NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *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 change were noted.

The area of the residual prostate appeared normal and 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 6.9 cm in length. The right kidney measured 7.2 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 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 0.54 cm width at the caudal pole.

### *Spleen*

The spleen presented normal in size and contour with primarily homogenous parenchyma exhibiting a solitary discrete noncapsule deforming hypoechoic mid splenic nodule. Mild cranial medial splenic folding with no masses evident. The nodule measured 0.75 cm in diameter.

### *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 was non-distended in size with thin walls and primarily anechoic luminal content. 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 echogenic, mild 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 contained mild nonshadowing segmental intestinal ingesta.



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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.

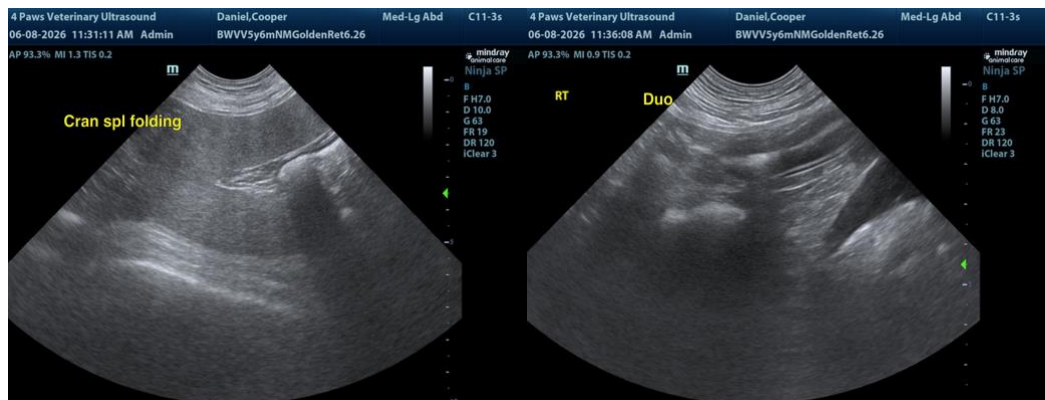
## ULTRASONOGRAPHIC FINDINGS

- Mild splenic folding with discrete hypoechoic splenic nodule.
- Gastrointestinal ingesta- most consistent with food echogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology or abdominal splenic mass. The splenic folding is not indicative of underlying splenic pathology and likely a patient variant. The hypoechoic splenic nodule, while although non-specific, tends to trend benign with discrete focal hyperplasia or hematopoiesis suspected. Emerging nodular splenic neoplasia, i.e. round cell neoplasia or sarcoma are not technically excluded yet thought less likely.

Sonographic monitoring of the splenic nodule for evidence of persistence or progression with consideration for nodule FNA cytology using a 25-gauge needle and if appropriate clotting status is recommended.





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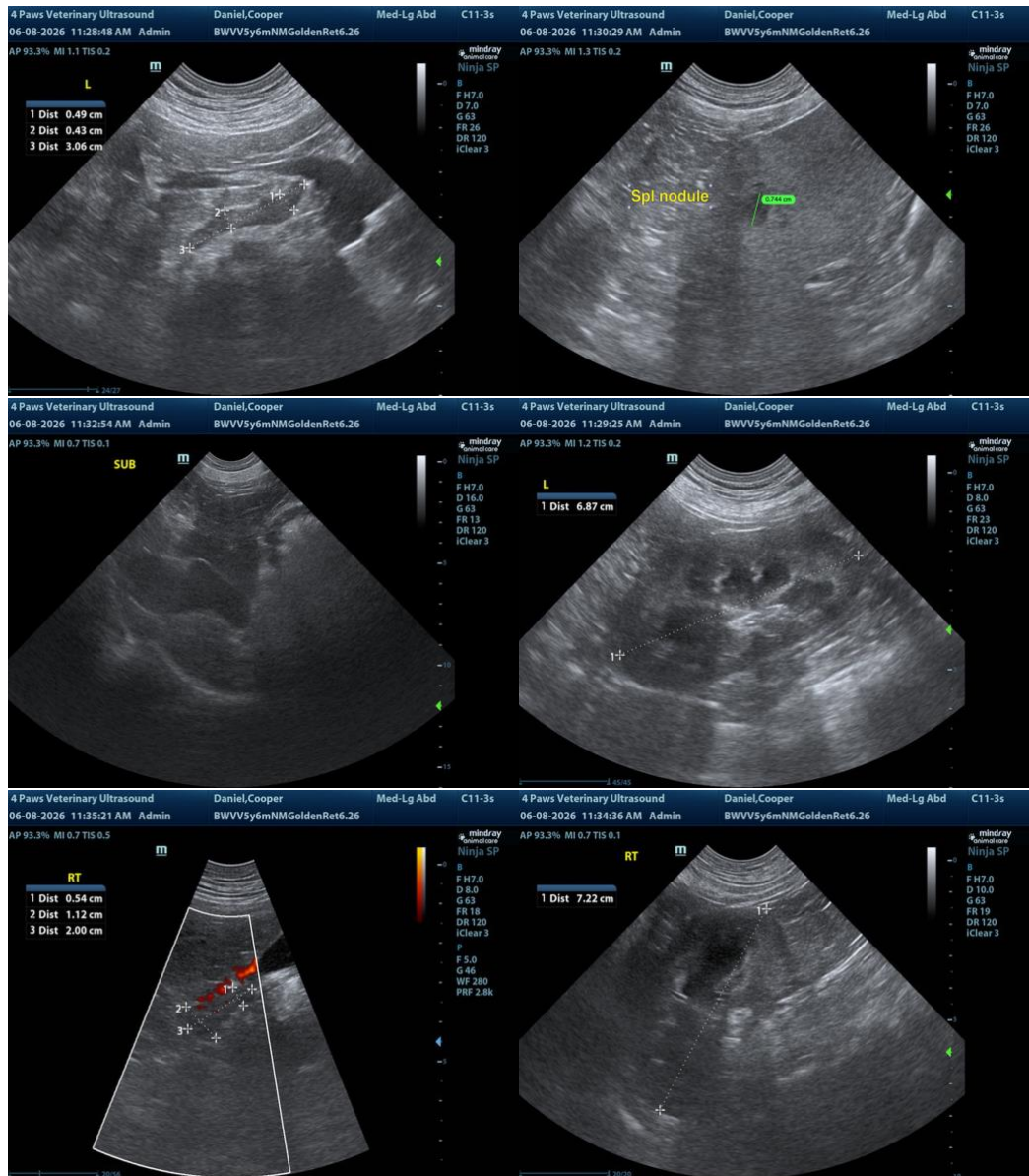
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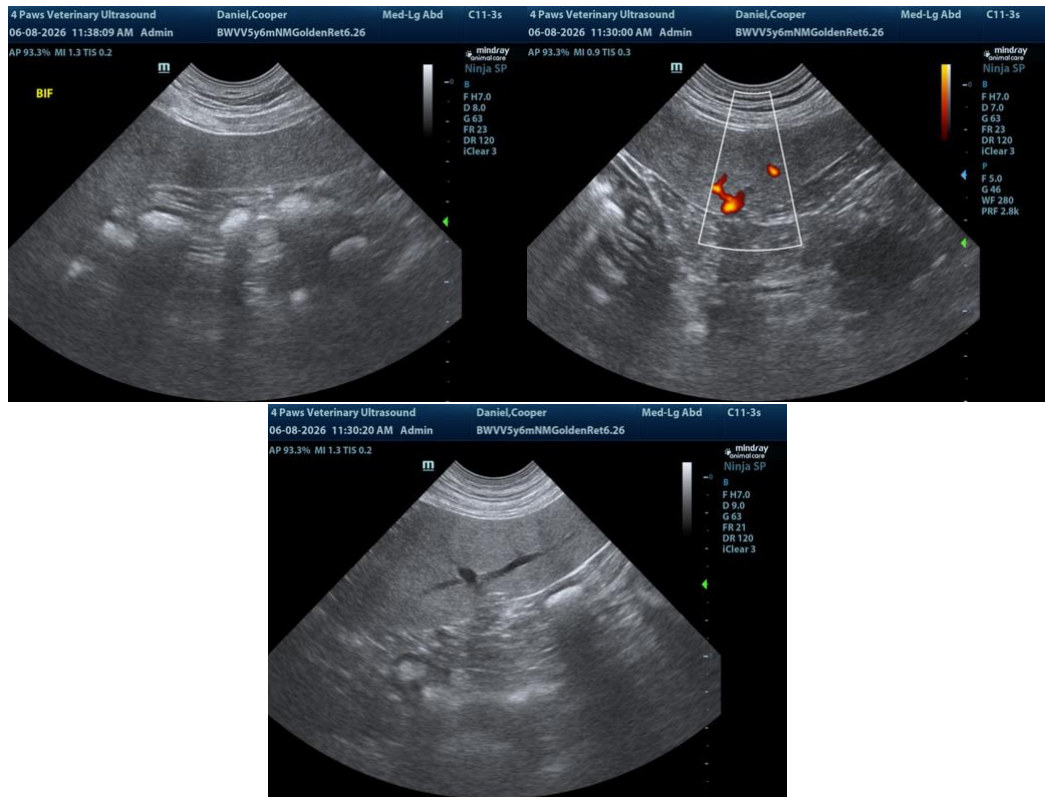
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)