



**PATIENT**

Harley Murphy

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

MN

**AGE**

13 year old

**WEIGHT**

34.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. William  
Freedman

**INVOICE**

14325

**DATE**

7/20/22

**PRESENTING CLINICAL SIGNS**

Recheck splenic mass and adrenal mass. Previous ultrasound performed on 6/15/22.

**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.

The residual prostate was free of pathology.

The area of the aortic trifurcation was 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 5.2 cm in length. The right kidney measured 4.9 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 2.5 cm length x 0.90 cm width at the caudal pole.

A previously noted mid to cranial right adrenal nodule measuring 1.0 cm in diameter was noted. The nodule did not distort the right adrenal capsule without evidence of parenchymal escape or overt vascular invasion. No evidence of mineralization associated with the nodule was evident.

**Spleen**

A previously noted solid mixed echogenic mass measuring approximately 5.0 cm in diameter was present. No evidence of perisplenic reactive mesentery or perisplenic / peritoneal free fluid was noted. The splenic mass distorted the associated splenic capsule yet without evidence of parenchymal escape. The spleen not involved with the mass exhibited maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Previously noted concurrent non-associated splenic nodules were not definitively visualized. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete nondisruptive hypoechoic intraparenchymal nodules were present. An example of a liver nodule measured 0.8 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild, nondependent yet nonorganized, mildly hyperechoic debris was present with the gallbladder otherwise normal. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 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 were evident.

***Free Abdomen***

No evidence of intraabdominal lymphadenopathy was present.

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

**ULTRASONOGRAPHIC FINDINGS**

- Static mixed echogenic splenic mass
- Subjectively static right adrenal nodule
- Mild hepatic parenchymal remodeling with intermittent discrete nondisruptive hypoechoic nodules
- Static gallbladder debris (non-mucocele)
- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of progressive changes associated with the previously noted splenic mass and right adrenal nodule. Newly noted discrete hypoechoic hepatic intraparenchymal nodules, although nonspecific, are not overtly consistent with neoplastic or metastatic criteria with probable consideration for areas of discrete nodular hyperplasia, hematopoiesis, or similar.

Assuming no evidence of thoracic pathology on three-view chest radiographs and normal BP, splenectomy with gross inspection of the liver and right adrenal gland could be considered. Otherwise, continued sonographic monitoring of the splenic mass, right adrenal nodule, and liver would be reasonable.



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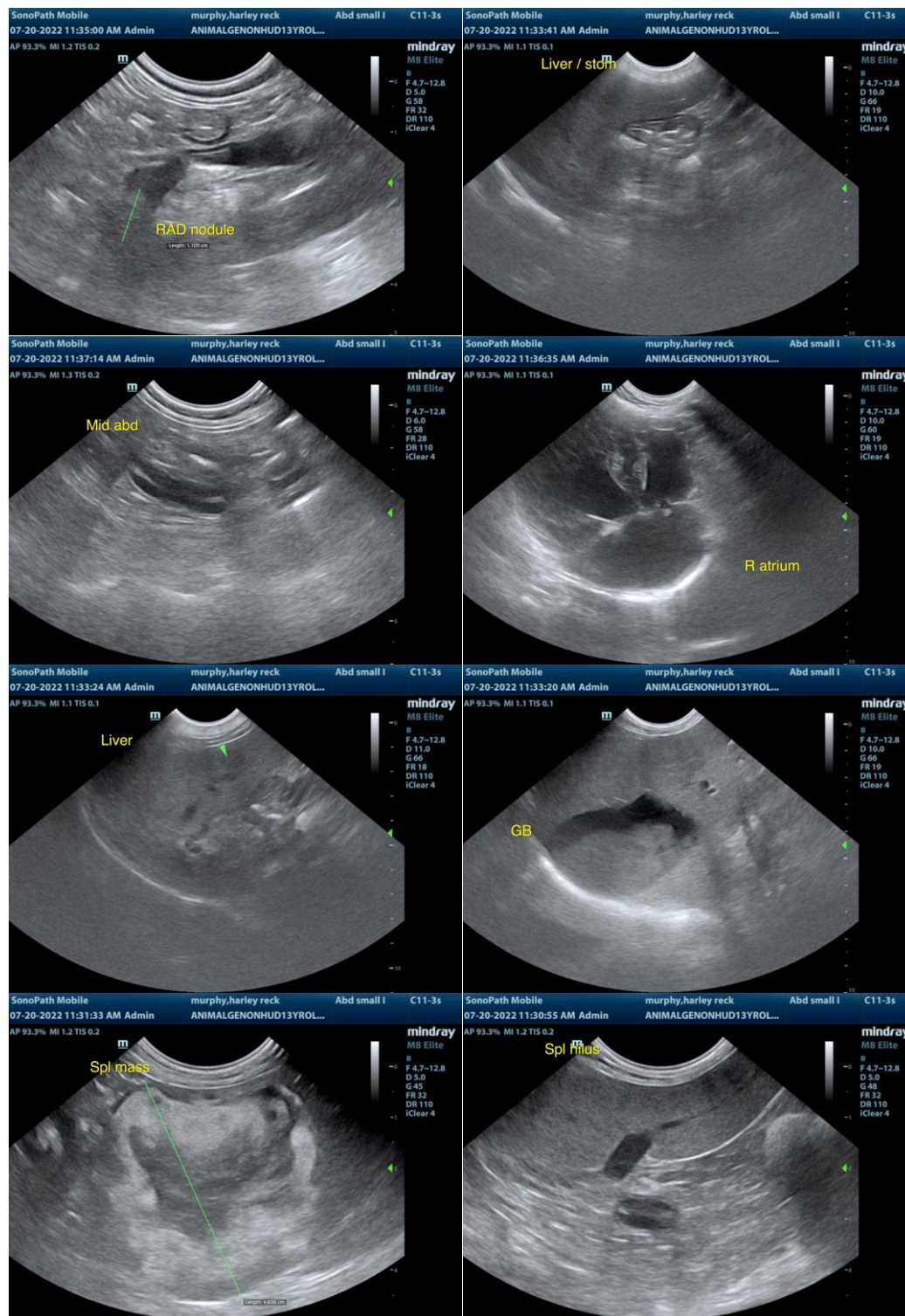
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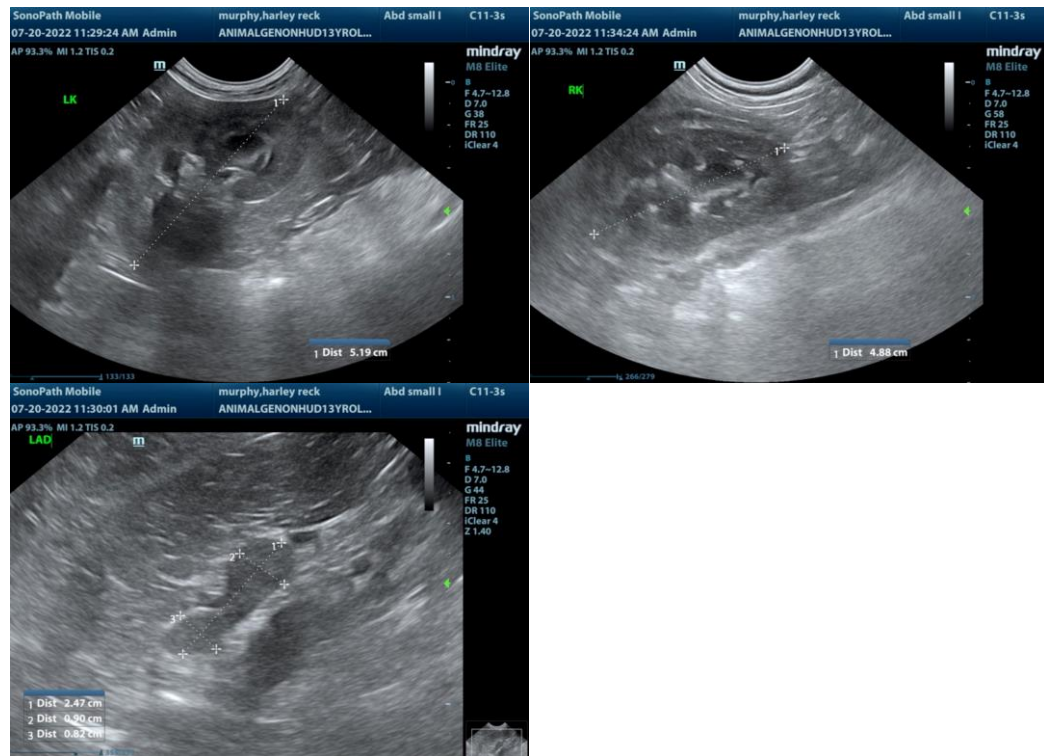
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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