



PATIENT

Brooklyn Kitchell

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

14

WEIGHT

31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

23503

DATE

01/12/2026

PRESENTING CLINICAL SIGNS

Large palpable mass detected by rehab veterinarian. Also history of lethargy and slowing down over the past few months. Mass removed from shoulder area/skin/sc and was a reported histiocytoma. Ultrasound requested to assess mass.

Abnormal PE/Chem/CBC/UA Results: None recently performed of clinical significance.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 5.4 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 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 0.52 cm width at the caudal pole.

Spleen

A moderately sized to large mass involving the spleen with secondary capsule expansion and disruption was present and measured ~ 10 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The mass exhibited similar echogenicity with mild non-homogenous echotexture compared to adjacent intact spleen. A separate small hyperechoic splenic nodule was present consistent with probable myelolipoma. No evidence of capsule escape or mass rupture.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 minor retained gastric fluid and gas with no signs of obstruction 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 was evident.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Intermittent minor prominent to non-homogenous mesenteric lymph nodes were present, an example measured 0.67 cm in diameter. The lymph nodes did not overtly meet inflammatory or metastatic criteria.

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass with concurrent separate small probable myelolipoma
- Sonographically unremarkable normal volume liver
- Non-organized gallbladder debris
- Age-related renal changes
- Intermittent minor mesenteric lymphadenopathy- not overtly consistent with metastatic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass may indicate a benign process i.e. hyperplasia, hematopoiesis, hemangioma or neoplasia such as sarcoma, round cell neoplasia or metastatic disease. Definitive evidence of intra-abdominal major organ or cardiac macrometastasis was not obvious. The possibility of early metastasis / micrometastasis cannot be definitively excluded.

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Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the peritoneal cavity is warranted.

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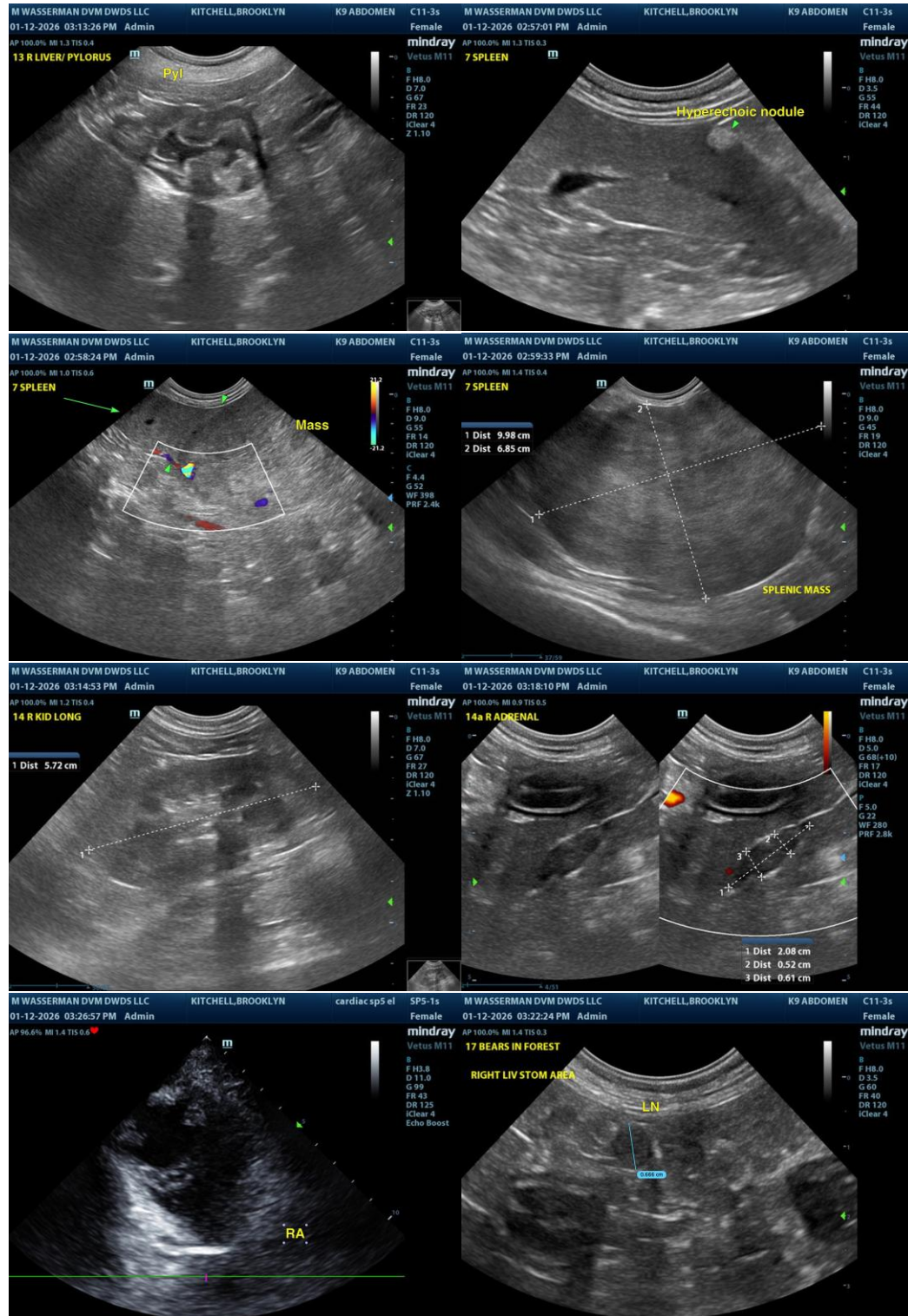
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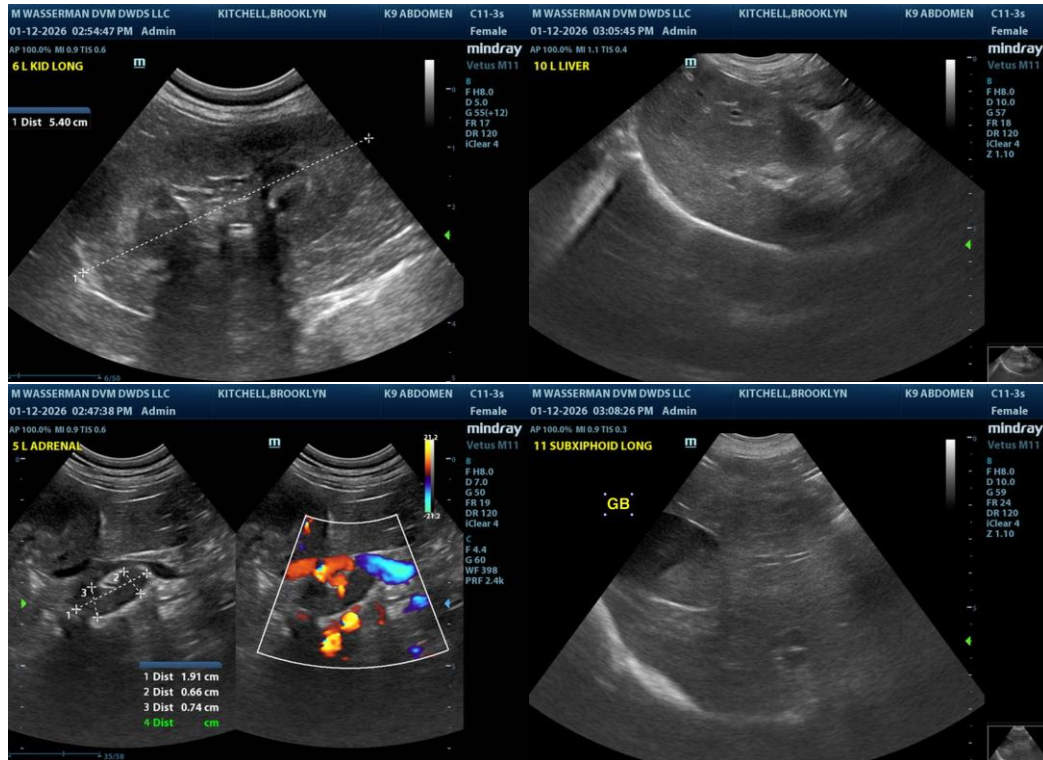
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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