



## PATIENT

Kobe Anderson

## SPECIES

Canine

## BREED

Pitbull

## SEX

MN

## AGE

9yr

## WEIGHT

32.2kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Sol Sath

## INVOICE

23613

## DATE

01/19/2026

## PRESENTING CLINICAL SIGNS

- \*history from 1/18: Son took P for a walk last night and he had diarrhea but was otherwise normal yesterday. This morning, he was very lethargic, did not want to get up and go outside like he normally does. Once outside, he had diarrhea twice. Did not want to eat initially for the husband but did eventually eat for the wife. Did turn down a strawberry which he normally loves. O feels that his abdomen is slightly distended. no vomiting at home. Did vomit 1 time while at Shores. treated as outpatient; given sq fluids and Cerenia sq injection. sent home with metronidazole, Cerenia, Proviabio paste and capsules.
- history for 1/19: ate only few pieces of chicken last night and this morning, continued lethargy. owner sent video of P breathing this morning, video is attached under 1/18 visit record. video shows stomach muscle contractions, abdominal pain. no vomiting or diarrhea at home since discharge.
- \*concern for gastroenteritis, hyporexia, gi fb, other

Abnormal PE/Chem/CBC/UA Results: 1/18 CBC: WBC 23.27, NEU 20.27, EOS 0.02, RET# 183, Ret% 3.01, PLT 127 Blood Gas: Lactate 3.59. Glucose 144 Chem: Calcium 8.6, Total Protein 4.8, Globulin 1.9, Glucose 150 Canine CPL: normal 1/18 rads: stomach full of ingesta, no obvious gi fb or obstruction 1/19 rads: abdominal serosal detail is subjectively mildly decreased in the ventral abdomen. The stomach contains a mild volume of gas. The small intestines contain mild volume of gas and directly regular with no segmental distention observed. The colon contains formed feces. The gastrointestinal tract remains within normal limits for size. The liver, spleen, kidneys, bladder are of normal appearance. Reduced abdominal serosal detail: Concern for effusion. No segmental distention of SI or gastric dilatation observed.

## 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 6.6 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology

### Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to perirenal artefact.



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### *Spleen*

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The spleen was mild to variably enlarged with areas of asymmetrical capsule contour and mild to variable heterogeneous parenchyma. A solitary, mild expansive non-homogenous splenic mass with mild associated capsule distortion measuring 3.6 cm in diameter was present. Subjective concurrent, separate mild expansive non-homogenous hypoechoic craniomedial splenic nodule was present measuring 1.8 cm in diameter.

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### *Liver/Gallbladder*

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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. 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 congealed hyperechoic non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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### *Gastrointestinal*

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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 visualized segments of 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.

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Normal visible colon wall layers were present with semi formed feces in lumen.

### *Pancreas*

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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*

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Indistinctly visualized area of non-homogenous nodular omentum or unspecified mass lesion in the right cranial abdomen, caudal to the liver and potential area of the cranial spleen measuring ~ 8 cm in diameter.

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Moderate volume peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

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### Primary

- Mildly expansive splenic mass with concurrent separate splenic nodule
- Non-homogenous non-congested liver
- Unspecified possible mass lesion left cranial abdomen caudal to left liver
- Sonographically unremarkable visible gastrointestinal tract
- Peritoneal effusion

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### Secondary

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- Mild age related renal changes



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- Mild non-organized gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The splenic mass and concurrent splenic nodule are highly suggestive of neoplastic criteria with potential for diffuse splenic or possible perisplenic and omental neoplasia i.e. sarcoma or other. The hepatic presentation is non-specific without overt congestion and could indicate age-related or benign parenchymal changes, although non-obvious or micrometastasis within the liver or spleen cannot be definitively excluded. Benign splenic lesions, i.e. hyperplasia, hematopoiesis, inflammation thought less likely. Correlation with effusion analysis for evidence of hemoabdomen recommended.

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Assuming no pathology on three view chest radiographs and pending effusion assessment, laparotomy with gross inspection of the abdominal cavity with potential for splenectomy, and possible resection of perisplenic to left cranial omentum or unspecified lesion could be considered. A guarded prognosis is indicated.

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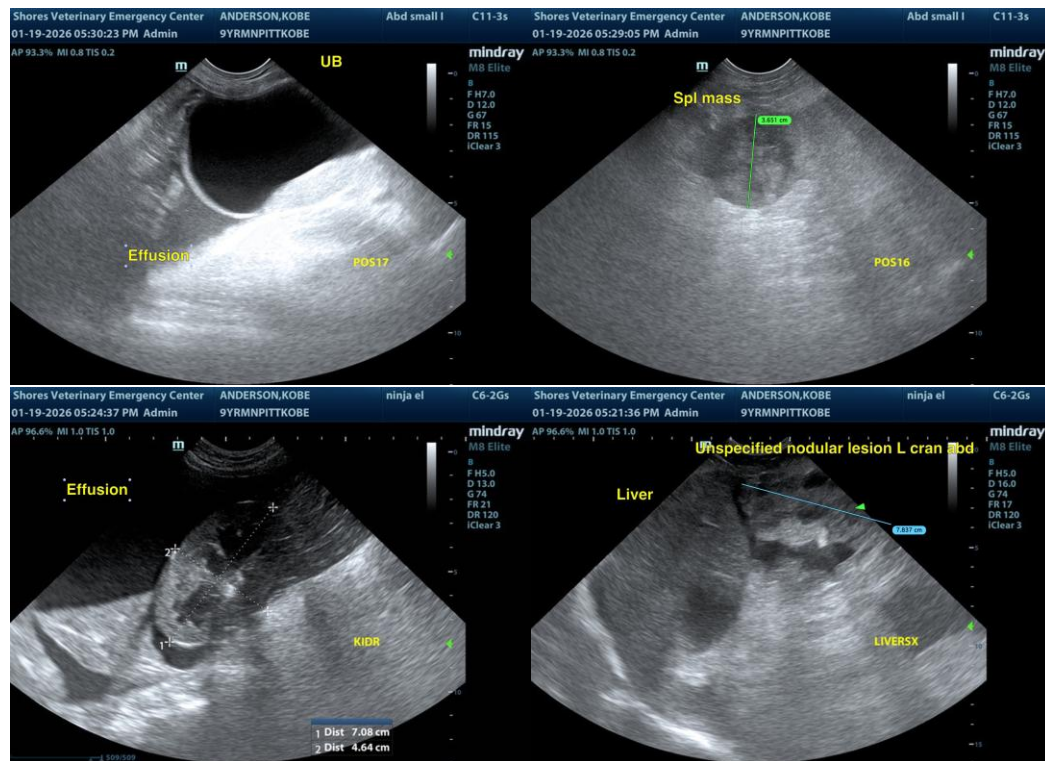
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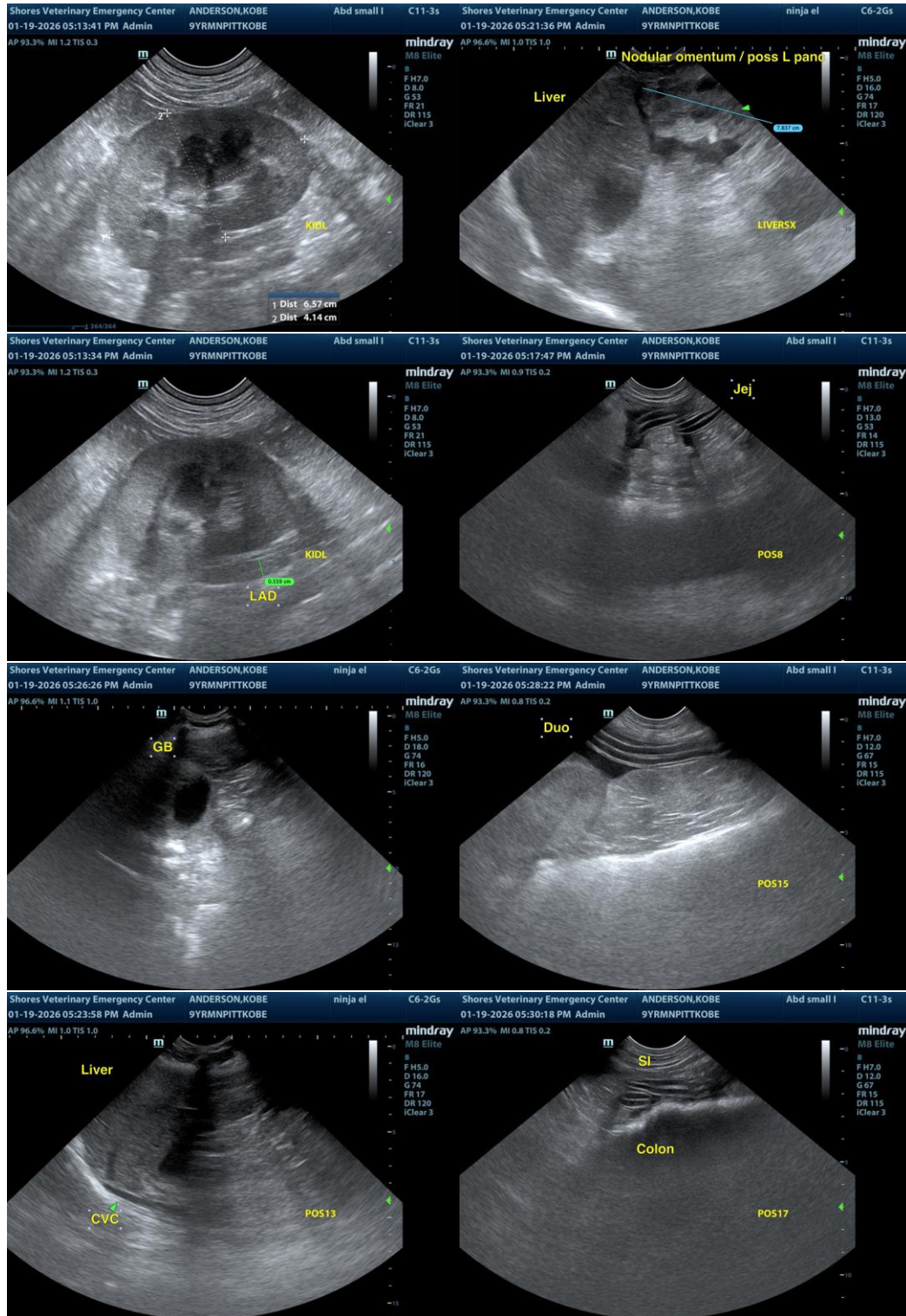
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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[info@sonopath.com](mailto:info@sonopath.com)

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