



PATIENT

Charlie Cooper

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

7 Years

WEIGHT

121 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse LVT,
CVT

HOSPITAL NAME

Banister Animal
Hospital

REFERRING VET

Dr. Banister

INVOICE

13268

DATE

01/20/26

PRESENTING CLINICAL SIGNS

- Abdominal mass- spleen
- Current meds: yunnan baiyao

Abnormal PE/Chem/CBC/UA Results: HCT 18, Decreased RBC & HGB

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 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.

No obvious pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 7.3 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were not definitively visualized.

Spleen

The visualized discernable spleen exhibited normal size and symmetrical contour with maintained homogenous parenchyma.

Liver & Gallbladder

The liver presented with subjective normal size and vascular volume without obvious congestion. Symmetrical contour and mild heterogeneous parenchyma exhibiting mild to moderate coarse echotexture. No definitive hepatic intraparenchymal mass or nodules were evident.

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 was not definitively visualized potentially secondary to gastric displacement secondary to abdominal mass.

The visualized segments of small intestine were sonographically normal exhibiting normal wall layering and empty lumen.

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



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Pancreas

The pancreas was not definitively visualized owing to abdominal mass.

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Free Abdomen

A large nonhomogenous potentially cavitated mass occupying a majority of the mid to cranial abdomen was visualized and measured approximately 26.0 cm in diameter but possibly larger as the entire mass would not fit into a single viewing window. The mass was visualized in the left mid and right mid to cranial abdomen. A mild to moderate volume of mildly echogenic peritoneal effusion and mild nonhomogenous omentum were present.

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Rapid view of the heart revealed no obvious cardiac tumors or pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

- Large abdominal mass.
- Mild to moderate volume of peritoneal effusion and nonhomogenous omentum.
- Noncongested mildly heterogeneous liver.
- Mild age-related renal changes.

WEIGHT

121 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is most suggestive of a large ruptured splenic mass given anemia and probable, if not confirmed, hemoabdomen. Given size and extent of the mass, however, unspecified or non-splenic mass origin, although thought less likely, cannot be definitively excluded. Likewise, potential for non-sonographically evident metastasis or micro metastasis is of concern as the mass is most consistent with neoplasia, i.e. sarcoma or similar.

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If normal thoracic radiographs and clotting status, further assessment may include abdominal CT for further clarification and surgical planning versus direct exploratory laparotomy with gross inspection of the mass if surgery is a potential in this patient.

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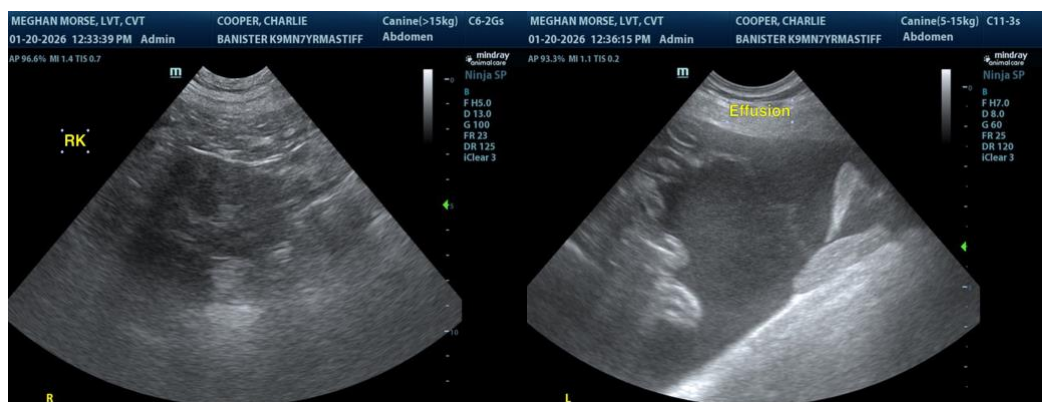
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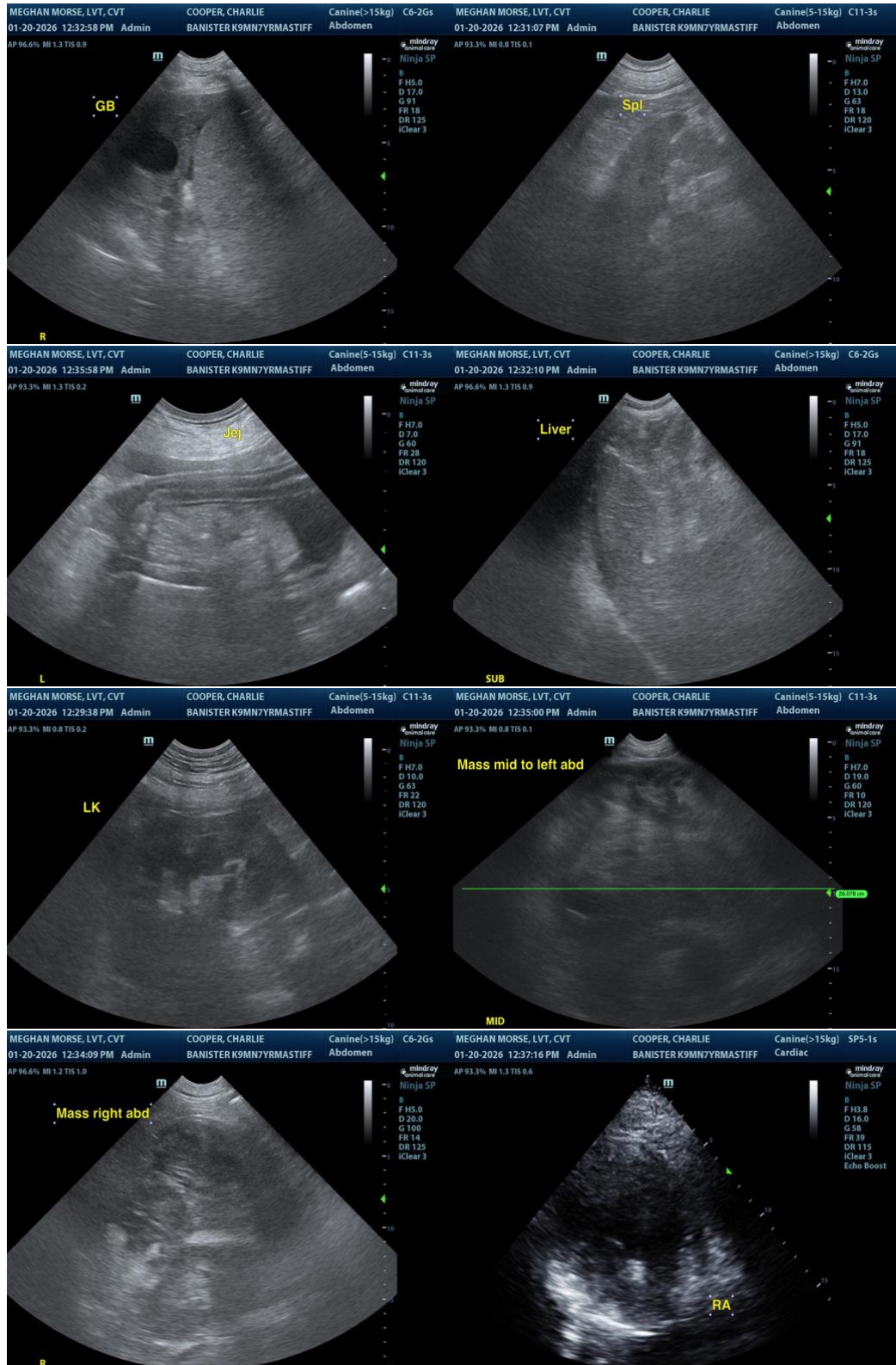
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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