

PATIENT

Chase Green

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

10y

WEIGHT

10.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Mayra Sanchez

INVOICE

10575

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- Presented for ADR / reluctant to move
- Dx with back pain; mass found on radiographs
- Patient is still painful with medications and now has a decreased appetite

Abnormal PE/Chem/CBC/UA Results: PE: Dental disease, tense epaxial muscles and hunched posture, seborrhea sicca CBC: mild anemia RBC 5.4, HCT 34.6, HGB 11; mild leukocytosis WBC 18.1, NEU 17.2 Chem: NAF Rads: spondylosis deformans, mass effect near spleen

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. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple pinpoint to focal areas of medullary mineral were present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland exhibited a mildly prominent caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm caudal pole width. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size and contour with mild nonhomogeneous parenchyma. Several non-capsule deforming to discreet hypoechoic splenic nodules were present, with an example measuring 0.66 cm in diameter.

Liver/ Gallbladder

The liver was enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse



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echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, congealed, nonorganized gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 right pancreas was sonographically normal.

Free Abdomen

Mid-cranial abdomen nonhomogeneous mass was present, measuring ~4.0 cm x 3.0 cm. The mass was located cranial to the left kidney and medial to the spleen, within the area of the left pancreatic limb. The mass did not involve or overtly originate from the spleen, left kidney, or gastrointestinal tract. Mild surrounding hyperechoic omentum was present. No evidence of peritoneal effusion was noted.

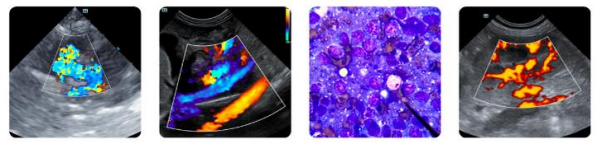
ULTRASONOGRAPHIC FINDINGS

- Mid-cranial abdominal mass
- Non-enlarged spleen with discreet hypoechoic nodules
- Mild hepatomegaly
- Nonorganized gallbladder debris (non mucocele)
- Normal gastrointestinal tract
- Chronic renal changes exhibiting medullary mineral
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is of unclear origin without overt involvement of the spleen, gastrointestinal tract, kidneys, or left adrenal gland. The mass is in the area of the left pancreatic limb, with a pancreatic, lymphatic, or omental mass possible. Nonobvious splenic or adrenal mass origin is thought less likely.

Assuming normal clotting status, mass FNA cytology is warranted for further clarification. Three-view chest radiographs and a spec cPL are warranted. If surgery is a potential for this patient, without pathology on three-view chest radiographs, abdominal CT could be considered for clarification and surgical planning.



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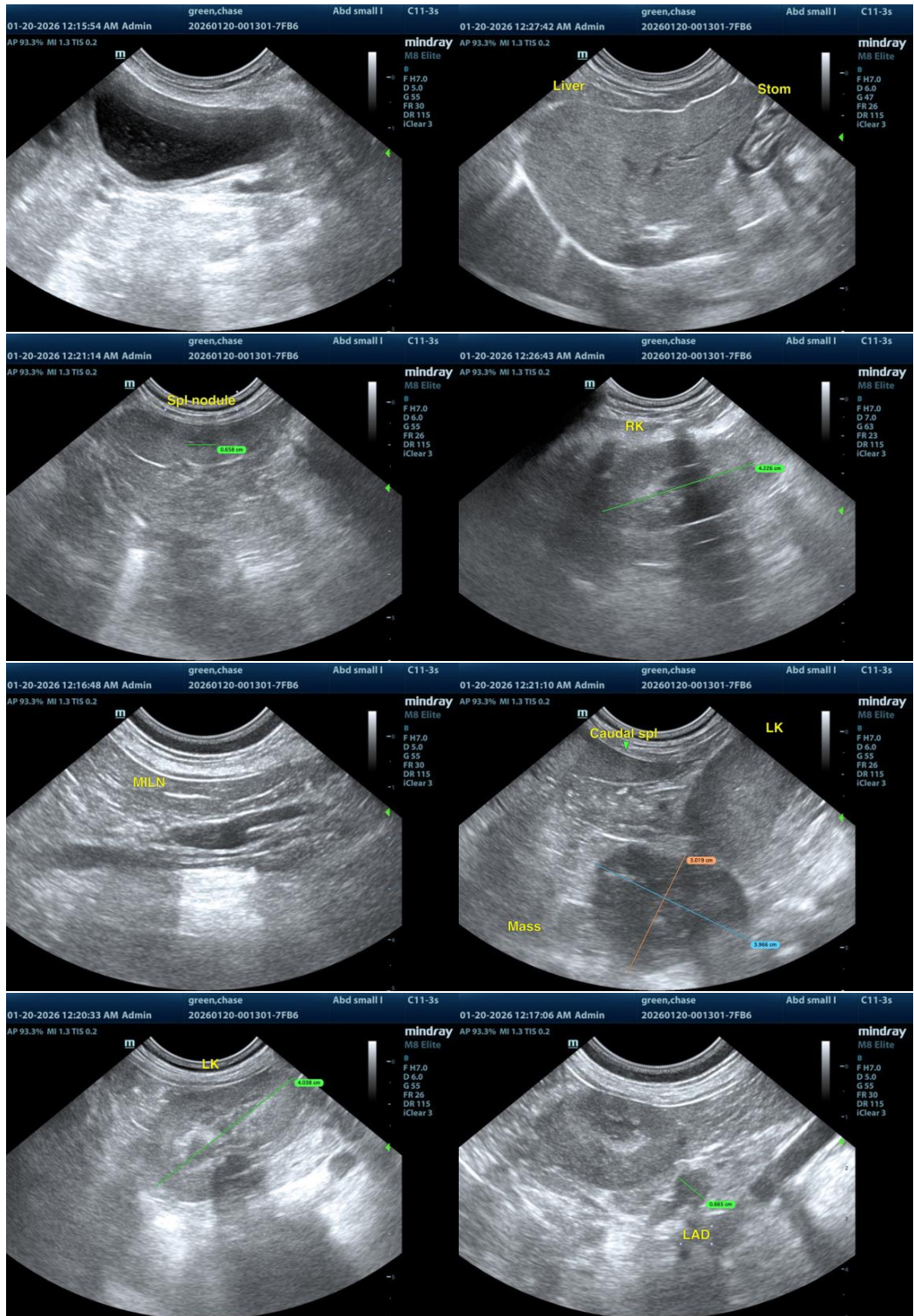
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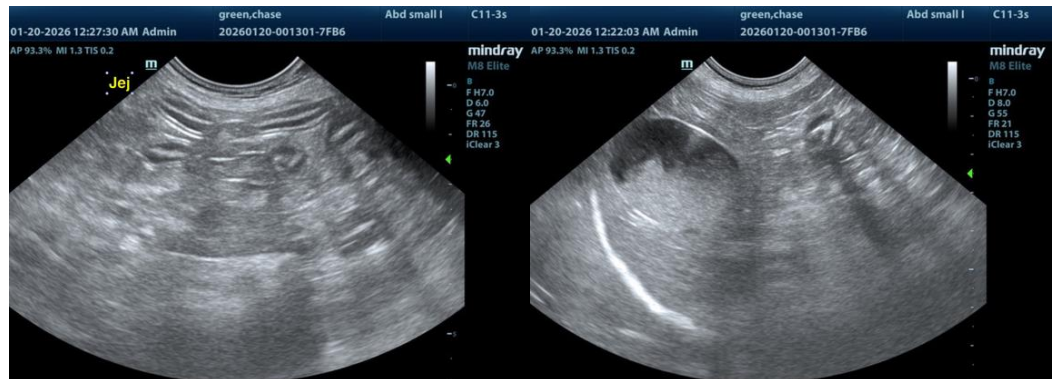
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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