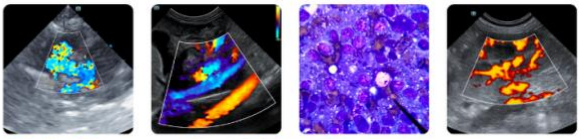


PATIENT

Jojo Smith

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

47.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

Dr. Cocker

INVOICE

13365

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- The owner has noticed multiple new lumps since the last visit. There is one on her ventral cervical area, one on her back, and a few others. The primary mammary mass (suspect mammary carcinoma based on pathologist cytology on in November 2025) we have been monitoring has also grown a little bit. The owner first noticed the new mass on the neck around New Year's Eve.
- She is otherwise doing well at home, eating and drinking okay with no issues.

Abnormal PE/Chem/CBC/UA Results: FNA of the new mass on her neck. ~1 inch in diameter, dermal, movable in relation to deeper structures, hairless and erythematous: mast cell tumor. - Chest x-rays: Lungs appear clear. No obvious signs of metastasis. - Abdominal x-rays: Possible irregularity of the splenic tail margin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 6.3 cm in length. The right kidney measured 6.5 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 0.54 cm width at the caudal pole.

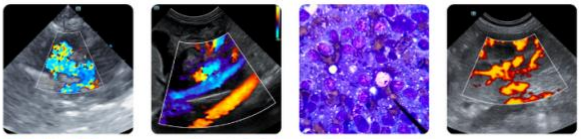
The right adrenal gland was indistinctly visualized with no obvious evidence of right adrenal gland pathology. The right adrenal gland subjectively measured 0.79 cm width at the caudal pole.

Spleen

The spleen presented normal in size with symmetrical capsule contour and mild heterogeneous splenic parenchyma exhibiting intermittent areas of indistinct hyperechoic parenchyma to nondisruptive hyperechoic perihilar nodules most consistent with myelolipomas. Two visualized discrete nonhomogenous hypoechoic mid to caudal splenic nodules were present measuring approximately 1.1 cm in diameter. These capsules were noncapsule distorting.

Liver & Gallbladder

The liver was mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling.



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The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent to multiple discrete hypoechoic hepatic nodules were visualized with an example measuring 1.0 cm in diameter.

The gallbladder was non distended in size with minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Discrete nonhomogenous splenic nodules with concurrent probable myelolipomas.
- Mildly enlarged nonhomogenous liver with intermittent to multiple discrete intraparenchymal nodules.
- Minor nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic nodules are non-specific and may indicate discrete areas of hyperplasia, hematopoiesis, granulomas or potential emerging primary or metastatic neoplasia given patient's history. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic nodule FNA cytology is warranted for further clarification. Serial sonographic monitoring of the hepatosplenic nodules for evidence of progression or based on oncology recommendations would be more conservative.

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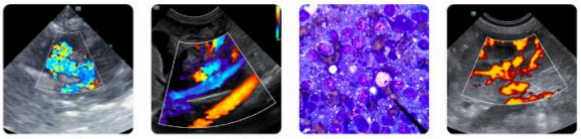

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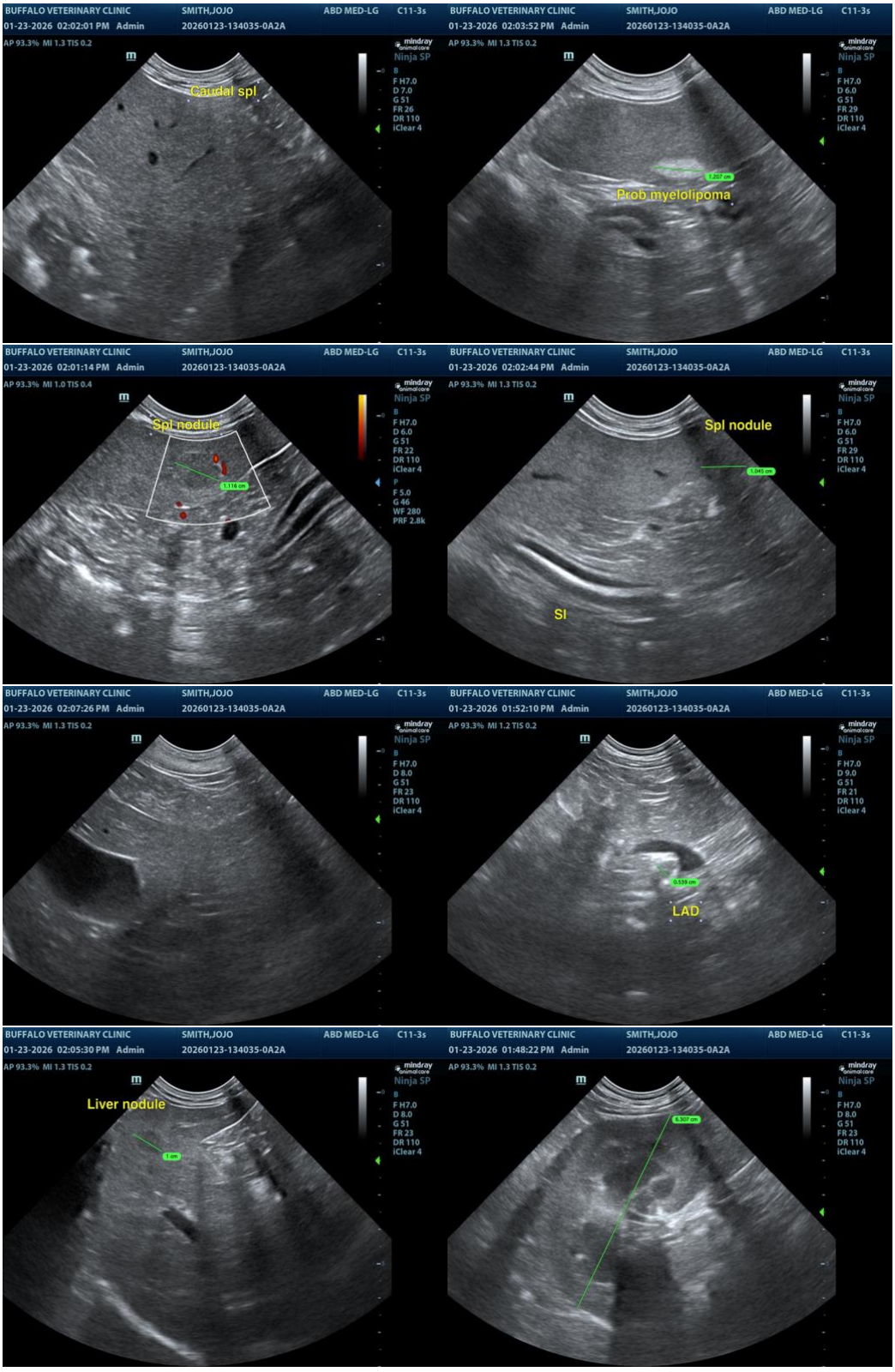

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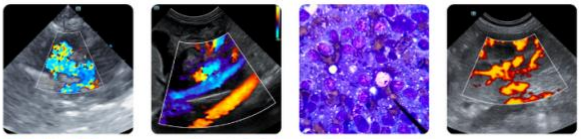

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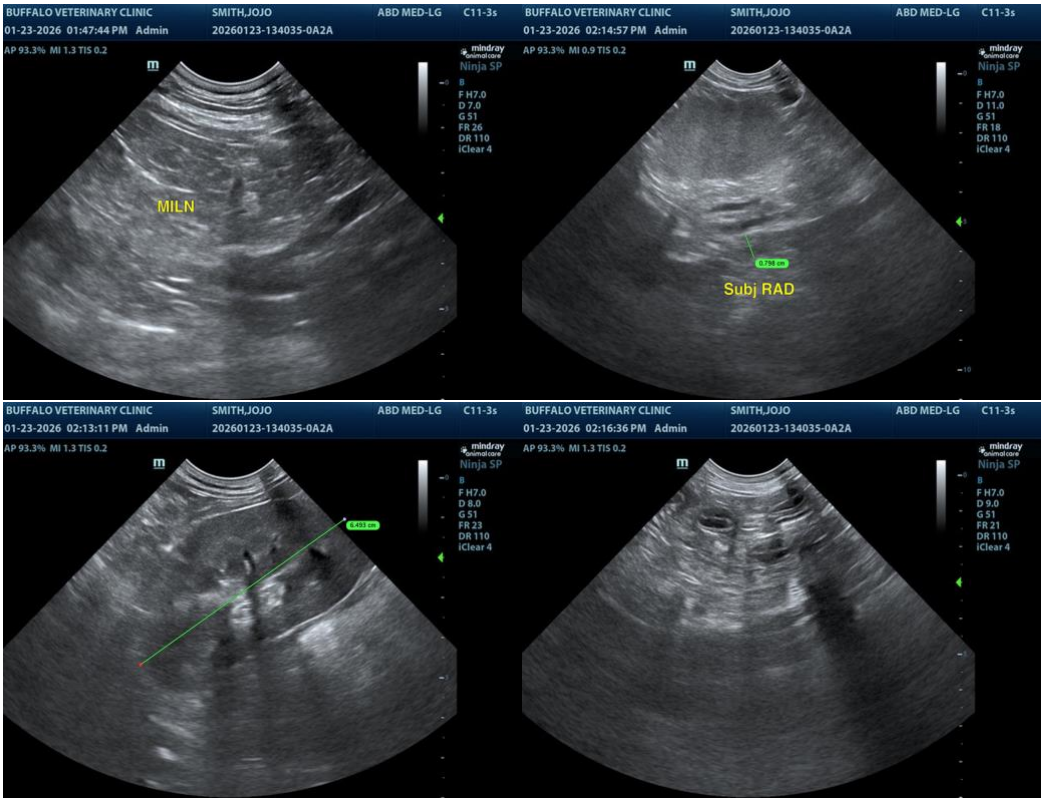

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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