



PATIENT

Birdie Lake

SPECIES

Canine

BREED

Lab X

SEX

FS

AGE

12 yrs

WEIGHT

42 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

10580

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History:

- Mass felt on abdominal palp

Abnormal PE/Chem/CBC/UA Results: O declined

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. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.5 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.93 cm width in the caudal pole. The right adrenal gland measured 0.76 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively borderline to mildly 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 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 moderate, congealed, hyperechoic to shadowing gallbladder debris primarily in the caudal lumen. 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 mild, nonshadowing ingesta without 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 contained segmental, similar appearing, mild, nonshadowing ingesta consistent with normal food without 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 were evident.

Free Abdomen

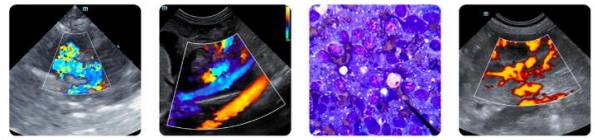
An unspecified, primarily spherical to irregular peripheral nonhomogeneous to primarily hyperechoic mass was noted in the mid-caudal abdomen, measuring ~6.0-7.0 cm in diameter. Mild surrounding hyperechoic omentum was noted. No obvious significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Unspecified mid-caudal abdomen mass
- Sonographically normal spleen
- Borderline / mild hepatomegaly - benign
- Congealed shadowing gallbladder debris (non mucocele)
- Age-related renal / adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid-caudal abdomen mass did not definitively originate from a specific abdominal organ. Considerations may include granuloma, lipoma, or unspecified significant lymphadenopathy or neoplasia with potential for associated inflammation or necrosis. Nonobvious caudal splenic mass is thought less likely, although uterine remnant pathology is possible. Further assessment may include, assuming normal clotting status, mass FNA cytology +/- C/S. Assuming no evidence of pathology on three view chest radiographs, direct exploratory laparotomy with gross inspection of the mass with potential for biopsy or resection vs. abdominal CT for further clarification and surgical planning is recommended.



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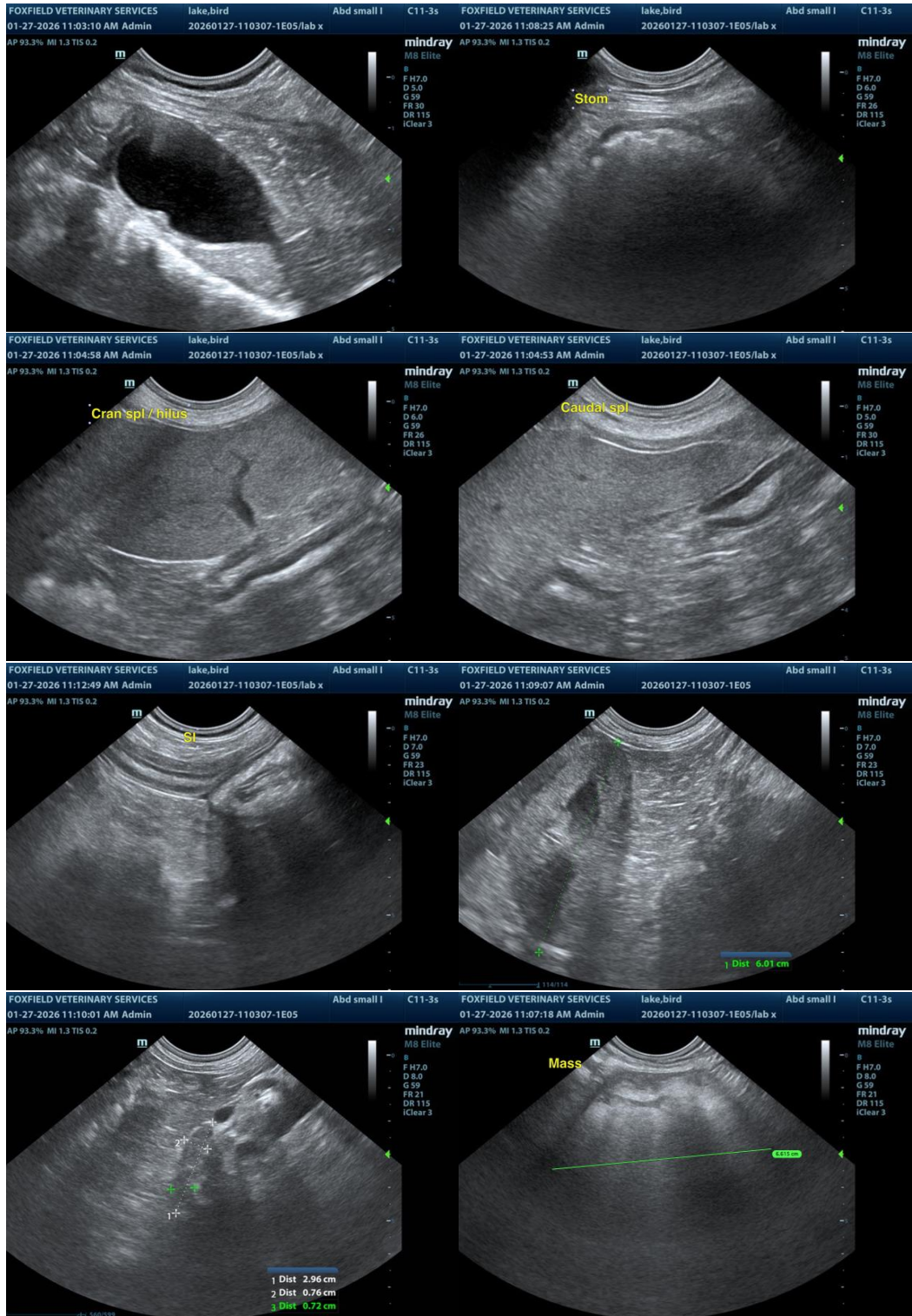
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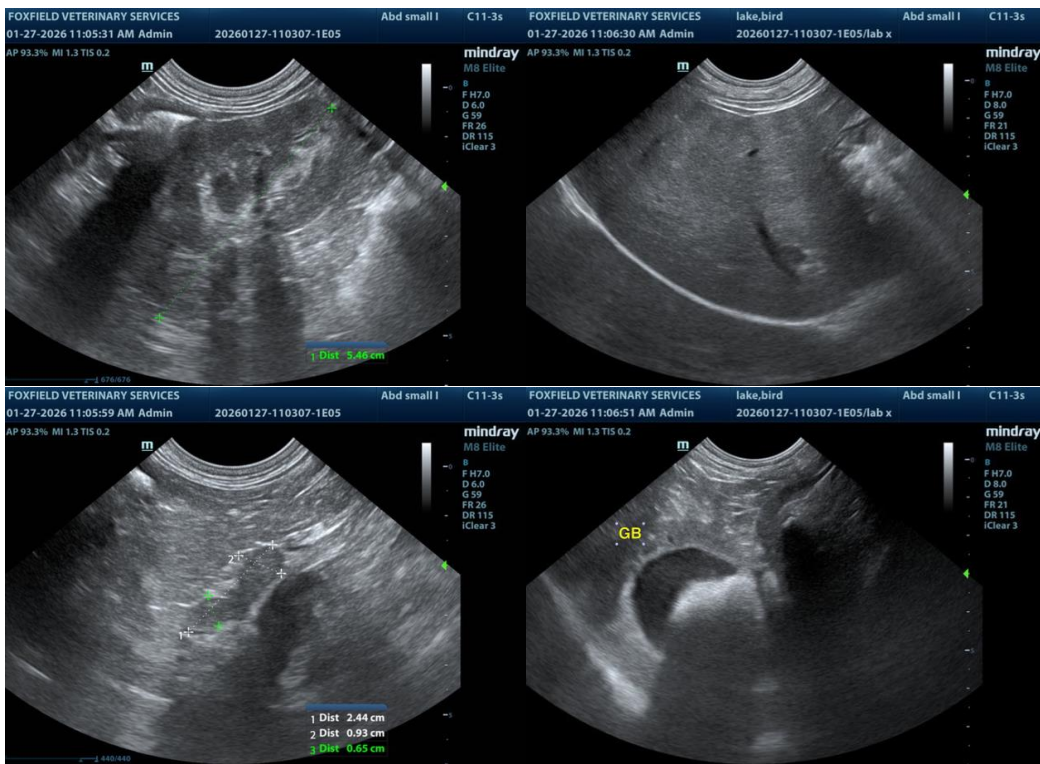
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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