



PATIENT

Lily Basilio

SPECIES

Canine

BREED

Pomeranian Mixed

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Carreirao

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Claudia Carreirao

INVOICE

13424

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- Abdominal ultrasound is requested for a senior female dog with a 2-year history of intermittent diarrhea and unbalanced diet, now presenting with progressive weight loss, pallor, tachypnea and mucus in the stool; bloodwork shows marked hypoalbuminemia (1.3 g/dL), moderate-severe anemia, severe ALT elevation with increased ALP, and severe thrombocytopenia, with a small mammary mass noted on physical exam, to evaluate the liver, gastrointestinal tract and abdominal lymph nodes for evidence of protein-losing enteropathy, infiltrative or neoplastic disease (including possible metastatic disease).

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent minor 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length.

The right kidney was primarily visualized in the transverse plane.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen revealed generalized splenomegaly with areas of mild asymmetrical medial capsule contour and generalized mild heterogenous splenic parenchyma exhibiting discrete hyperechoic nodules. Normal splenic vascularity and no evidence of splenic masses were evident.

Liver & Gallbladder

The liver presented 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. Subjective mild prominent vasculature at the level of the hepatic vein caudal vena cava junction.

The gallbladder was non distended in size with mild nondependent nonorganized biliary sludge. No evidence of wall edema. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach lumen was empty.



PATIENT

Lily Basilio

SPECIES

Canine

BREED

Pomeranian Mixed

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Carreirao

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Claudia Carreirao

INVOICE

13424

DATE

01/28/26

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 semi formed fecal matter in lumen.

Pancreas

The pancreas presented mildly prominent in size with mild capsule asymmetry exhibiting mild nonhomogenous hypoechoic parenchyma.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous subjective mild congested liver- vacuolar/cholestatic hepatopathy, nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis i.e. copper, hyperplasia, cardiogenic versus noncardiogenic congestion, occult neoplasia are all possible.
- Mild nonorganized gallbladder debris- not consistent with mature mucocele.
- Enlarged mild heterogeneous to discretely hyperechoic nodular spleen- hyperplasia, hematopoiesis, inflammation, emerging myelolipomas, neoplasia are all possible.
- Mildly thickened empty stomach- inflammation, edema, emerging to occult gastric neoplasia are all possible.
- Sonographically unremarkable small intestine/colon with semi formed fecal matter- not overtly consistent with classic PLE criteria.
- Mild prominent nonhomogenous pancreas- mild chronic/chronic active inflammation or edema is possible.
- Mild urine sediment- consistent with mild cellular or crystalline debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosplenic FNA cytology using a 25-gauge needle and assuming normal clotting status, would be ideal for further assessment, primarily for evidence of hepatosplenic neoplastic criteria yet precluded given severe thrombocytopenia and further monitoring of anemia. Urinalysis is suggested to assess for inflammatory sediment or non-inflammatory proteinuria +/- UPC given hypoalbuminemia. A GI panel to include PLI, TLI, cobalamin and folate is recommended. CBC pathology review, infectious disease testing, and bile acid profile may be considered. Concern for splenic to multicentric neoplasia is warranted yet not definitive.



PATIENT

Lily Basilio

SPECIES

Canine

BREED

Pomeranian Mixed

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Claudia Carreirao

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

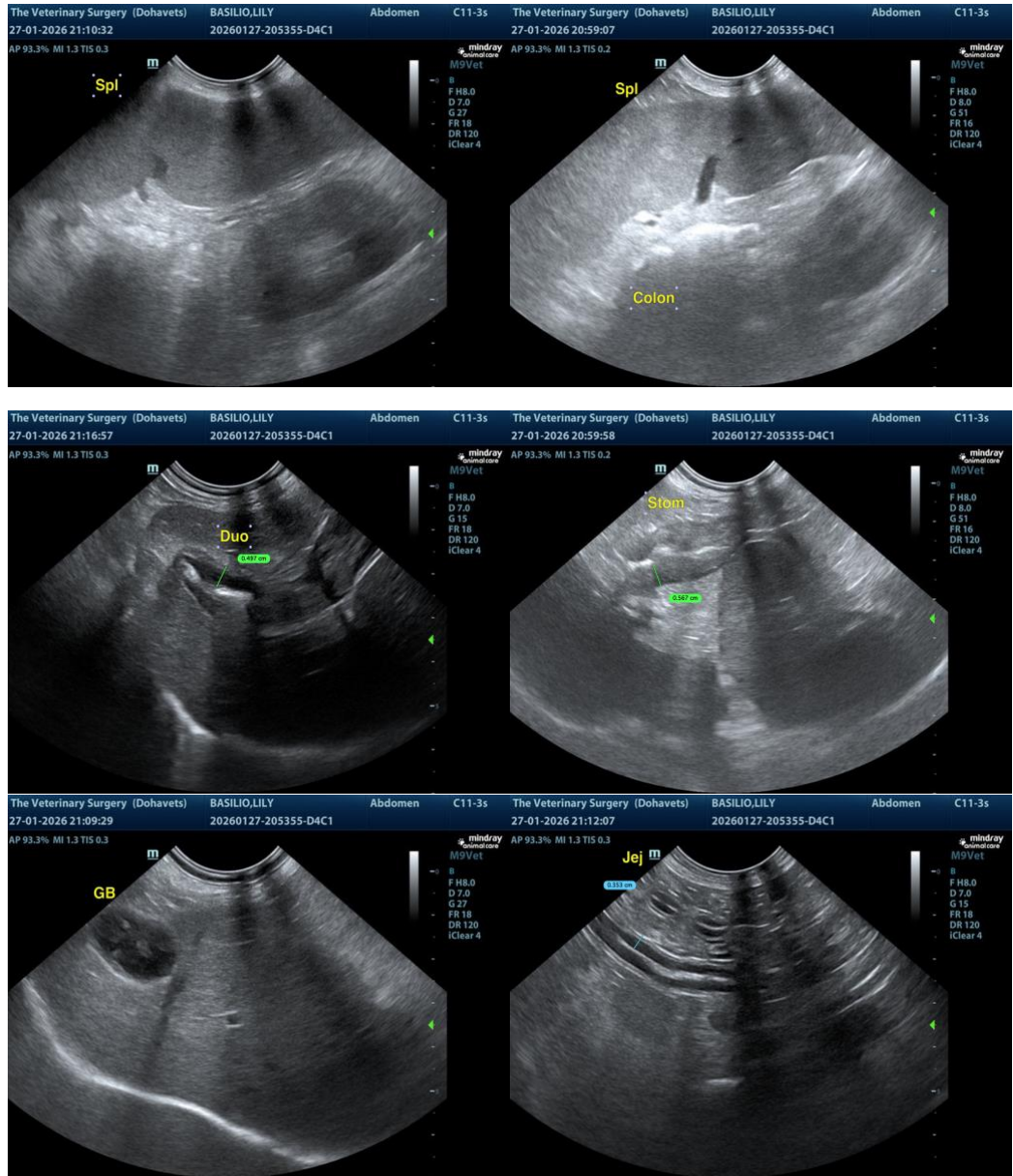
Dr. Claudia Carreirao

INVOICE

13424

DATE

01/28/26





PATIENT

Lily Basilio

SPECIES

Canine

BREED

Pomeranian Mixed

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Carreirao

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

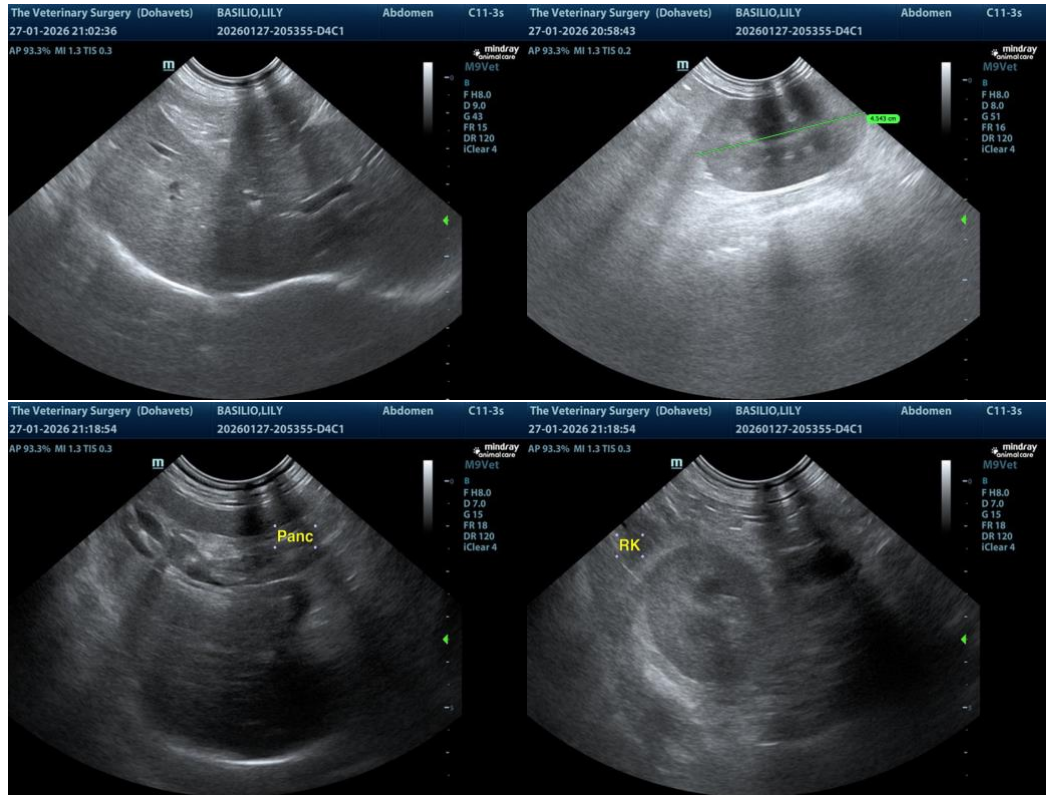
Dr. Claudia Carreirao

INVOICE

13424

DATE

01/28/26



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