



## PATIENT

Jinx Zielinski

## SPECIES

Canine

## BREED

GSD - Husky Mix

## SEX

SF

## AGE

7 yrs, 4 mos

## WEIGHT

26.8 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti,  
VMD

## HOSPITAL NAME

Blue Pearl  
Wyomissing

## REFERRING VET

Runaway Farm Pet  
Hospital

## INVOICE

10342

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

AUS to further evaluate a possible abdominal mass (spleen vs stomach) seen on ultrasound when performing a cysto for UA sample. O reports that Jinx is not eating, will eat some Greenies. Is non-weight bearing lame on right hind limb. Will place weight on limb when excited. O reports weight loss. Has two primary vets. 10/23- Vet On Main- RH suspected CCL injury, rec was for rest, NSAID, poss orthoped referral. If not improved, sedated radiographs. Meds: Amantadine caps, Carprofen, Gabapentin, Tramadol

Abnormal PE/Chem/CBC/UA Results: rDVM Diagnostics 11/12/25: - CBC: Hct 43%, Plts 388-n, remainder NSF - Chem: Alb 3.1-n, AST 71 H (15-66), Normal ALT/ALP, normal renal values, remainder NSF - Accuplex: Anaplasma Positive. Ehrlichia neg, Lyme neg, HW Neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone. The urinary bladder was nondistended in appearance with mild anechoic urine present. There is no evidence of urinary bladder tumors, mineral, or calculi. No pathology was noted in the area of the trigone or cystourethral junction. The proximal urethra was not definitively visualized.

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

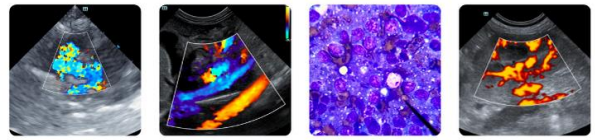
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 7.1 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 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at 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.



## PATIENT

Jinx Zielinski

## SPECIES

Canine

## BREED

GSD - Husky Mix

## SEX

SF

## AGE

7 yrs, 4 mos

## WEIGHT

26.8 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti,  
VMD

## HOSPITAL NAME

Blue Pearl  
Wyomissing

## REFERRING VET

Runaway Farm Pet  
Hospital

## INVOICE

10342

## DATE

11/12/25

## ***Liver/ Gallbladder***

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of wall edema or inflammation. 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 variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of the small intestine presented intact wall layering, normal 1:3 muscularis/mucosa ratio and an empty lumen.

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

## ***Pancreas***

The area of the pancreas was sonographically normal.

## ***Free Abdomen***

An unspecified, nonhomogeneous, caudal abdomen to pelvic inlet mass was noted directly adjacent to, possibly partially surrounding, the urinary bladder and in the area of the proximal urethra. The caudal abdomen to pelvic inlet mass measured ~12.0 x 7.5 cm. A separate, similar appearing mass was present in the midabdomen caudal to the spleen, without evidence of splenic involvement, measuring 7.4 cm x 4.3 cm. Surrounding regional hyperechoic omentum and mild volume effusion were noted around both the midabdomen and caudal abdomen / pelvic inlet mass. Intermittent irregular swollen nonhomogeneous hypoechoic mesenteric lymph nodes were present, with an example measuring 3.7 cm x 1.8 cm.

## **ULTRASONOGRAPHIC FINDINGS**

- Unspecified caudal abdomen / pelvic inlet and midabdomen masses
- Associated regional hyperechoic omentum and mild volume peritoneal effusion
- Irregular swollen nonhomogeneous hypoechoic mesenteric lymph nodes
- Sonographically unremarkable liver / spleen

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unspecified masses are consistent with neoplastic criteria, with considerations including unspecified carcinoma, sarcoma, or other. The masses did not overtly appear to derive from the spleen, liver, or gastrointestinal tract. Potential effacement, adherence, or encompassment of the urinary bladder cannot



**PATIENT**

Jinx Zielinski

**SPECIES**

Canine

**BREED**

GSD - Husky Mix

**SEX**

SF

**AGE**

7 yrs, 4 mos

**WEIGHT**

26.8 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Renee Trionfetti,  
VMD

**HOSPITAL NAME**

Blue Pearl  
Wyomissing

**REFERRING VET**

Runaway Farm Pet  
Hospital

**INVOICE**

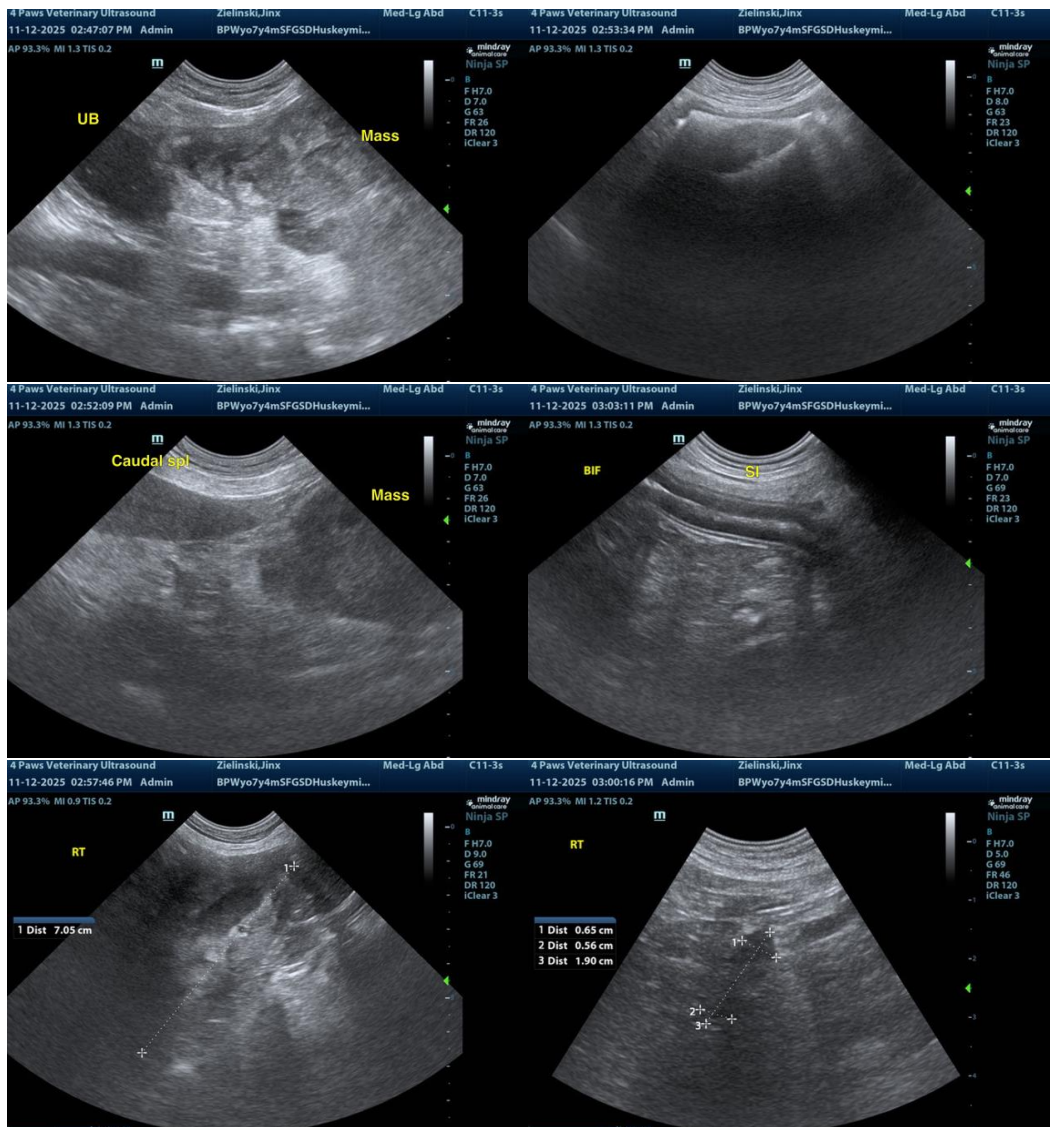
10342

**DATE**

11/12/25

be excluded, yet no current evidence of obstruction to urethral outflow. The mesenteric lymph nodes are highly suggestive of metastatic criteria.

Assuming normal clotting status and using a 25-gauge needle, mass and accessible lymph node FNA cytology could be considered for further clarification and potential for oncology consultation. If further clarification is required, an abdominal CT would be ideal. However, curative surgical options are suspected to be precluded. Three-view chest radiographs are recommended if not done.





**PATIENT**

Jinx Zielinski

**SPECIES**

Canine

**BREED**

GSD - Husky Mix

**SEX**

SF

**AGE**

7 yrs, 4 mos

**WEIGHT**

26.8 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Renee Trionfetti,  
VMD

**HOSPITAL NAME**

Blue Pearl  
Wyomissing

**REFERRING VET**

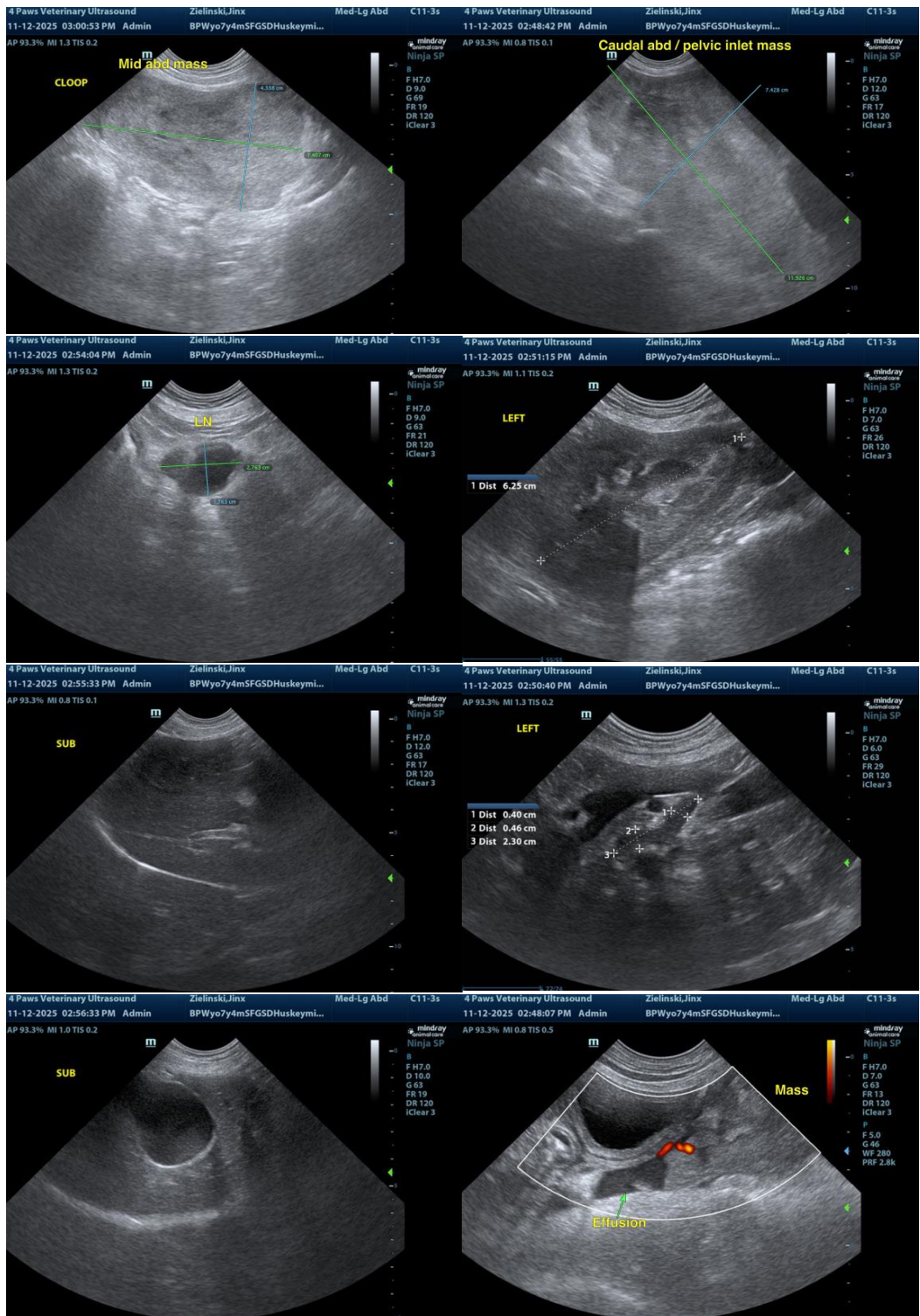
Runaway Farm Pet  
Hospital

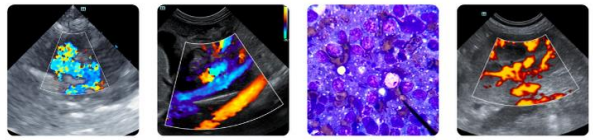
**INVOICE**

10342

**DATE**

11/12/25





## PATIENT

Jinx Zielinski

## SPECIES

Canine

## BREED

GSD - Husky Mix

## SEX

SF

## AGE

7 yrs, 4 mos

## WEIGHT

26.8 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti,  
VMD

## HOSPITAL NAME

Blue Pearl  
Wyomissing

## REFERRING VET

Runaway Farm Pet  
Hospital

## INVOICE

10342

## DATE

11/12/25

**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](mailto:info@sonopath.com)