



PATIENT

Nena Argo

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

17 Years

WEIGHT

11 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Desen Ertunc DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Sarah Schroer
DVM

INVOICE

12261

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Urinary accidents reported at exam in March 2025, PU/PD reported at exam in Oct 2025

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: 3/6 heart murmur *10/9/25: CBC- mild lymphocytosis Chem: Na: K Ratio = 27 (28-37), Total Protein= 8.2 g/dL (5.5- 7.5) , Albumin = 4.2 g/dL (2.7-3.9), ALT = 133 U/L (18-121), ALP= 189 U/L (5-160), all other values WNL. U/A: USG=1.019 (10/9/25), inactive sediment

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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild areas of medullary mineral were present. Small cortical cysts and mild pyelectasia were visualized in the left kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in the caudal pole.

Spleen

The spleen revealed a mildly expansive irregular nonhomogenous to hypoechoic mass in the area of the cranial spleen measuring 2.8 cm in diameter.

Liver

The liver revealed generalized mild hepatomegaly, primarily symmetrical contour and heterogeneous remodeled parenchyma with intermittent subtle variably echogenic nodules. Normal vascular volume was maintained.

The gallbladder was non distended in size with primarily gravity dependent hyperechoic nonmineralized 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.



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

Nena Argo

Pancreas

SPECIES

The pancreas was normal in size and contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically normal urinary bladder.
- Chronic renal changes exhibiting cortical cysts, mild medullary mineral and mild pyelectasia.
- Normal bilateral adrenal size with age-related changes.
- Probable cranial splenic mass- hyperplasia, hematopoiesis, favored neoplasia i.e. round cell neoplasia, sarcoma or other.
- Enlarged nonhomogenous subtle nodular liver- hyperplasia, hematopoiesis, vacuolar changes, inflammation, fibrosis, cholestasis, emerging to occult, primary or metastatic neoplasia not excluded.
- Nonorganized gallbladder debris (non-mucocele).
- Mild remodeled pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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R. McKenzie Daniel,
DVM, DABVP

Assuming normal clotting status and using a 25-gauge needle, splenic mass and hepatic parenchyma FNA cytology is warranted for further clarification. Although no overt adrenal pathology, adrenal work up with LDDST is warranted if clinical signs are consistent with Cushing's syndrome. Hepatosupportive medications may prove beneficial. If no pathology on three view chest radiographs and normal clotting status, diagnostic and prophylactic splenectomy with hepatic biopsies could be considered whereas, serial monitoring of the splenic mass for evidence of progression would be reasonable given the patient's age.

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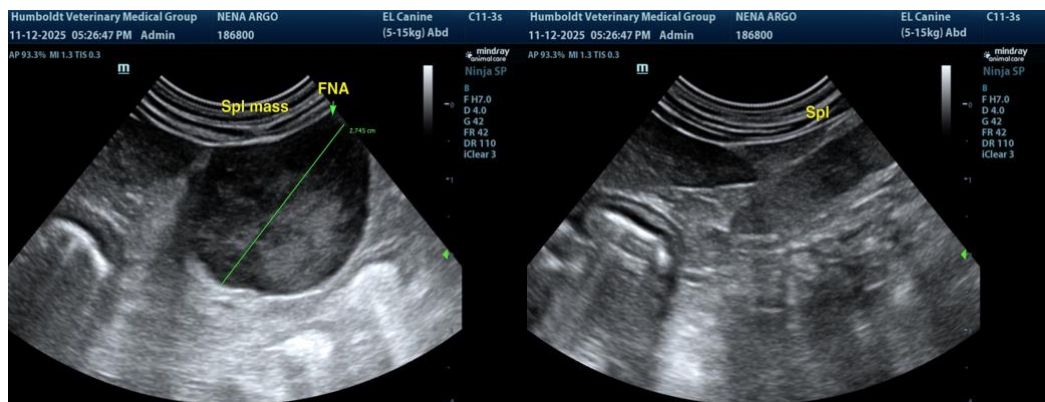
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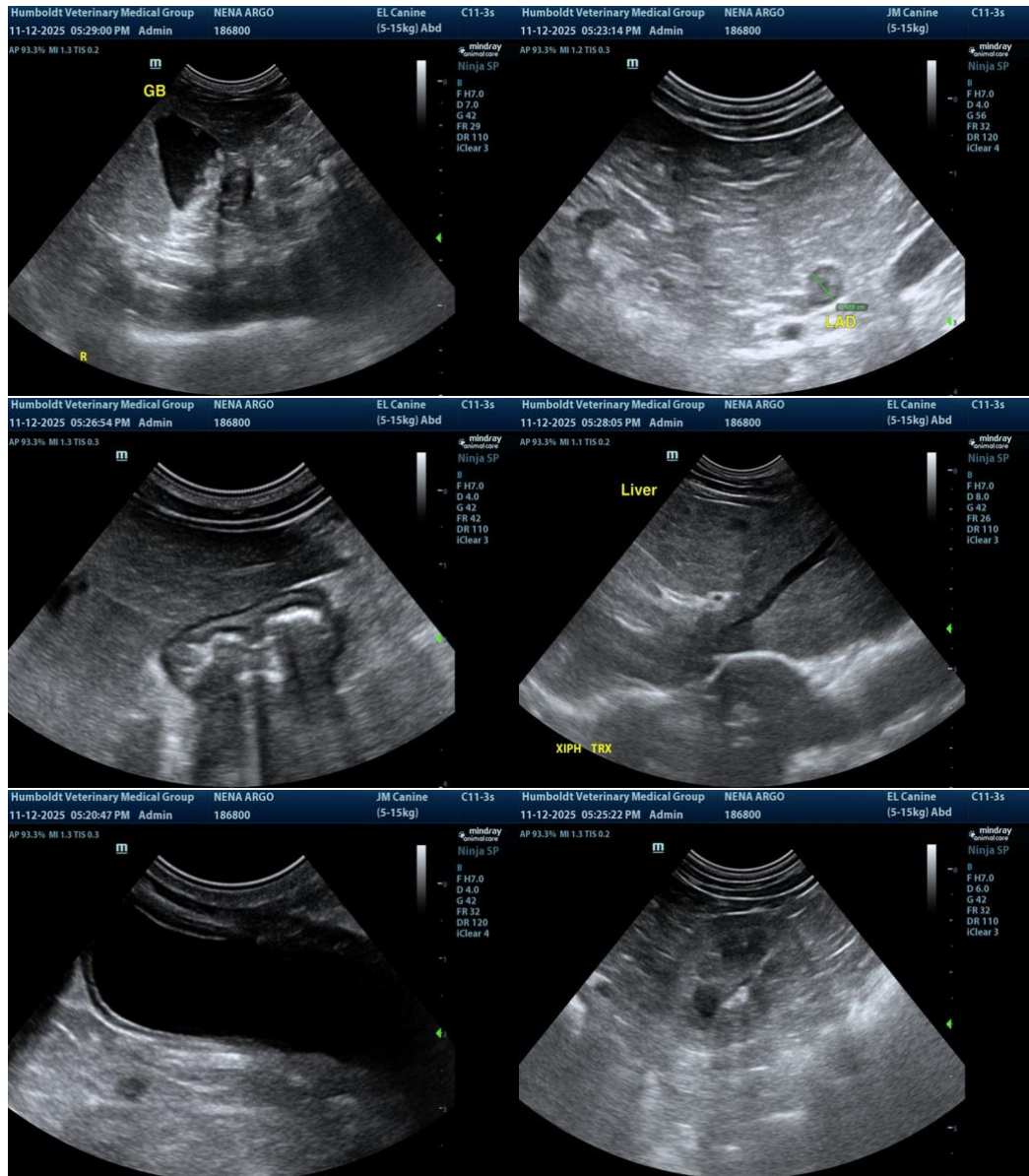
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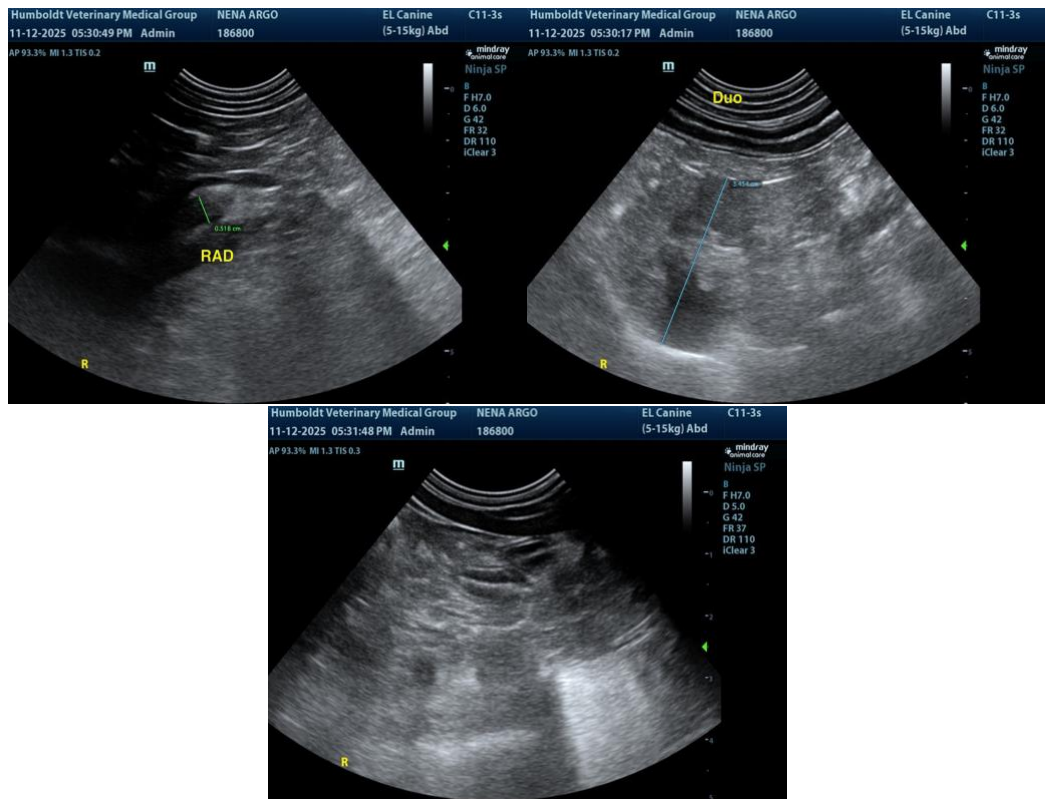
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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