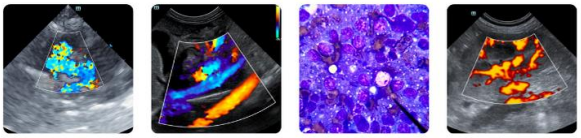

PATIENT

Rocky Baganz

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male (Neutered)

AGE

11 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Banister AH

REFERRING VET

Dr. Banister

INVOICE

10347

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Splenic mass discovered 11/11 on xray

Current meds: Metacam, omega threes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

There was no overt pathology in the area of the residual prostate.

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild left kidney pyelectasia was noted. The left kidney was mildly enlarged compared to the right kidney, measuring 6.5 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in caudal pole width. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.51 cm width in the caudal pole.

Spleen

An expansive, well-demarcated, hypoechoic, mid-splenic nodule was present, measuring 1.6 cm diameter.

Liver/ Gallbladder

The liver was subjectively mildly enlarged in size with mild homogeneous hypoechoic parenchyma compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. 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 was empty without evidence of retained ingesta, fluid, 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 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 were evident.

Free Abdomen

Large, irregular, nonhomogeneous mass was present in the area of the left kidney and caudal spleen exhibiting evidence of left kidney invasion or potential origin, measuring ~10.0 cm in diameter. The mass was also noted in the area of or potentially effacing the caudal spleen. Associated regional hyperechoic peritoneal to retroperitoneal tissue and scant effusion were present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large to expansive mass area of left kidney and caudal spleen - consistent with neoplastic criteria, left kidney origin or invasion is probable
- Expansive mid-splenic nodule
- Mild enlarged hypoechoic liver
- Bilateral nonspecific intact chronic renal changes with left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed mass is suspected to be of left renal origin, although an invasive caudal splenic mass with left adrenal involvement cannot be definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, mass splenic nodule and screening hepatic FNA cytology to assess for multicentric neoplastic criteria is recommended. Assuming no evidence of pathology on three view chest radiographs and if additional clarification is indicated, abdominal CT would be ideal.

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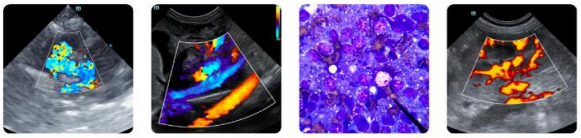

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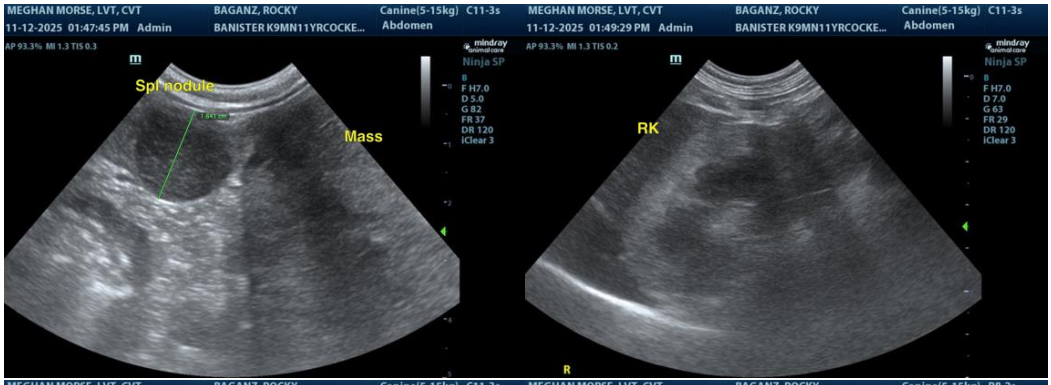

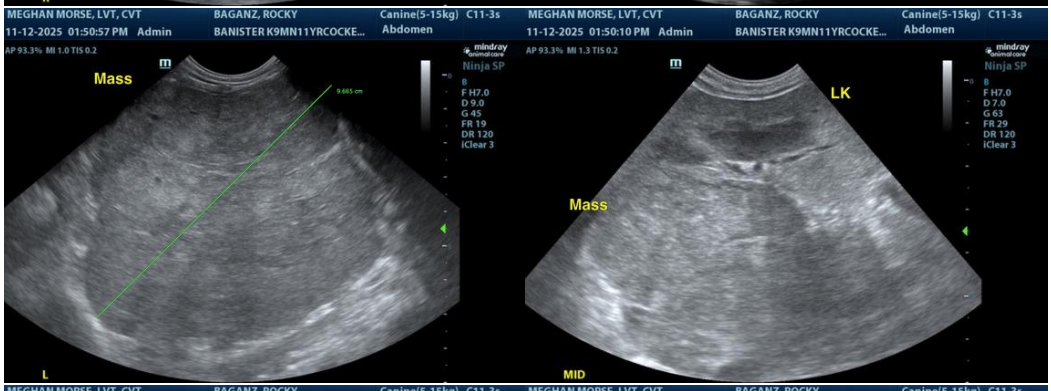

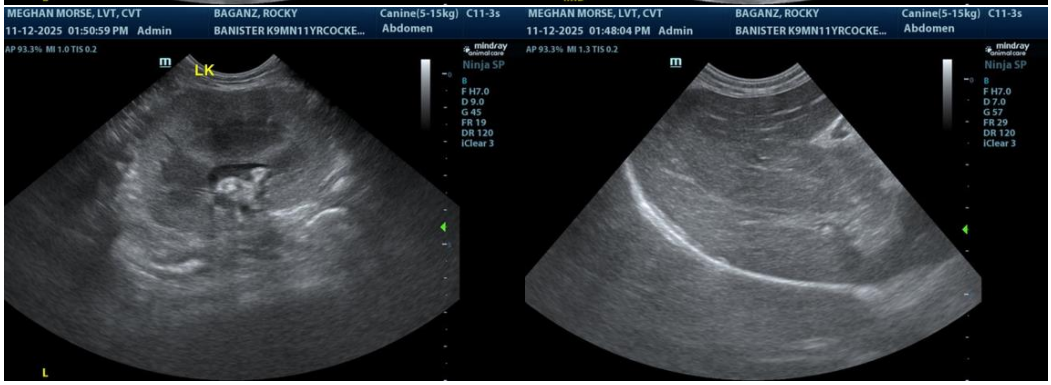

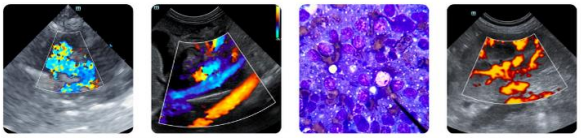

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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