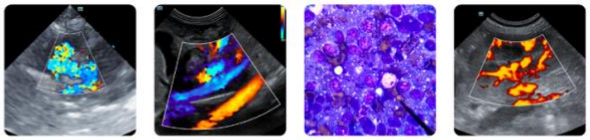

PATIENT

Koda Smith

SPECIES

Canine

BREED

Labrador

SEX

Male

AGE

9 Years

WEIGHT

62

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Reyes

INVOICE

12299

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Pet presented last week for mobility issues. On radiographs, on the lateral views there is an ill-defined soft tissue opacity ventral to L5-L6. Owner elected ultrasound to further evaluate opacity.

Abnormal PE/Chem/CBC/UA Results: CBC WBC: 21.9 Neut: 18.33 Mono: 1.643 Chem Alb: 2.5 Glob: 4.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 definitive prostate gland was not overtly visualized with no obvious pathology in the area of the prostate gland.

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 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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

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. 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 echogenic, mild nonshadowing ingesta (consistent with food echogenicity) without signs of 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.

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 was evident.

Free Abdomen

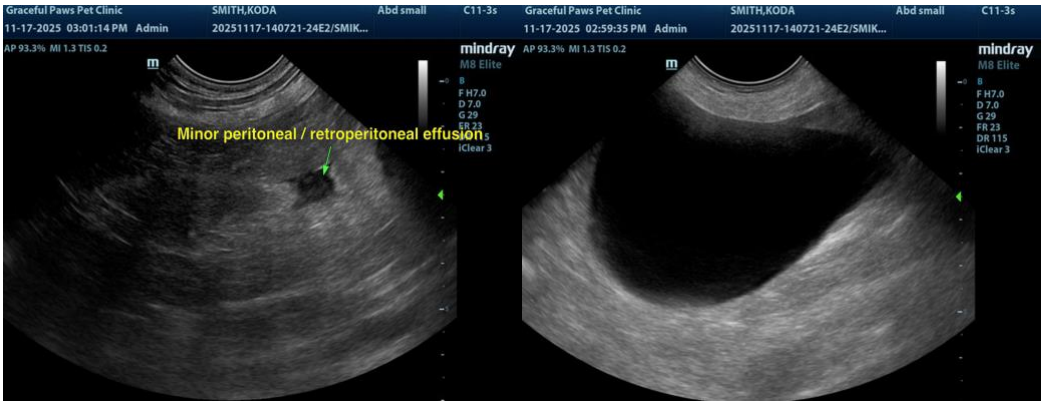
Spherical nonhomogenous hypoechoic possibly fluid filled mass lesion dorsal to craniodorsal to the urinary bladder and caudal to the level of the kidneys. Mild surrounding inflammation. The mass lesion measured approximately 5.0 c, to 6.0 cm in diameter. Scant pockets of lateral abdomen peritoneal to retroperitoneal effusion. No obvious visualized significant mid abdomen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogenous hypoechoic possible fluid filled mass lesion dorsal/craniodorsal to the urinary bladder and caudal to the level of the kidneys.
- Mild associated peripheral inflammation and scant lateral peritoneal versus retroperitoneal effusion.
- Sonographically normal urinary bladder and subjective area of residual prostate.
- Normal liver/spleen.
- Intact mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the unspecified mass lesion may include unspecified neoplasia i.e. lymphatic, omental or retroperitoneal origin, cyst, abscess, unspecified necrosis such as necrotic mass or granuloma, or other. Doppler assessment of the mass lesion to assess for evidence of blood flow is recommended. Assuming normal clotting status, mass lesion FNA cytology +/- culture and sensitivity or fluid analysis could be considered for further clarification. Aside from the mass lesion, largely sonographically unremarkable abdomen without evidence of additional visceral pathology. Correlation with three view chest radiographs is recommended. Abdominal CT may be indicated for further assessment if surgical options are a potential in this patient and pending sampling if elected.



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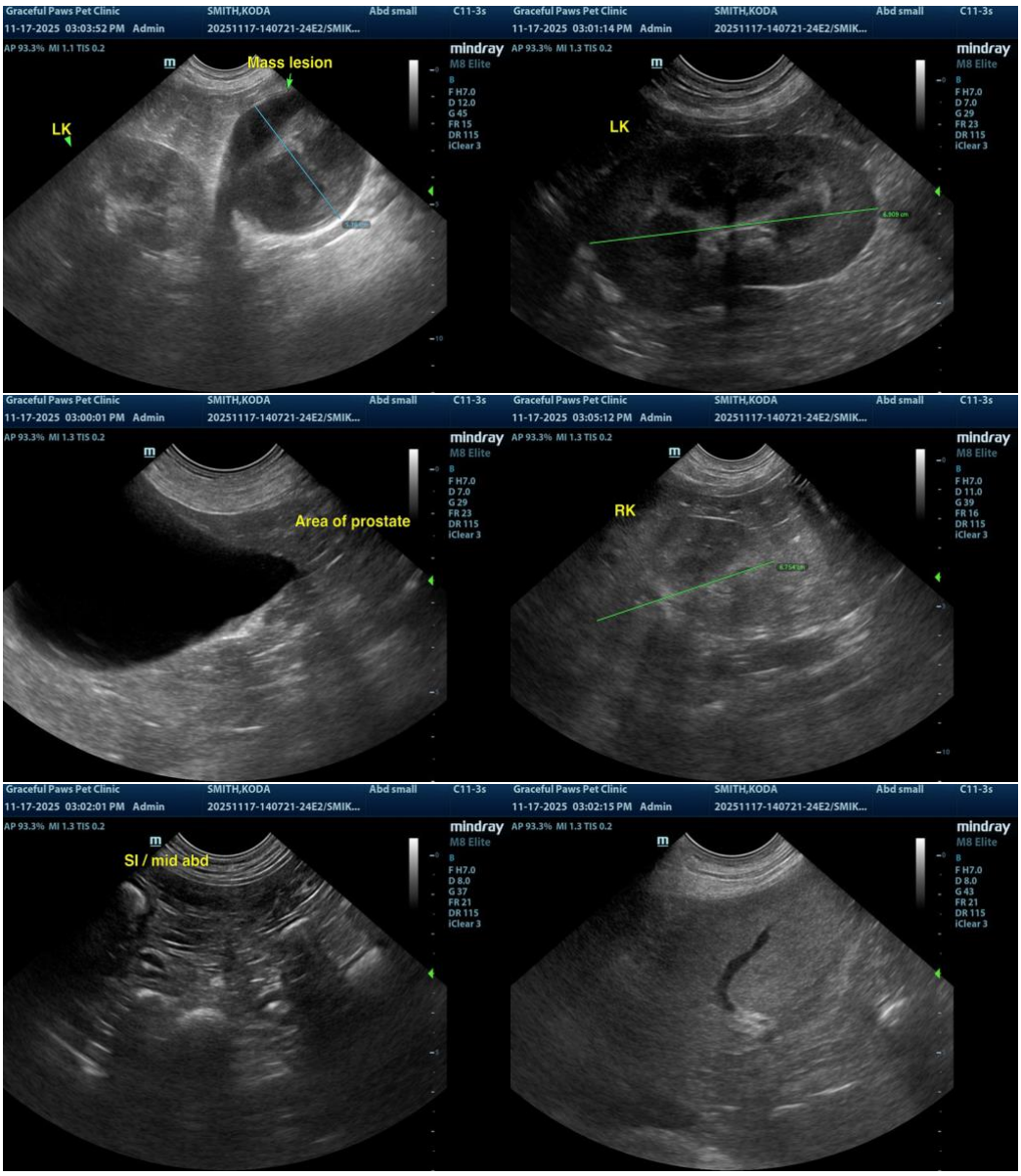

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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