



PATIENT

Gypsy Luzadas

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

6.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Fryer

INVOICE

12386

DATE

11/21/25

PRESENTING CLINICAL SIGNS

GYPSY presents today pale obtunded and listless. O states that pt has been lethargic for the past week or two and has been on Clavamox last week as well as a possible convenia injection this week. Pt has had no C/S/V/D per O and is E/U/D wnl drinking more per O.

Abnormal PE/Chem/CBC/UA Results: Anemia, elevated WBC, Thrombocytopenic.

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. 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.

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. Pinpoint to focal areas of medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 0.48 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 0.53 cm width at the caudal pole.

Spleen

The spleen revealed irregular splenomegaly with generalized heterogeneous to indistinctly nodular parenchyma. A mildly expansive nonhomogenous to cavitated caudal splenic mass was visualized measuring 2.6 cm in diameter. Associated mild asymmetrical splenic capsule distortion.

Liver

The liver presented mildly 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with 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 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.

Pancreas

The area of the pancreas was indistinctly visualized yet with no obvious pathology.

Free Abdomen

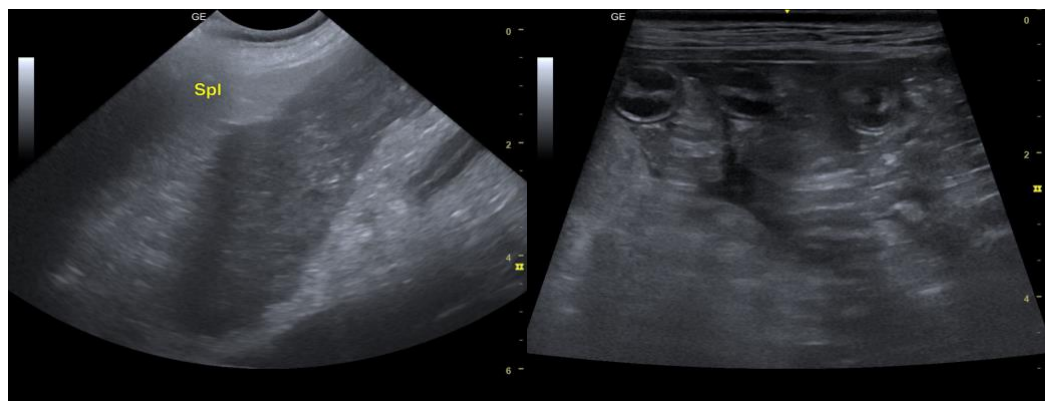
Moderate volume of peritoneal effusion with perisplenic nonuniform hyperechoic omentum. No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative neoplastic splenic pattern with splenic mass.
- Mild noncongested hepatomegaly.
- Mild chronic renal changes.
- Perisplenic hyperechoic omentum and peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen and splenic mass are consistent with neoplastic criteria with sarcoma probable. Secondary hemoabdomen owing to splenic bleeding or rupture is likely. Definitive sonographic evidence of intra-abdominal major organ macro metastasis was not obvious although nonsonographically evident metastasis/micro metastasis, regional omental seeding, nonobvious lymphadenopathy or omental adhesions are all potentials. Abdominocentesis to confirm hemoabdomen could be considered. If no evidence of pathology on three view chest radiographs or evidence of cardiac metastasis/pericardial effusion on brief cardiac sonographic assessment, splenectomy with gross inspection of the perisplenic omentum and major organs could be considered. Extremely guarded long term prognosis even with splenectomy is probable.





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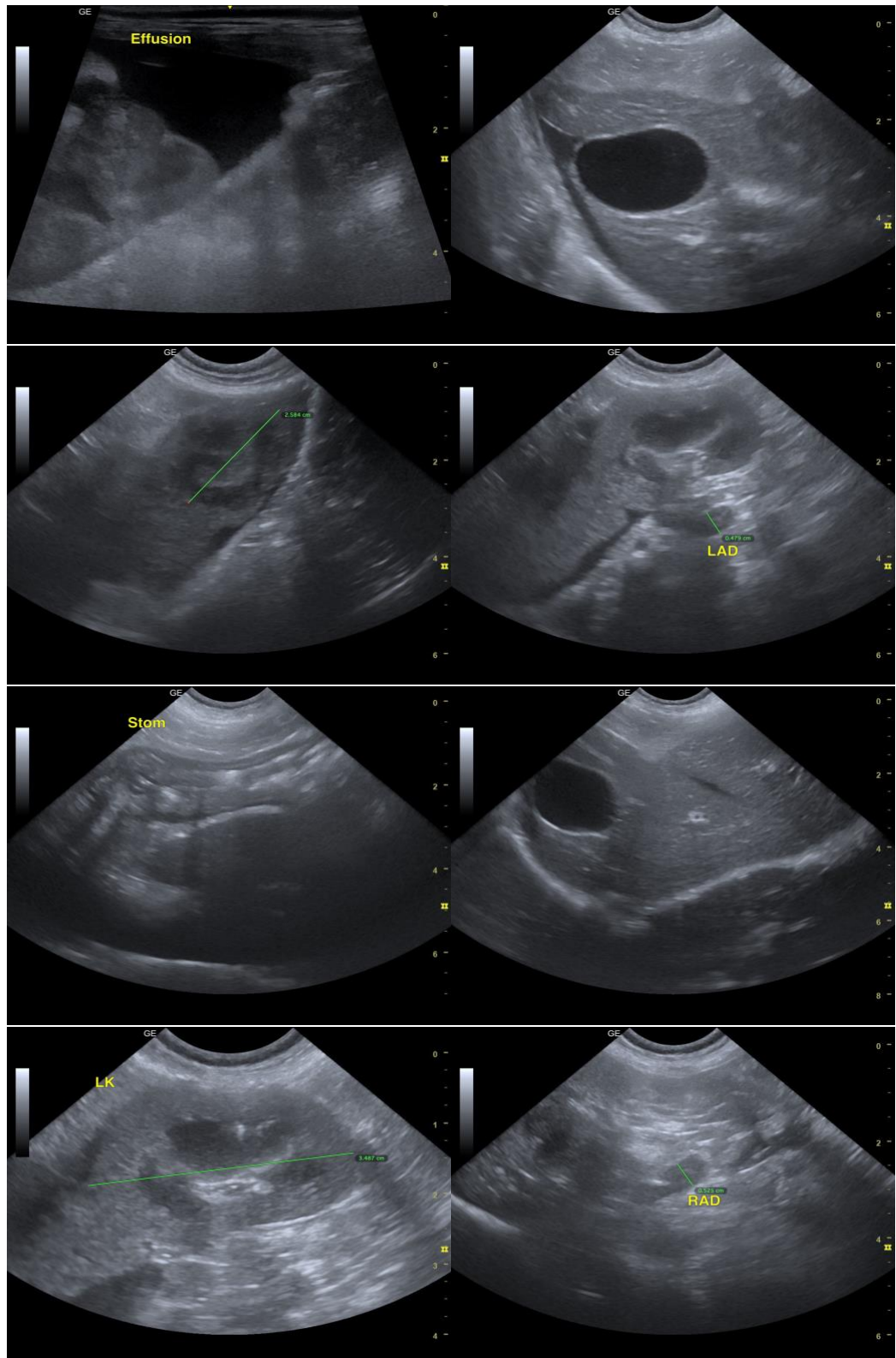
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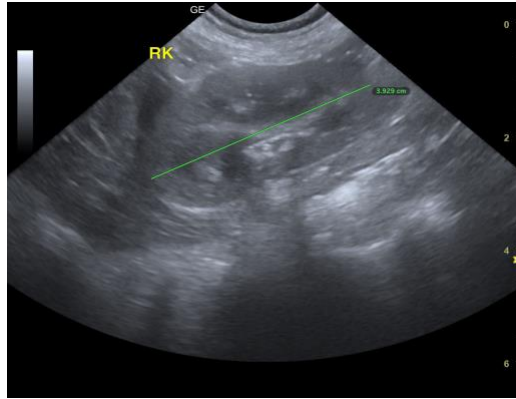
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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