



## PATIENT

Lola Avila

## SPECIES

Canine

## BREED

Schnauzer

## SEX

FS

## AGE

14

## WEIGHT

18.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Daly

## INVOICE

23038

## DATE

11/24/2025

## PRESENTING CLINICAL SIGNS

Met check for suspected AGASACA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was not definitively visualized, potentially secondary to lack of urine distention or possible displacement owing to mid to caudal abdomen mass.

Normal size and margination were 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. Mild medullary mineral to small renoliths were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 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 0.53 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the caudal pole.

### Spleen

The spleen exhibited least two visualized but possible several variably expansive non-homogenous splenic nodules, some exhibiting associated capsule distortion. AN example of a nodule measured 1.7 cm in diameter.

### Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder appeared to be displaced, potentially secondary to caudal abdomen mass with minor non-organized 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 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 mechanical/metabolic ileus, obstruction or foreign material.

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

### Pancreas

The area of the pancreas was sonographically normal.

### Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.



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A moderately sized, non-homogenous to mixed echogenic caudal abdomen mass was present, potentially extending cranially to the approximate level of mid abdomen. The mass measured ~ 8 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Caudal abdomen mass
- Several to possible multiple variably expansive non-homogenous splenic nodules
- Hepatic parenchymal remodeling
- Minor gallbladder debris
- Chronic renal changes exhibiting mild medullary mineral/ renoliths

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The caudal abdomen mass and splenic nodules are consistent with multicentric metastatic criteria with large metastatic caudal abdomen lymph node suspected. Assuming normal clotting status and using a 25g needle, a mass and splenic nodule FNA for screening cytology is warranted for further assessment, staging and oncology consult.

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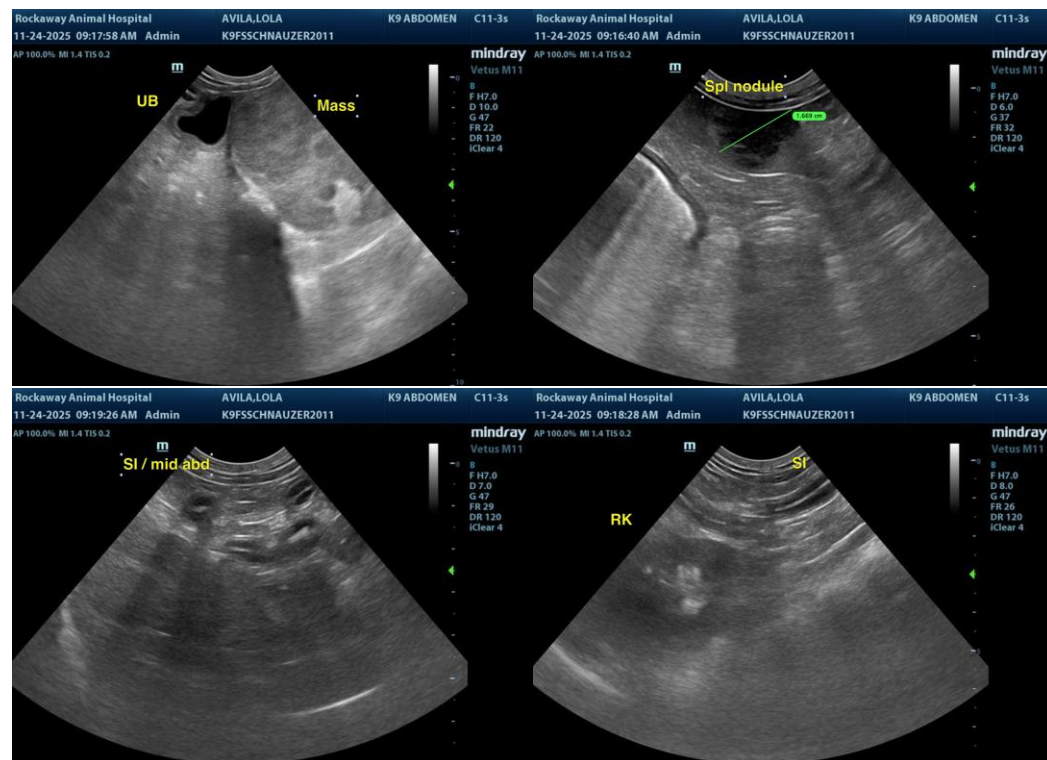
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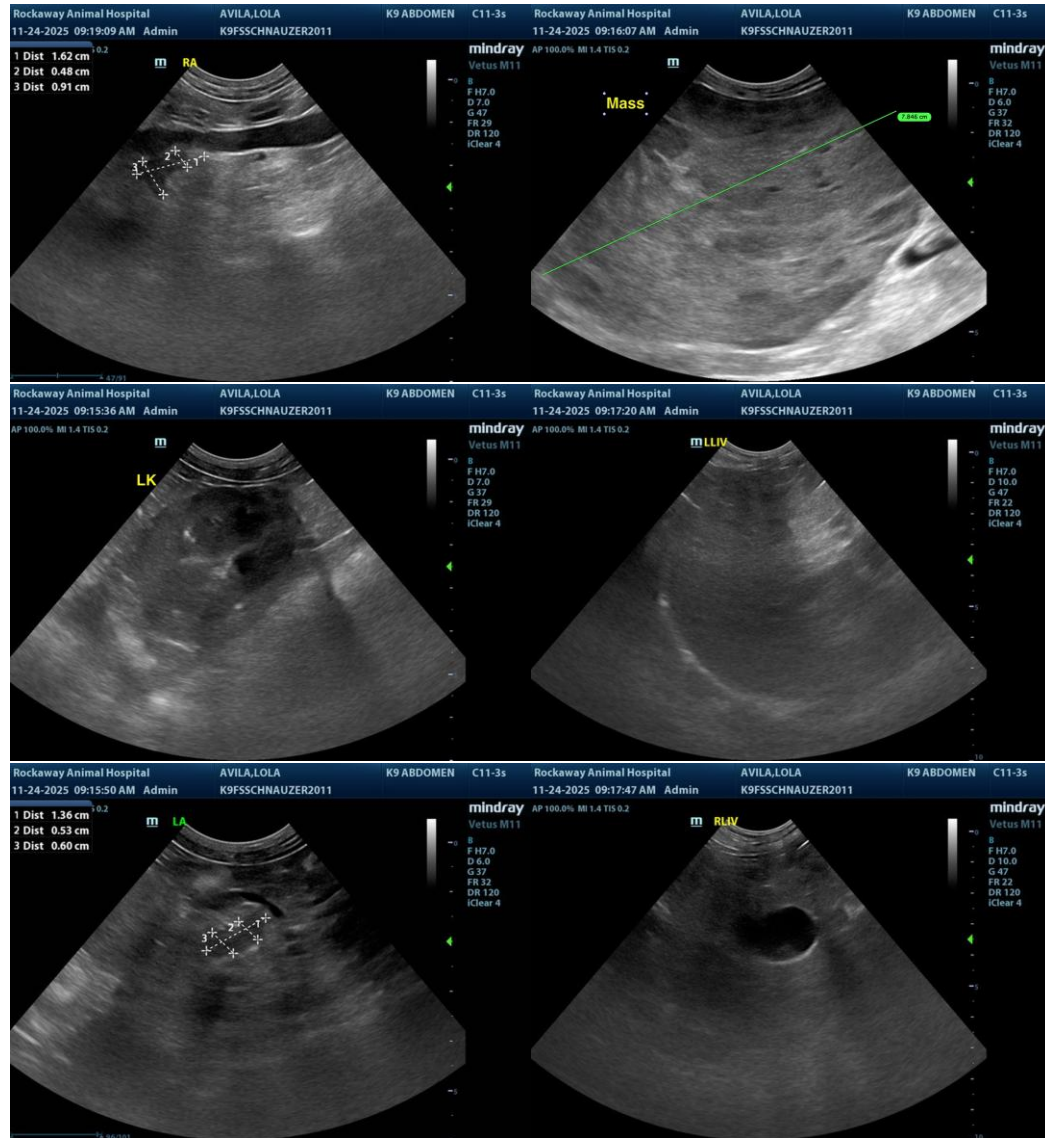
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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