



PATIENT PRESENTING CLINICAL SIGNS

Moschi Hostan

Sudden decline noted on Thursday - stopped eating her food and started refusing any human food. Dry heaving noted a few times on Friday. No v/d. Her last BM was soft and the one before that was dry and small. No BM for several days. No C/S. Extremely lethargic. She has been getting up and wandering off the bed at night which is not like her at all. Drinking normally and urinating normally. No recent changes to diet. No access to potential toxin Eye sight has been declining, worse since Thursday. More unstable/wobbly. Bilateral cataracts. Hindlimb ataxia noted. Normal posture. No spinal or cervical pain appreciated. Normal cranial nerves and proprioceptive positioning. Abdominal mass vs. organomegaly - L cranial abdomen Current Medications Open Farm Joint Care supplement, Cerenia inj.,

SPECIES

Canine

BREED

JRT Mix

Abnormal PE/Chem/CBC/UA Results: labs attached

SEX

FS

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 evidence of urine/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.

AGE

14yr

WEIGHT

9.3kg

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. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the caudal pole. The right adrenal gland measured 1.1 cm width in the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

An irregular non-homogenous hypoechoic mass was present in the left cranial abdomen primarily in the area of the spleen and likely deriving from the mid to caudal spleen measuring ~ 10 cm in diameter. The cranial aspect of the visible intact spleen appeared to directly efface the caudal aspect of the mid to left liver. Mild associated left cranial abdomen hyperechoic omentum was present. No visualized significant omental lymphadenopathy or peritoneal infusion.

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr Gardiner

Liver/Gallbladder

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. A small thinly walled intraparenchymal cyst was present in the mid liver containing

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anechoic fluid measuring 1.5 cm in diameter. The gallbladder was non-distended in size with non-organized, non-dependent, primarily peripheral lumen debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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.

BREED

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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Pancreas

The area of the pancreas was sonographically normal.

AGE

14yr

Free Abdomen

Mild associated left cranial abdomen hyperechoic omentum was present.

No visualized significant omental lymphadenopathy or peritoneal infusion.

WEIGHT

9.3kg

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Hepatopathy
- Early immature gallbladder mucocele.
- Chronic renal changes
- Bilateral mildly enlarged non-homogenous adrenal glands- mild adrenal hyperplasia, adenomatous change favored with unilateral /bilateral emerging adrenal tumors thought less likely
- Normal gastrointestinal tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The splenic mass is suggestive of neoplastic criteria, i.e. sarcoma, round cell neoplasia, or other with benign etiology considered less likely. Minor potential for non-obvious ventrocaudal liver mass or unspecified mass impinging in the area of the spleen considered less likely. Assuming normal clotting status and using a 25g needle, a splenic mass FNA for screening cytology is warranted for further assessment. No overt hepatic intraparenchymal or major organ metastatic criteria.

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Assuming no pathology on three view chest radiographs, laparotomy with gross inspection of the peritoneal cavity, expectation towards splenectomy +/- hepatic biopsies, and evaluation of the gallbladder and bilateral adrenal glands could be considered.

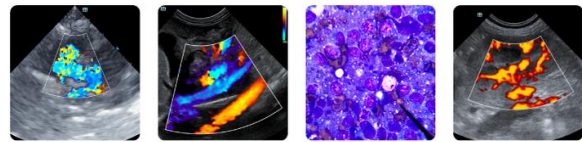
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Functional adrenal pathology thought less likely given patient current clinical signs, yet continued monitoring for evidence of adrenal disease as well as systemic BP for evidence of hypertension is



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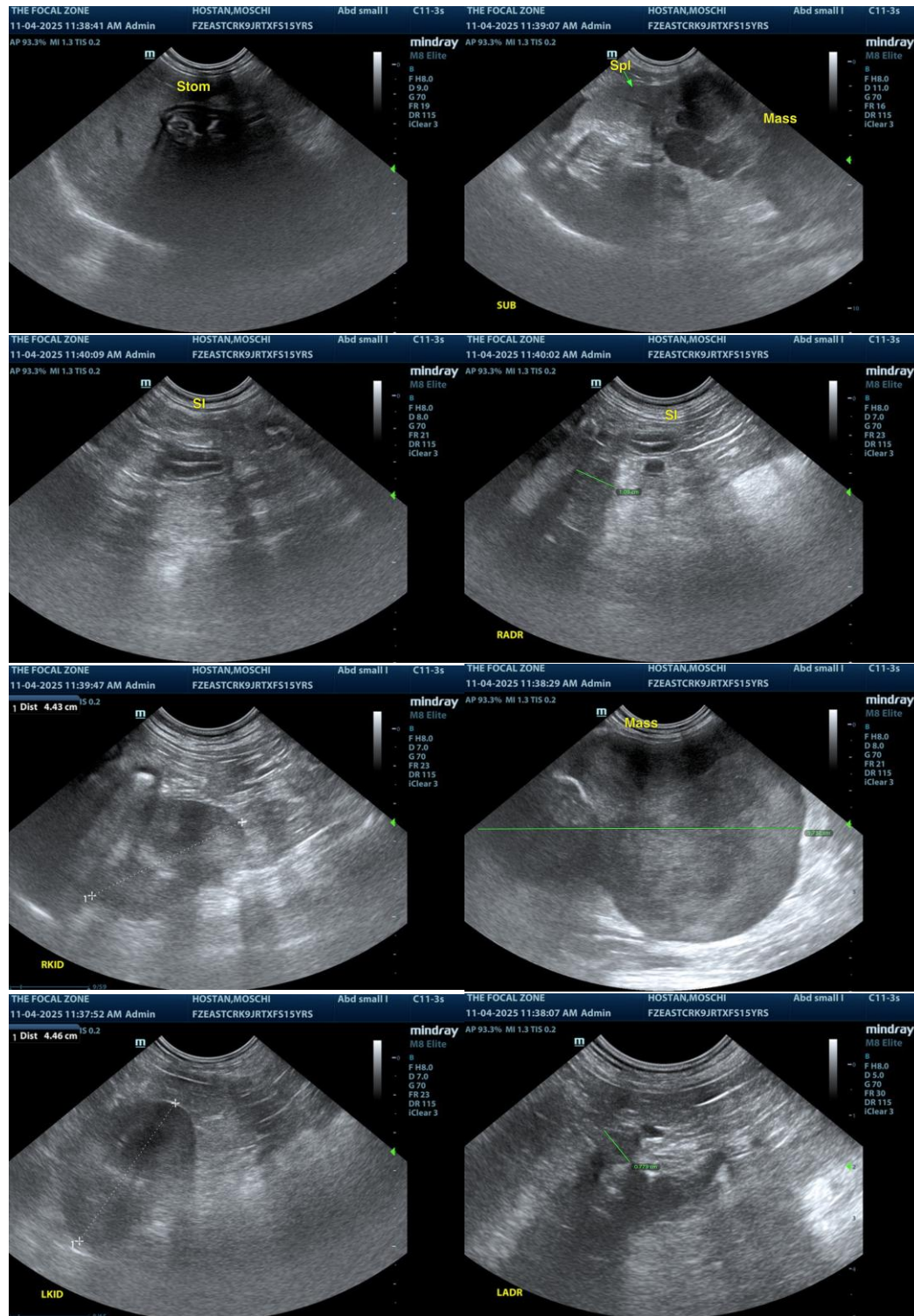
Dr Gardiner

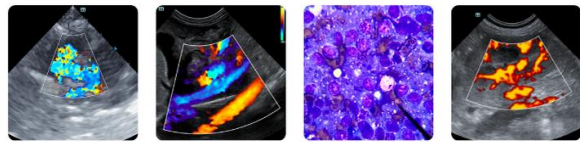
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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