



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Radar Edelen	Presented 11/4/25 for labored breathing, O noted two tick bites the day prior; P was febrile on presentation 104.1F, PE revealed increased respiratory effort, RR 40, HR 120bpm, marked dental disease, potbellied, otherwise unremarkable; radiographs concerning for splenic mass and possible emerging pneumonia or cardiopulmonary dz; started P on enrofloxacin, clavamox, metronidazole, and yunnan bayao and bland diet; O reports P mildly improved overnight but still hyporexic and lethargic, opts for US to screen for insidious pathology; P was fasted for US scan, no sedation needed
<b>SPECIES</b>	
Canine	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALP and ALT (attached)
French Bulldog	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder exhibited normal size and tone. A small, polyploid mass appearing to derive from the middle aspect of the ventral urinary bladder wall, extending mildly into the urinary bladder lumen was present and measured ~1.5 cm diameter. Color Doppler assessment of the mass was not utilized. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
14y, 7m	The area of the residual prostate free of overt pathology.
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
40 lbs.	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 6.0 cm in length. The right kidney measured 6.8 cm in length. Pinpoint to focal areas of medullary mineral were noted.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma measuring 0.75 cm caudal pole width. The area of the right adrenal gland was free of pathology.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Brittney Beigel, DVM	Moderately expansive, primarily symmetrical, nonhomogeneous to nonuniform hyperechoic cranial splenic mass was present, measuring ~5.0 cm in diameter. Primarily symmetrical associated cranial splenic capsule distortion was noted without evidence of capsular escape or rupture. The remainder of the spleen was sonographically normal with subjective generalized mild splenomegaly.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Bayside Animal Medical Center	The liver presented 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
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<b>PATIENT</b>	hepatic and portal vasculature were normal in appearance without signs of congestion. Mild lobar swelling to possible hepatoma-like mass was noted in the subjective ventral to ventrocaudal liver, measuring ~6.0 x 3.0 cm. A small deep mid-liver, thinly-walled, intraparenchymal cyst was present, measuring 1.1 cm diameter. The gallbladder was non-distended in size, containing primarily anechoic content with mild, nonorganized gallbladder debris.
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<b>INTERPRETED BY</b>	
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<b>IMAGING PERFORMED BY</b>	
Brittney Beigel, DVM	
<b>HOSPITAL NAME</b>	
Bayside Animal Medical Center	
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	<b><i>Gastrointestinal</i></b>
	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.
	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.
	<b><i>Pancreas</i></b>
	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.
	<b><i>Free Abdomen</i></b>
	No evidence of omental masses or significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.
	<b>ULTRASONOGRAPHIC FINDINGS</b>
	<ul style="list-style-type: none"> <li>• Small ventral urinary bladder polyploid mass - tumor, i.e., transitional cell carcinoma, focal inflammation, or polyp possible</li> <li>• Bilateral mild chronic renal changes</li> <li>• Cranial splenic mass - hyperplasia, hematopoiesis, large myelolipoma / granuloma, neoplasia i.e., sarcoma, round cell neoplasia, all potentials</li> <li>• Hepatopathy exhibiting indistinct lobar swelling / hepatoma-like mass and small benign intraparenchymal cyst</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Normal gastrointestinal tract</li> </ul>
	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
	Assuming normal clotting status and using a 25-gauge needle, splenic mass and hepatic parenchyma / hepatoma-like mass FNA cytology is warranted for further clarification. Correlation with UA cytospin cytology of free catch urine sample to assess for neoplastic transitional cells +/- BRAF assay is recommended.



**PATIENT**

Radar Edelen

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Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

14y, 7m

**WEIGHT**

40 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brittney Beigel,  
DVM

**HOSPITAL NAME**

Bayside Animal  
Medical Center

**REFERRING VET**

Brittney Beigel,  
DVM

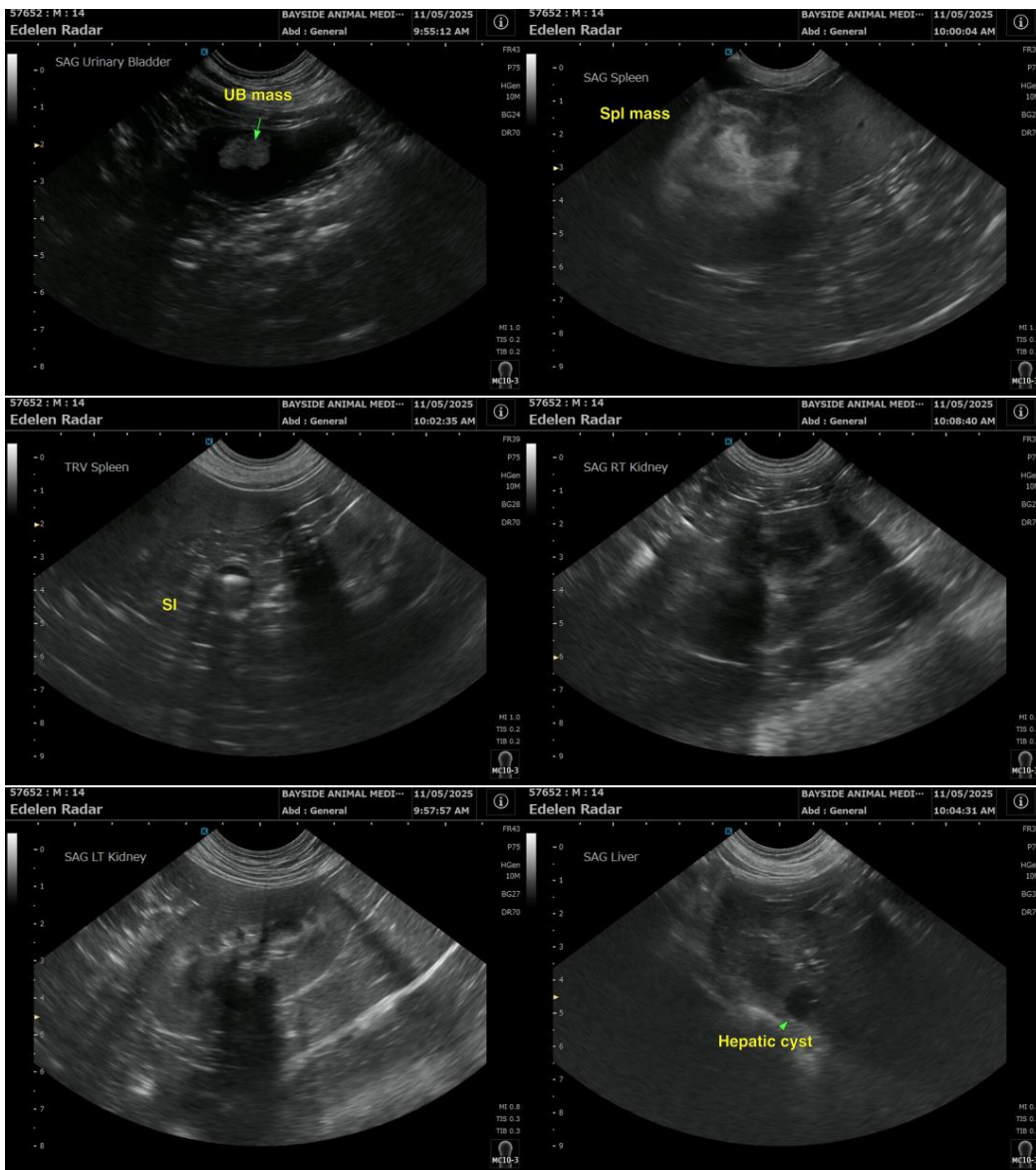
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The location of the small ventral urinary bladder polyploid mass appears amenable to potential surgical resection. There is no obvious evidence of regional pericycstic or medial iliac lymphatic metastasis. Gastrointestinal support is indicated.





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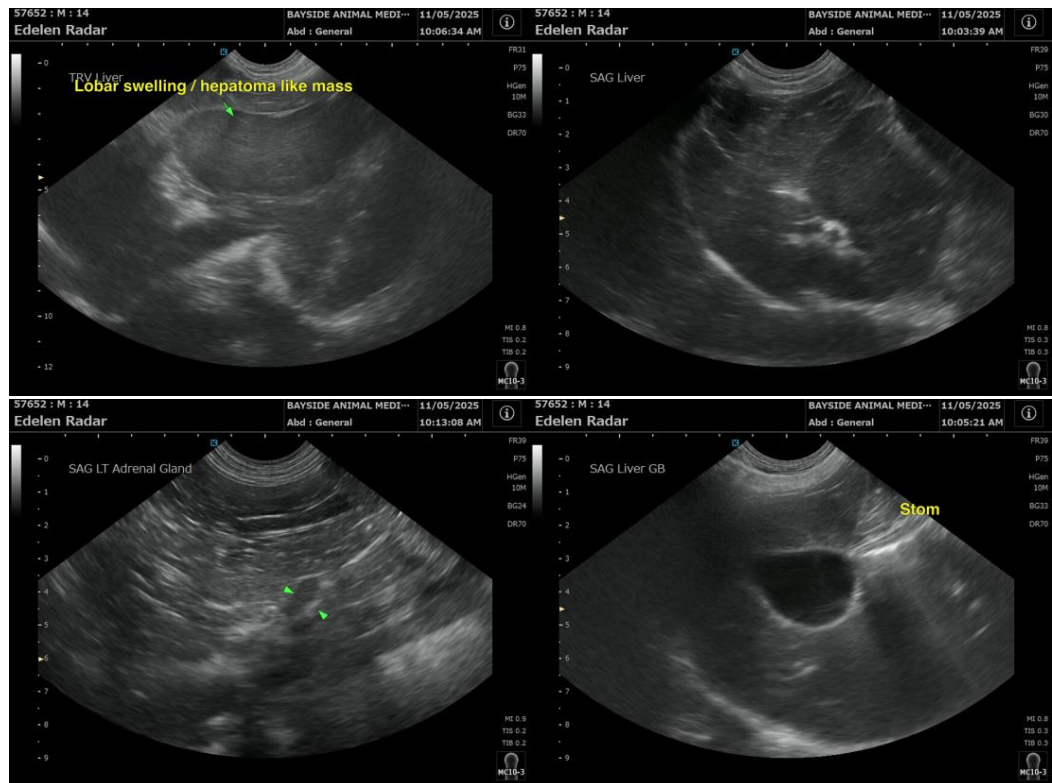
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)