



## PATIENT

Jack Wood

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Male

## AGE

13

## WEIGHT

5.9 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine / Feline  
Practice)

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa VC

## REFERRING VET

Dr. Glotzer

## INVOICE

36857

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: Presented for lameness. for 1 day.

Abnormal PE/Chem/CBC/UA Results: white mucous membranes, tachycardia, hypothermia. Grade 2 heart murmur.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was subnormal in size, owing to lack of urine distention, prohibiting full evaluation of the urinary bladder wall. Minimal anechoic urine was present without evidence of lumen mineral or calculi.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary hyperechoic foci were present, which may indicate pinpoint areas of medullary microinfarction, fibrosis, or mineralization. The left kidney measured 5.0 cm in length. The right kidney measured 4.6 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.46 cm width.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.47 cm width.

### *Spleen*

A moderately sized, nonhomogenous, hypoechoic mass was noted in the mid to cranial spleen with secondary capsule expansion and disruption, measuring 5.0 cm in diameter. Associated splenic capsule distortion was noted. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

### *Liver*

The liver presented subjectively 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. No visualized intraparenchymal masses or nodules were noted. The gallbladder was non-



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distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. No gallbladder wall edema was noted.

### *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.

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*

Mild to moderate peritoneal effusion was noted. Mild nonuniform increased peri-splenic omental echogenicity was noted. No obvious visualized significant omental lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Regional peri-splenic nonuniform hyperechoic omentum with potential for adhesions
- Mild to moderate volume peritoneal effusion
- Subjectively, mildly enlarged non-congested liver
- Benign prostatic hyperplasia pattern
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Definitive evidence of intraabdominal major organ macrometastasis or definitive lymphadenopathy was not obvious. Potential for micrometastasis or non-sonographically evident metastasis or early regional peri-splenic omental seeding cannot be definitively excluded. Brief sonographic assessment of the heart to assess for or rule out cardiac metastasis or pericardial effusion in conjunction with tachycardia and hypothermia is recommended. If no evidence of cardiac or thoracic metastasis and pending patient stabilization, splenectomy with gross inspection of the peritoneal cavity could be considered. Prognosis is guarded.



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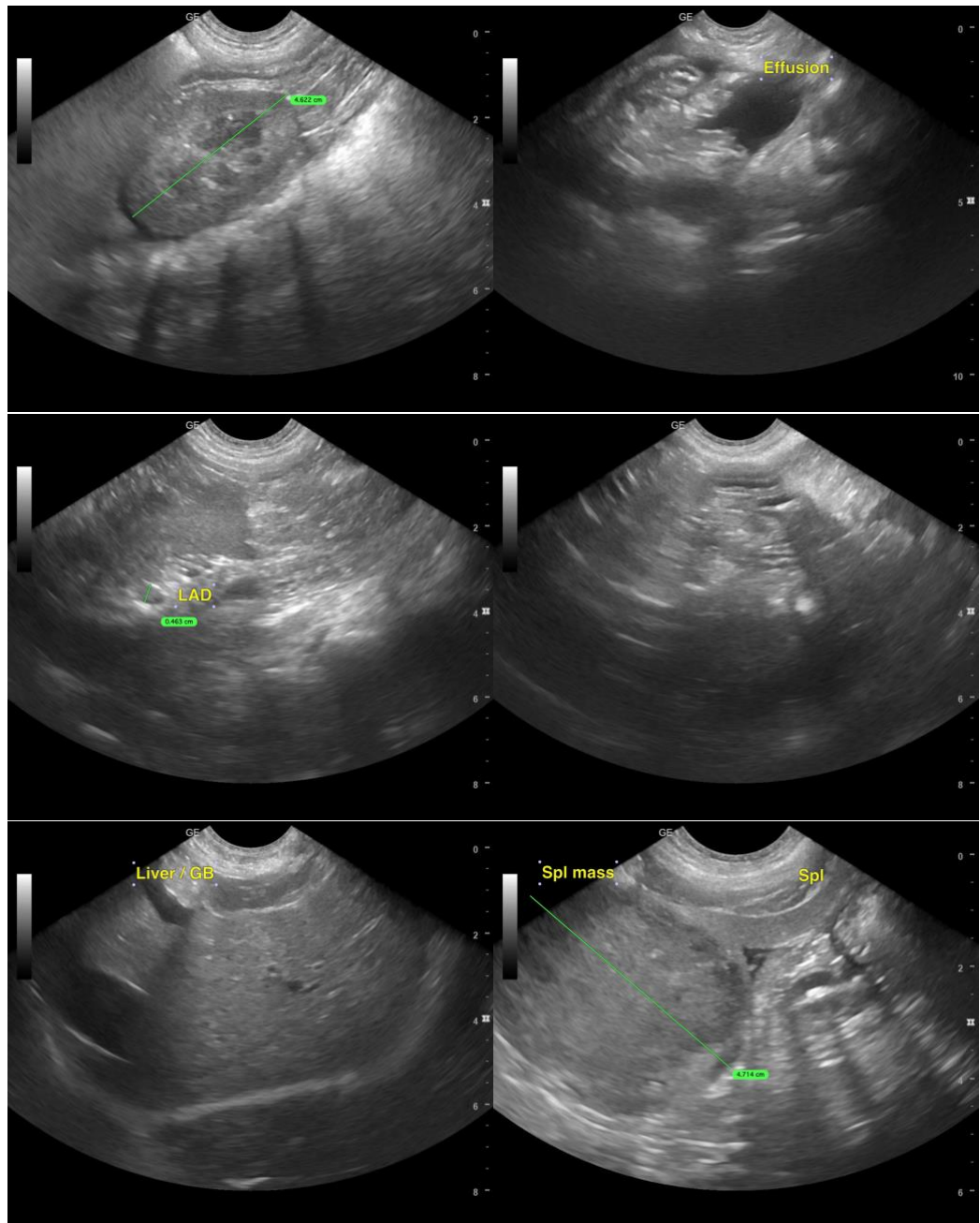
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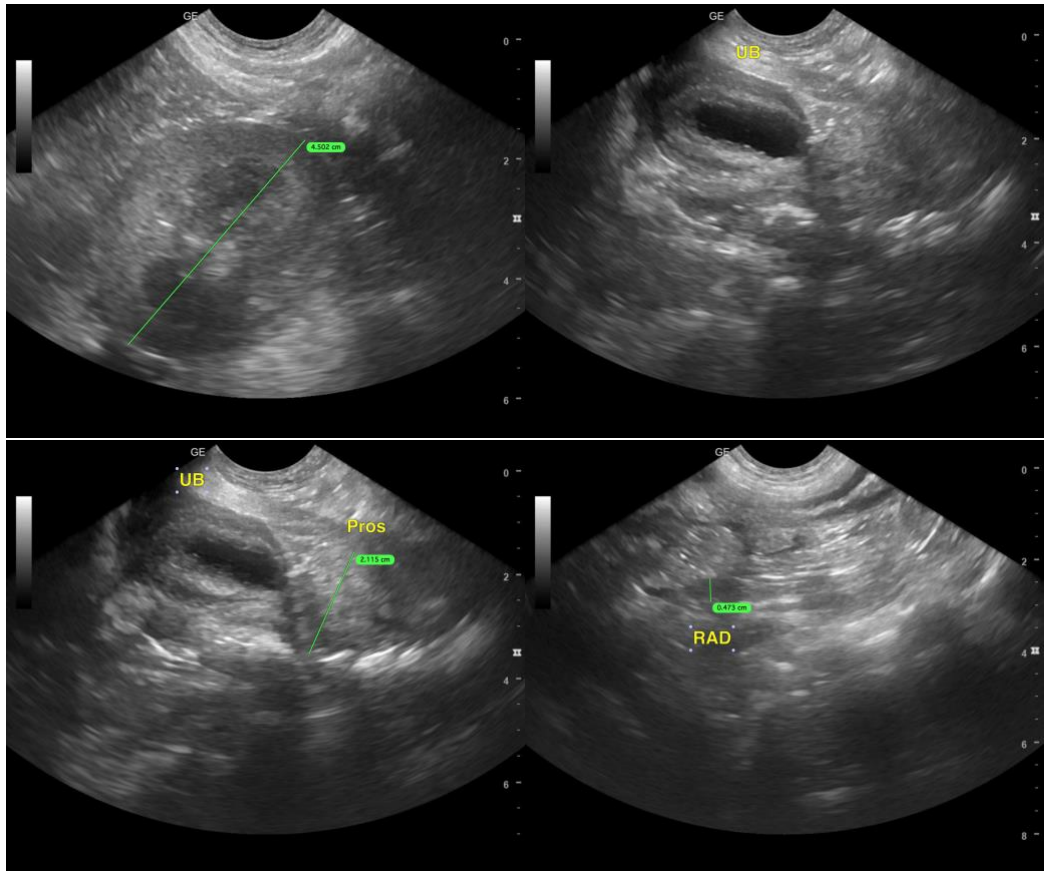
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)