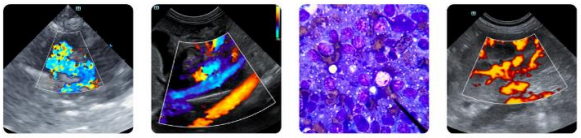


SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Coco Kukol

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

13 yrs

WEIGHT

31.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Brundage

INVOICE

10485

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Suspected mass on spleen. lethargy (did not want to come inside) vomiting, rads performed, due to vomiting and sensitivity on palpation of abd. Cerenia
Abnormal PE/Chem/CBC/UA Results: O declined.

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 evidence of urine or 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.

No obvious medial Iliac or sublumbar lymphadenopathy/masses.

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 5.4 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

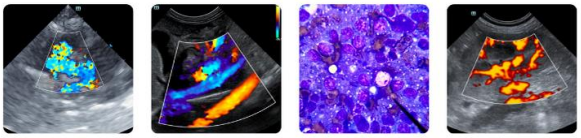
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the caudal pole.

Spleen

A cavitated, nonhomogeneous, irregularly expansive mass involving the spleen was present and measured ~13.0 cm diameter. 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. Surrounding peri splenic hyperechoic omentum was noted with potential adhesions.

Liver/ Gallbladder

The liver was subjectively normal in size, exhibiting a maintained symmetrical contour with adequate vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly thickened hyperechoic wall. The gallbladder contained primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.



PATIENT

Coco Kukol

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

13 yrs

WEIGHT

31.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Brundage

INVOICE

10485

DATE

12/18/25

Gastrointestinal

The stomach was not definitively visualized potentially secondary to gastric displacement owing to the splenic mass.

The visualized small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty.

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

Pancreas

The pancreas was not definitively visualized owing to increased omental artifact.

Free Abdomen

Mild to moderate peritoneal effusion was present. No obvious significant omental lymphadenopathy was visualized.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

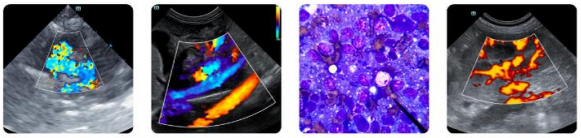
- Cavitated splenic mass
- Peri splenic hyperechoic omentum and peritoneal effusion
- Mild hepatic parenchymal remodeling
- Age-related renal changes

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 cardiac or intrabdominal major organ metastasis was not obvious. Non-sonographically evident metastasis / micrometastasis, early omental seeding, and omental adhesions cannot be excluded. Assuming normal clotting status and no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the peritoneal cavity could be considered.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Coco Kukol

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

13 yrs

WEIGHT

31.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

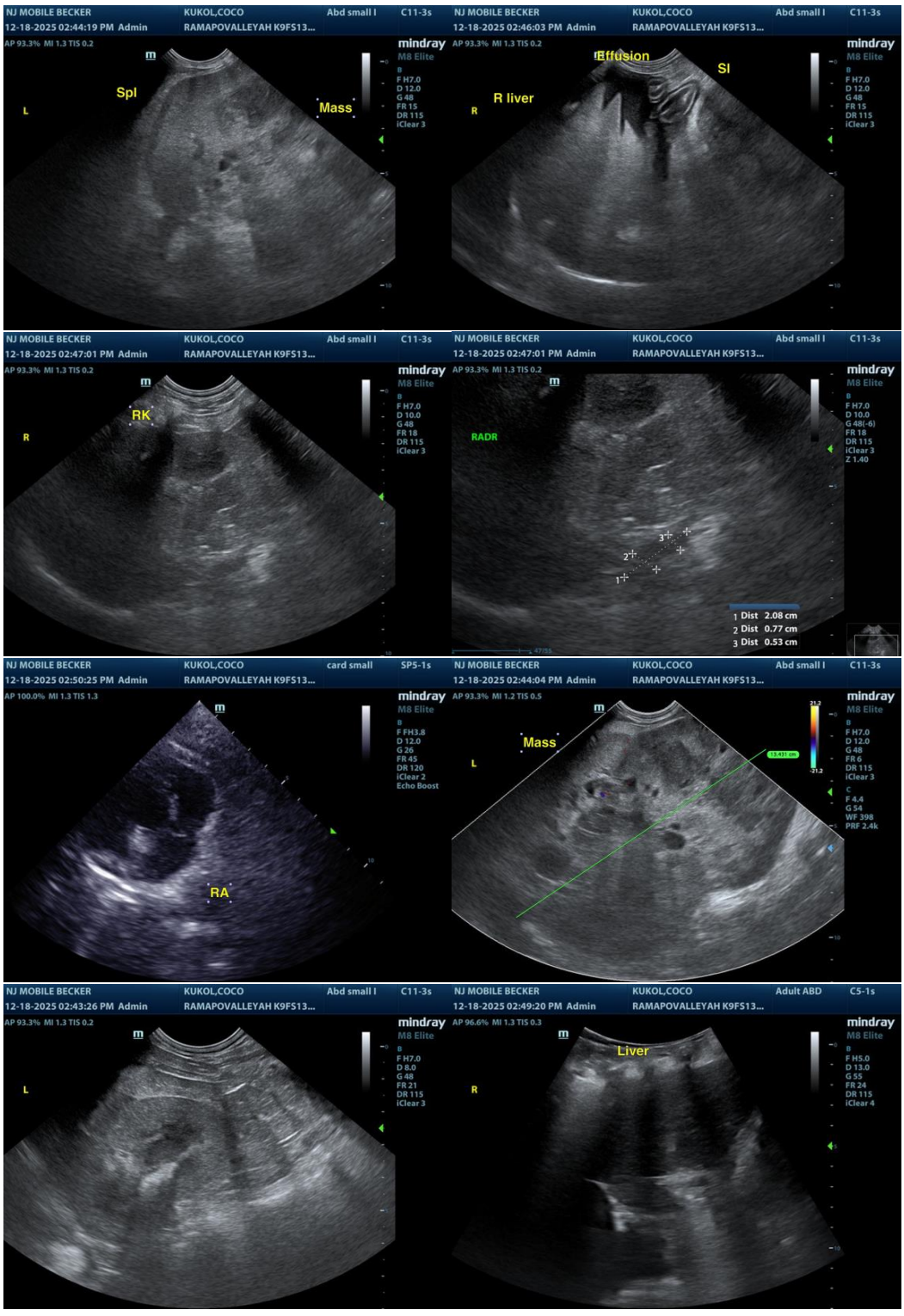
Dr. Brundage

INVOICE

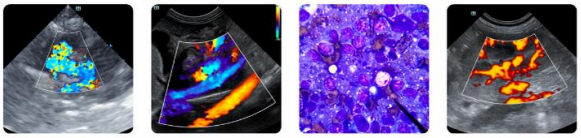
10485

DATE

12/18/25



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Coco Kukol

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

13 yrs

WEIGHT

31.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

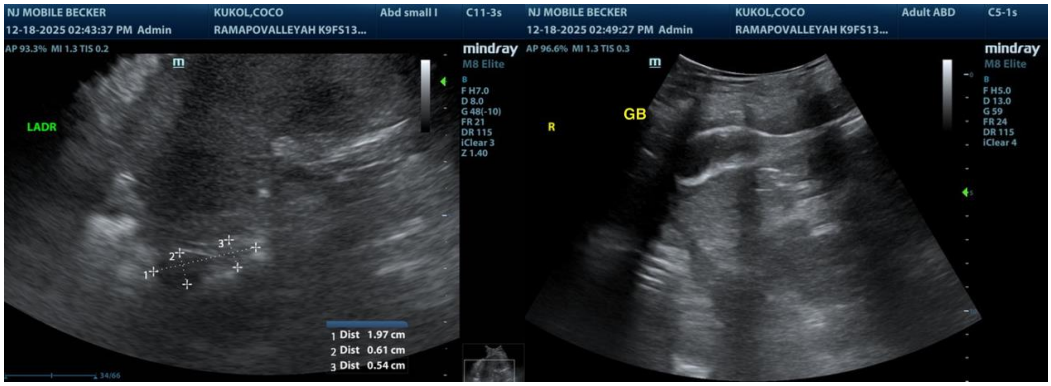
Dr. Brundage

INVOICE

10485

DATE

12/18/25



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