



PATIENT

Jewel Glenn

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

13 Years 7 Months

WEIGHT

17.14

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Solitaire Goldfield
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Solitaire Goldfield
DVM

INVOICE

12751

DATE

12/19/25

PRESENTING CLINICAL SIGNS

13-year-old FS Miniature Schnauzer presenting for acute onset vestibular signs (left head tilt, ataxia, delayed proprioception) concurrent with discovery of a large multilobulated subcutaneous mass on right medial hind leg. Physical exam revealed generalized lymphadenopathy raising concern for lymphoma or metastatic disease. Diagnostics performed include blood pressure measurement, complete blood panel, radiographs, and FNA of the hind leg mass and peripheral lymph nodes. Patient started on anti-nausea medication and Dramamine for vestibular support, with enalapril continued for known hypertension. Owners understand the concern for potential neoplasia and are awaiting cytology and imaging results to guide next steps.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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. A lateral cortical cyst was visualized in the left kidney. The left kidney measured 5.7 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no overt pathology. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.42 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented moderately 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 solitary small intraparenchymal nodule was visualized exhibiting potential mild central hyperechogenicity and mild hypoechoic periphery measuring 1.35 cm in diameter.

The gallbladder was mildly distended in size with normal wall without evidence of edema or inflammation. The gallbladder lumen was primarily occupied by nonorganized variably congealed to variably hyperechoic debris. The common bile duct was not visualized.



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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.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

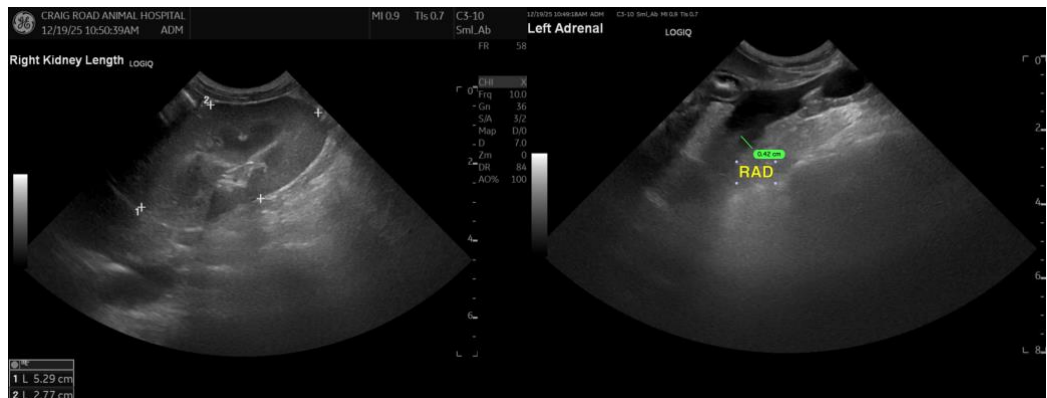
Scant lateral peritoneal effusion was present. No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Noncongested hepatomegaly with small centrally echogenic to periphery hypoechoic intraparenchymal nodule- possible target lesion.
- Immature gallbladder mucocele.
- Chronic renal changes with left kidney cortical cyst.
- Scant peritoneal effusion.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly and intraparenchymal nodule are nonspecific and may indicate inflammatory disease in conjunction with elevated ALT i.e. cholangiohepatitis, nodular hyperplasia, granuloma although metastatic criteria is not excluded. Further assessment may include (assuming normal clotting status) hepatic FNA cytology with serial sonographic monitoring of the hepatic nodule for evidence of progression as this is not likely amendable to FNA cytology at this stage. Concurrent as needed supportive care is recommended.





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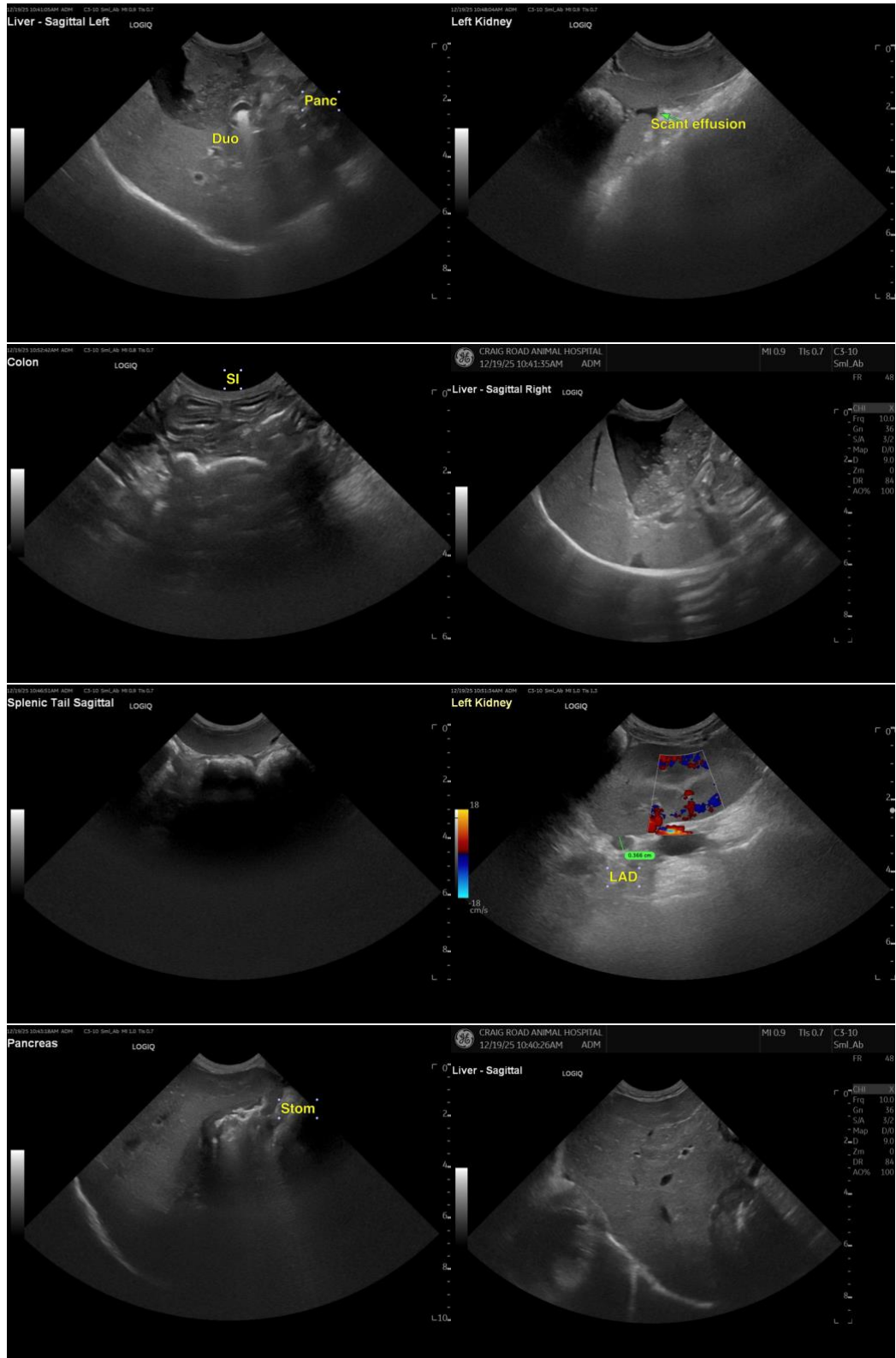
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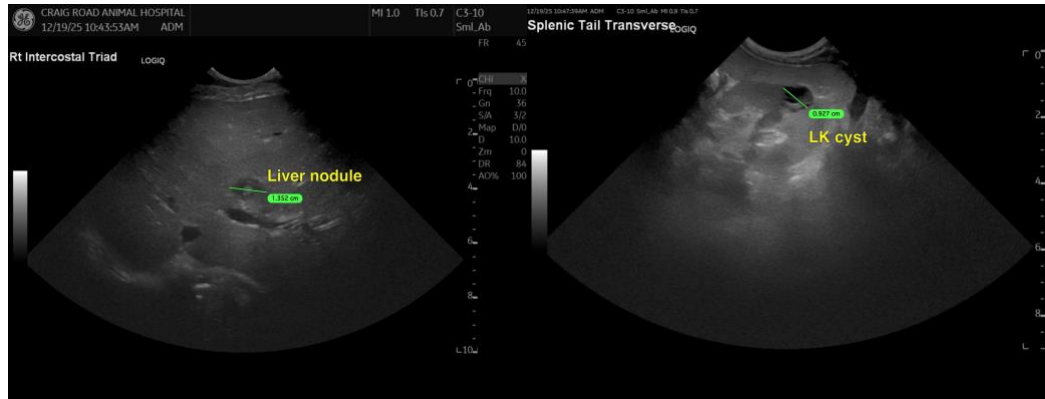
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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