



PATIENT

Tater Tot Williams

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.54

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Christina Wagner

INVOICE

12810

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Hx splenic nodules noted on ultrasound 12/2025. FNA concerning for lymphoma. Has been on prednisone and doing well overall. Recent elevated liver enzymes on labs. Owner wanted to recheck ultrasound for further eval of disease progression.

Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem --BUN 71, creat 1.5 --ALT 542 most recently; has been as high as 840 or as low as 241 since starting pred) --ALP 264 --GGT 61

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral were present bilaterally with right kidney mild pyelectasia. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.47 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

Previously noted expansive hypoechoic mildly nonhomogenous caudal splenic nodule was present with mild associated symmetrical splenic capsule distortion measuring 1.5 cm in diameter. Concurrent separate noncapsule deforming hypoechoic cranial splenic nodule was visualized measuring 0.68 cm in diameter.

Liver

The liver revealed mild hepatomegaly. 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.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 area of the pancreas was sonographically normal.

Free Abdomen

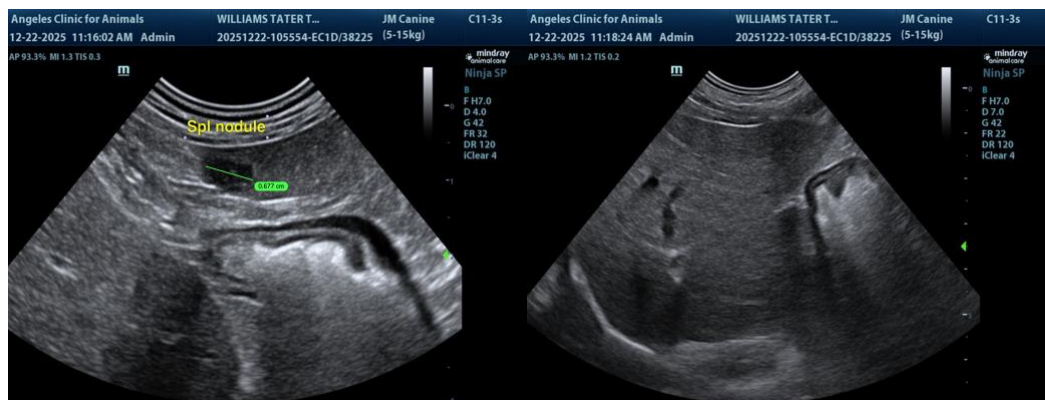
No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static appearing expansive caudal splenic nodule with concurrent noncapsule deforming cranial splenic nodule.
- Nonspecific hepatopathy.
- Nonorganized gallbladder debris.
- Static chronic renal changes exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule is most concerning for neoplastic criteria i.e. round cell neoplasia such as lymphoma in conjunction with reported cytology. The hepatopathy may indicate vacuolar changes, inflammatory/immune mediated disease, hyperplasia, nonobstructive cholestasis or other hepatopathy. Sonographic evidence if hepatic, primary or metastatic criteria was not obvious yet not definitive excluded. Concurrent hepatic FNA cytology is warranted for further clarification, If no pathology on three view chest radiographs and assuming normal clotting status, diagnostic and prophylactic splenectomy with concurrent hepatic biopsies may be considered.





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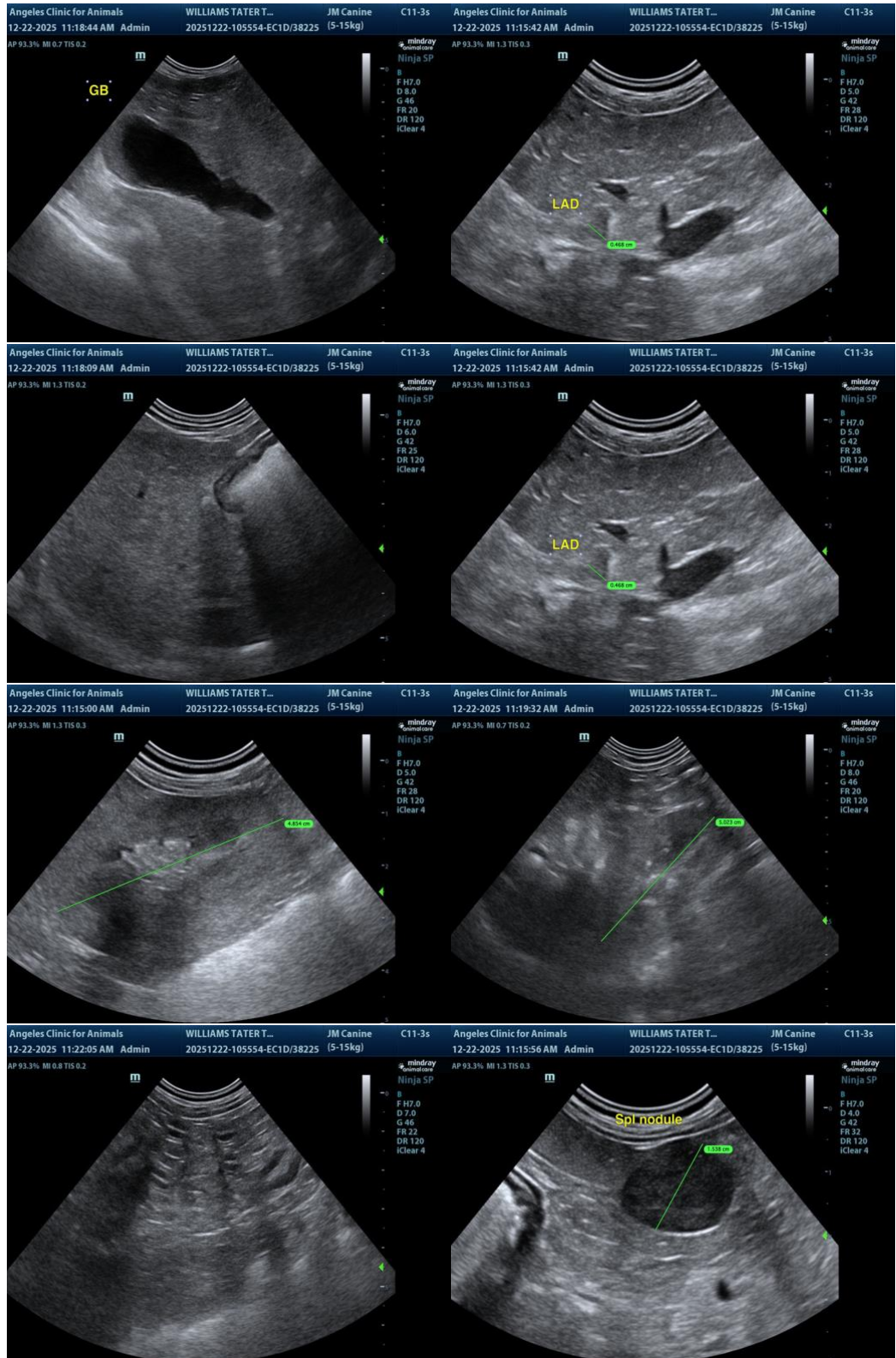
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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