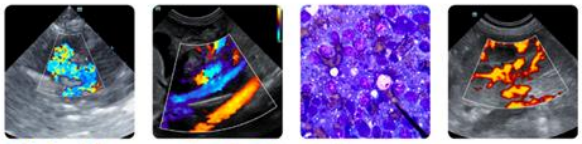


PATIENT

Bugsy Abel

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

9yr

WEIGHT

10.14kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE
23914

DATE
02/18/2026

PRESENTING CLINICAL SIGNS

- Yesterday P completely normal and went for a long walk like usual. before bed P started to seem "out of it," cloudy eyes, trembling, breathing heavy. today P is panting heavily and refused breakfast. O thinks P is PU/PD.
- Patient was normal until yesterday. Last night developed increased drinking and urination, decreased appetite (refused normal Farmer's Dog food and treats, only ate cooked egg this AM), and tremors/shaking. Client observed ataxia this morning described as "wobbling" and "drunken" gait. Eyes appeared more cloudy and dull than usual. Recently has been eating bark from backyard tree, vomited bark chunks once. Had wellness exam in January with normal findings. Has known heart murmur. Does not typically show anxiety at veterinary visits. medications fish oil, joint supplement, canine multivitamin. diet is farmer's dog, freeze dried raw topper mixed in, broccoli and carrots. admitted for pain control (methadone), iv fluids, cerenia, and pantoprazole.
- concern for delayed gastric emptying vs gastric FB, GI discomfort, neoplasia, other Abnormal PE/Chem/CBC/UA Results: PE: pain mild 2/4; tachycardia HR 180; tachypneic; abd tense hard to palpate, guarding abd on caudal palpation; on rectal exam prostate abnormally large and firm CBC: WBC 25.02 H, Neu 22.89 H, Mono 1.4 H, Eos 0.00 L CHEM: WNL EPOC: WNL rads: loss of detail cranial abdomen, mild hepatomegaly, material noted in stomach and pylorus despite fasting, normal SI loops, empty colon, prostatomegaly

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 evidence of urine/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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

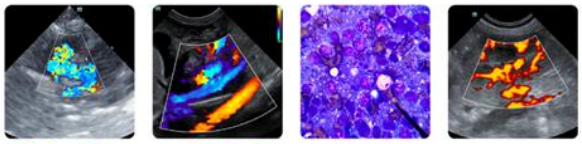
The residual prostate was indistinctly visualized, no obvious pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized, owing to increased periadrenal artifact.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.

Spleen



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The spleen was normal in size with symmetrical contour and primarily homogenous parenchyma. A solitary non-capsule deforming cystic appearing medial splenic nodule was present measuring 1.3 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic 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

Indistinctly marginated mixed echogenic to cavitated mass was present dorsal of the urinary bladder and caudal to the distal aorta measuring ~ 7 cm x 4 cm. Surrounding hyperechoic omentum and mild volume caudal abdomen to retroperitoneal effusion was present.

No visualized significant mid to cranial abdomen mesenteric lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Caudal abdomen / retroperitoneal mass with surrounding inflammation
- Non-capsule deforming splenic nodule
- Empty gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is highly suggestive of neoplastic criteria with considerations including unspecified sarcoma, primary or metastatic lymphatic neoplasia or other with abscess, necrotic granuloma or other unspecified necrosis, thought less likely.

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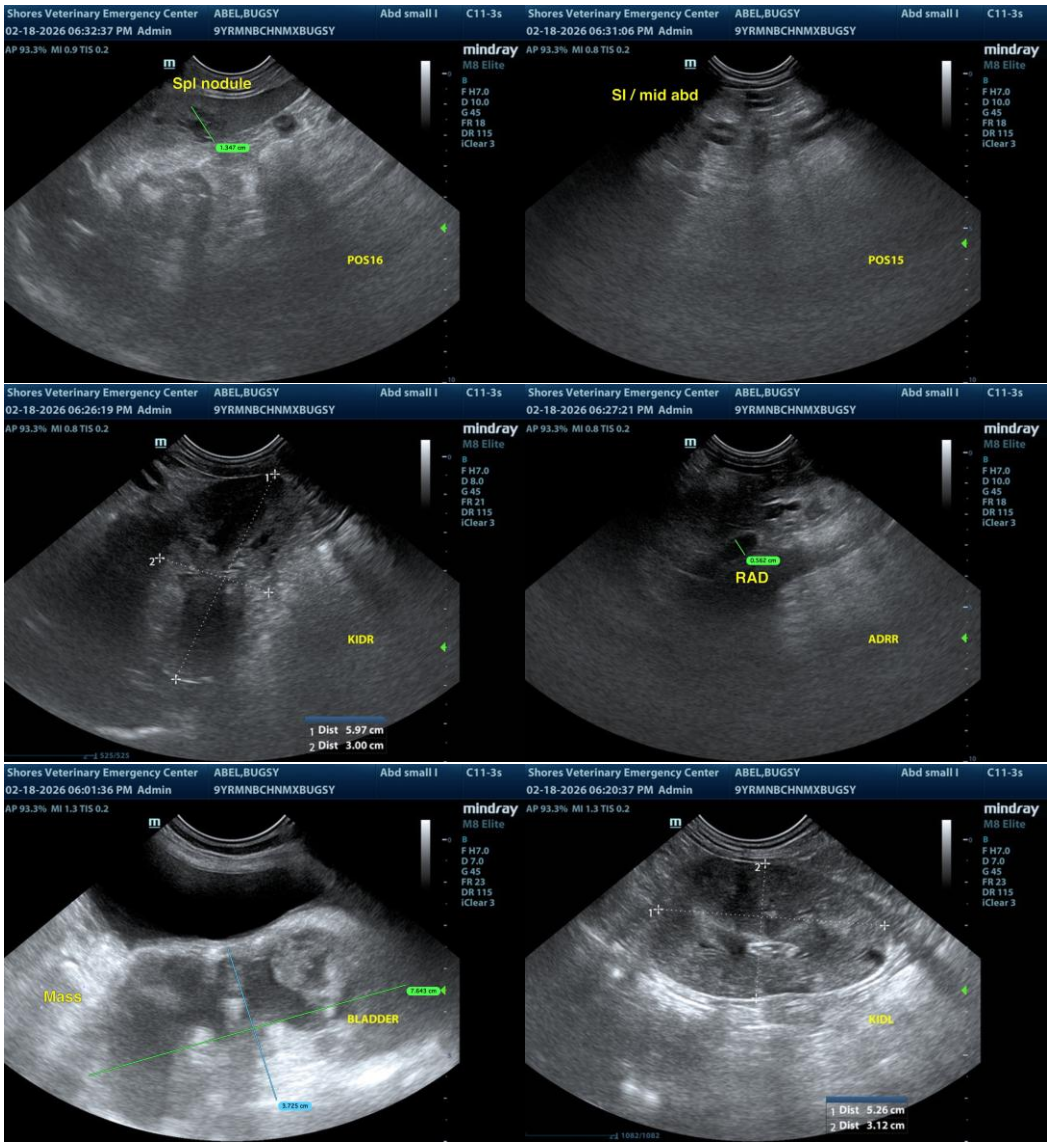
Assuming normal clotting status and if accessible, a mass FNA cytology +/- C/S could be considered for further clarification.

The splenic nodule may indicate incidental or benign hyperplasia, hematopoiesis, hematoma with emerging primary splenic tumor or metastatic nodule possible.

Rectal palpation recommended if not done.

Assuming no pathology on three view chest radiographs, abdominal CT may be considered for further clarification.



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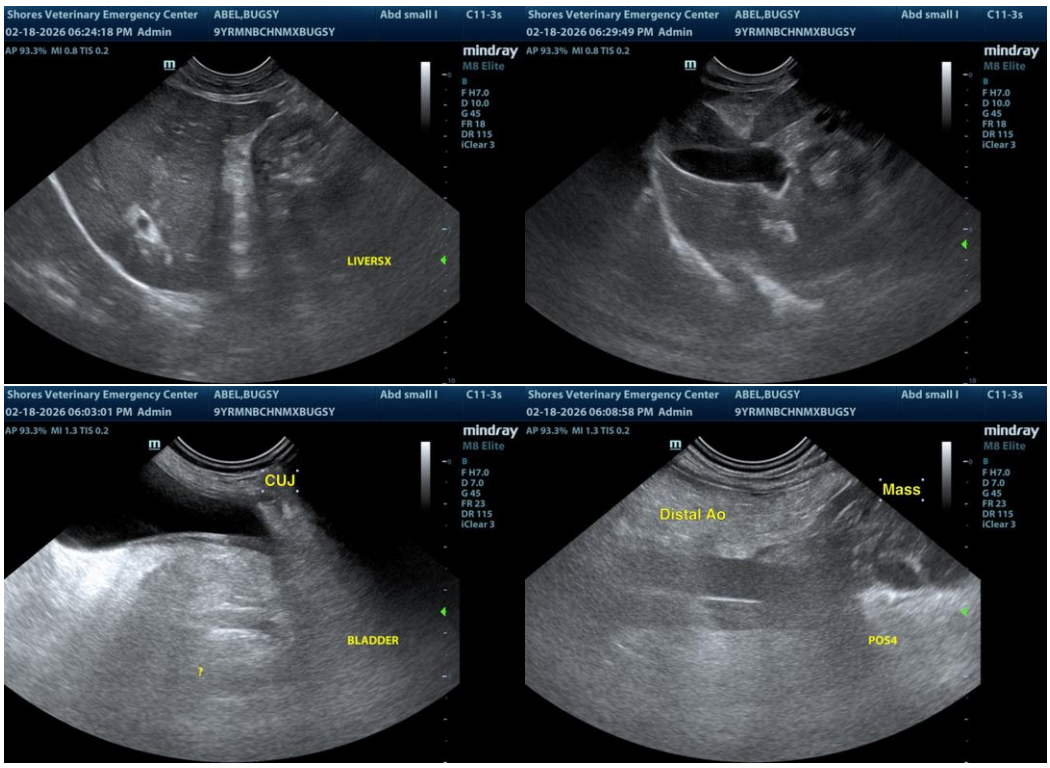

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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