



PATIENT

Cinnamon Tatum

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

11

WEIGHT

25.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

23750

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

lethargic vomiting /gagging diarrhea dark urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.61 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 5.2 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

A large expansive mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 10 cm. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The mass extended cranially to the caudal stomach, and areas of the caudal liver. 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. Regional omental inflammation was present around the mass.

Liver/Gallbladder

The liver was normal to possible borderline/mild enlarged in size with areas of asymmetrical hepatic capsule contour. Diffuse non-homogenous variably echogenic to nodular parenchyma was present. Examples of liver nodules measured 1.3 to 2.0 cm. The gallbladder was non-distended in size with thin walls and minor non-dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented non-distended in size. The lumen of the stomach contained a mild amount of retained non-shadowing ingesta /chyme.



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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.

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

Non-homogenous non-uniform hyperechoic perisplenic omentum and mild volume peritoneal effusion was present.

SEX

Solitary hypoechoic to swollen lymph node vs omental cyst present in the mid caudal abdomen, measuring in 2.3 cm in diameter.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary

- Expansive non-homogenous cavitated splenic mass
- Perisplenic non-uniform hyperechoic omentum and mild peritoneal effusion
- Diffuse non-homogenous nodular liver
- Overtly normal gastrointestinal tract with mild retained non-shadowing gastric ingesta

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Secondary

- Mild chronic renal changes
- Mild cystitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric hepatosplenic neoplastic criteria is met with concern for regional perisplenic omental seeding/ adhesions and possible early lymphatic metastasis. Unfortunately, an unfavorable prognosis is indicated.

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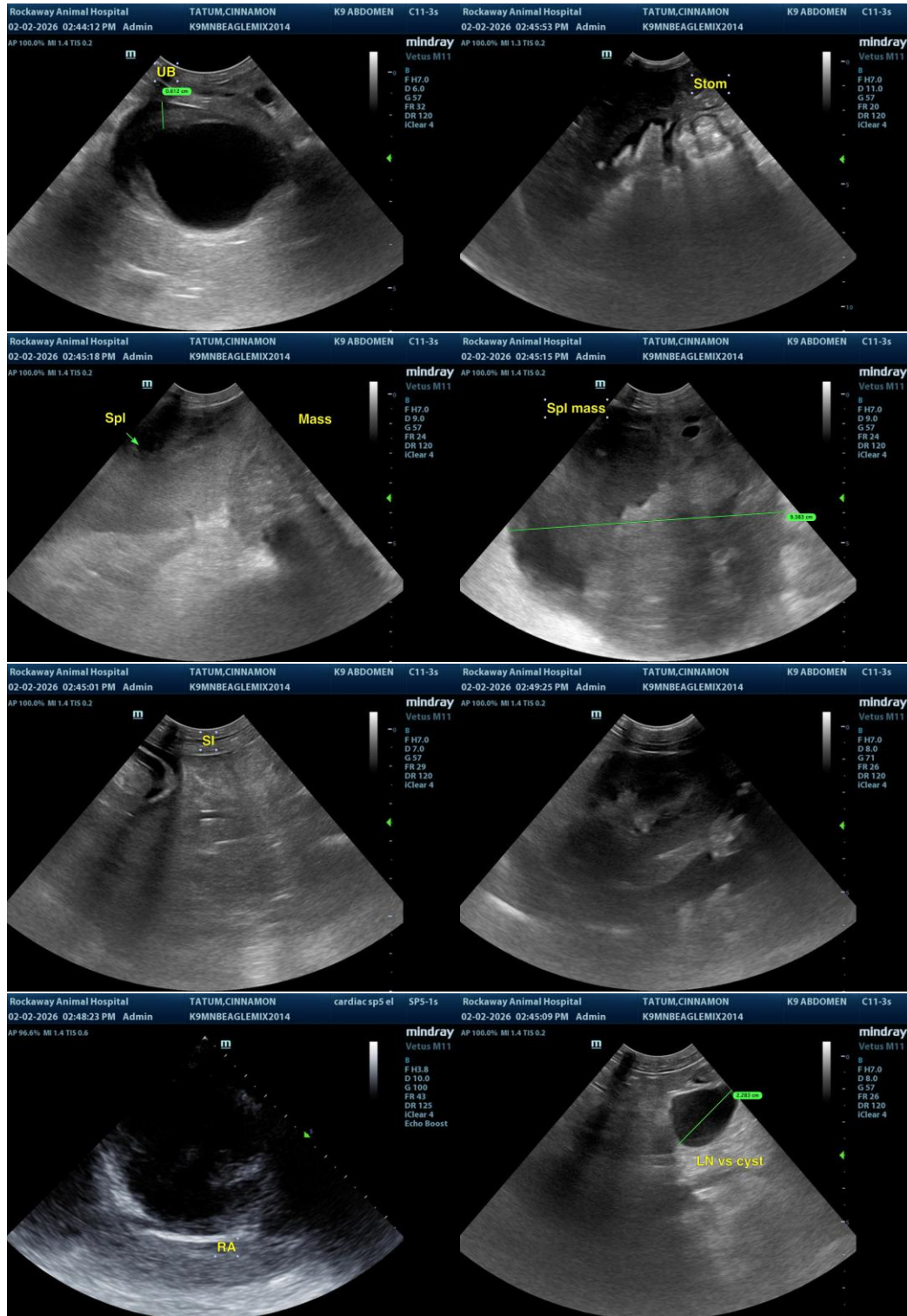
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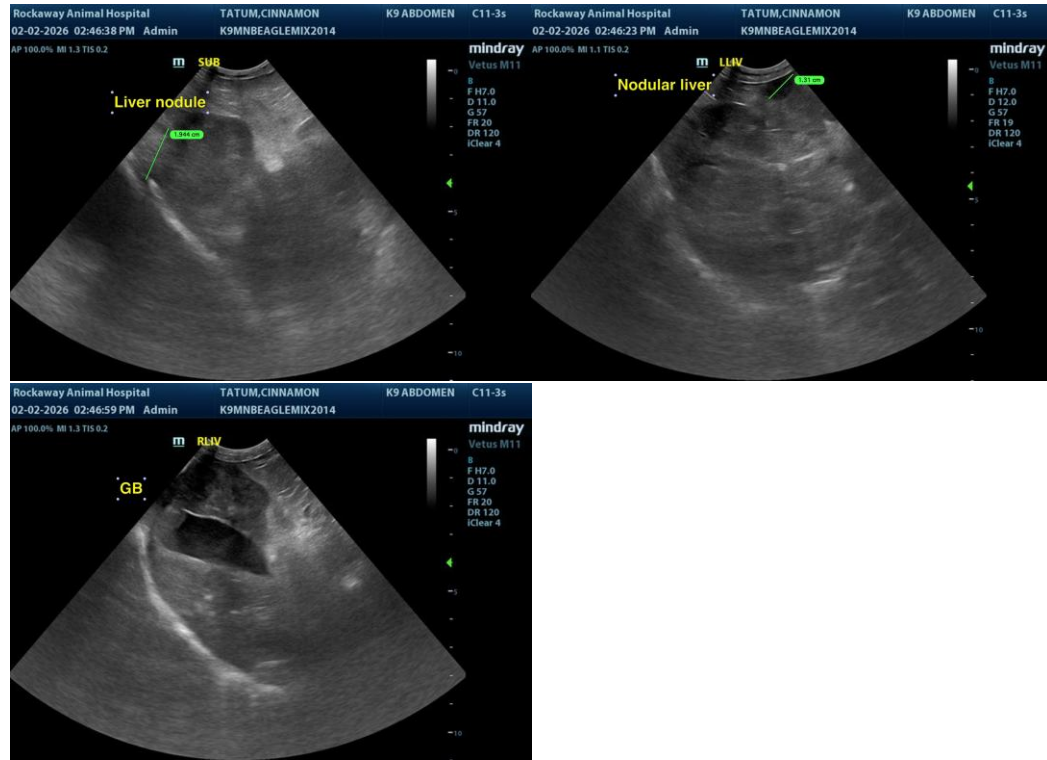
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com