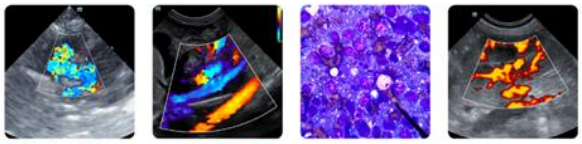


PATIENT

Tuck Konz

SPECIES

Canine

BREED

Coonhound Mix

SEX

MN

AGE

7

WEIGHT

71lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Newgent

INVOICE
24209

DATE
03/16/2026

PRESENTING CLINICAL SIGNS

- Ultrasound performed as pre-surgical imaging for a left shoulder/thoracic SQ mass (aspirates inconclusive)
- BW WNL

Abnormal PE/Chem/CBC/UA Results: Abd: SNP, possible mid abdominal mass vs. splenomegaly
Integ: normal skin tent, clean and free of parasites, approximately 10 x 13 cm fixed subcutaneous mass on the left dorsolateral thorax over the caudal aspect of the scapula

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 6.3 cm in length. Possible mild underestimation of left kidney size.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

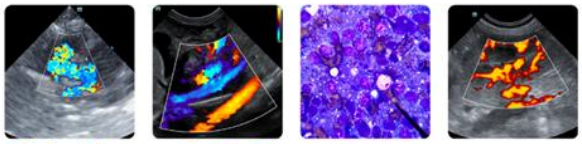
Spleen

The spleen exhibited overall normal size, primarily symmetrical contour and homogenous parenchyma. A solitary mild expansive non-homogenous hypoechoic splenic nodule was present measuring 1.8 cm in diameter with mild associated splenic capsule distortion.

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



PATIENT

Tuck Konz

SPECIES

Canine

BREED

Coonhound Mix

SEX

MN

AGE

7

WEIGHT

71lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Newgent

INVOICE
24209

DATE
03/16/2026

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly expansive splenic nodule
- Otherwise, sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule may indicate nodular lymphoid hyperplasia, hematopoiesis, granuloma/ hematoma, inflammation, or emerging primary vs metastatic splenic nodule or tumor. Assuming normal clotting status, splenic nodule FNA cytology with consideration for diagnostic and prophylactic splenectomy may be considered.

Otherwise, serial sonographic monitoring of the splenic nodule with initial recheck in 4 weeks would be more conservative approach. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

PATIENT

Tuck Konz

SPECIES

Canine

BREED

Coonhound Mix

SEX

MN

AGE

7

WEIGHT

71lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

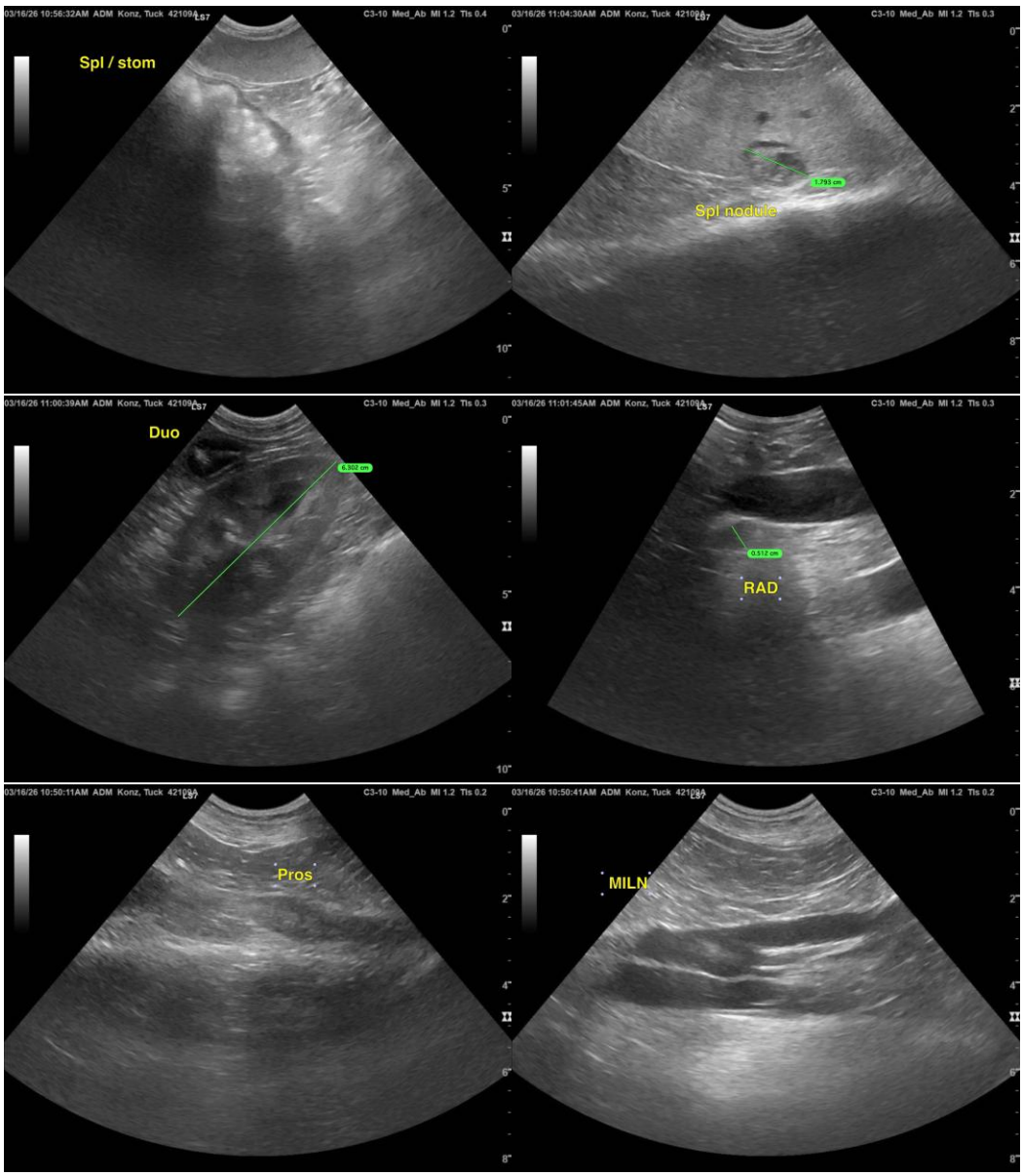
Greater Staten Island Veterinary Srerrvice

REFERRING VET

Newgent

INVOICE
24209

DATE
03/16/2026



PATIENT

Tuck Konz

SPECIES

Canine

BREED

Coonhound Mix

SEX

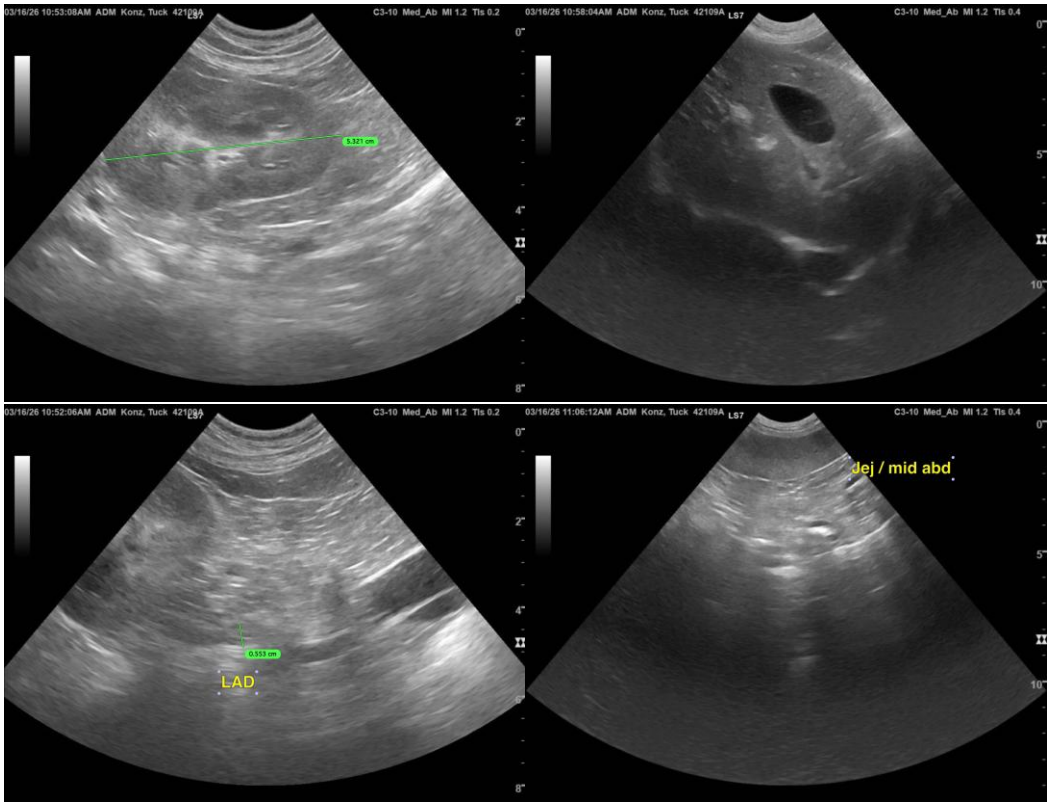
MN

AGE

7

WEIGHT

71lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Newgent

INVOICE
24209

DATE
03/16/2026

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