



PATIENT

Whiskey Mandel

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

12y

WEIGHT

84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

13254

DATE

3/5/26

PRESENTING CLINICAL SIGNS

History:

- Emergency referral from local animal hospital for suspected bleeding abdominal mass
- FNA performed at referring clinic and frank blood was result
- PCV - 48%, TP - 8.4 g/dl
- P is labored breathing and not eating today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. 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 6.8 cm in length. The right kidney indistinctly visualized with no obvious pathology.

Adrenal Glands

The left adrenal gland was normal in size subjectively measuring 0.8 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

A mass involving the subjective cranial spleen with potential effacement to the caudal aspect of the mid to left liver measuring ~10.0 cm in diameter. A smaller, separate, mildly expansive, non-homogeneous to potentially cavitated caudal splenic mass measuring 2.3 cm in diameter. Overall, generalized splenomegaly with mild parenchyma heterogeneity. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. 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. Mild regional perisplenic hyperechoic omentum.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended to mildly subnormal in size containing mild, non-organized debris. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented normal visible intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta with lumen gas.

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 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

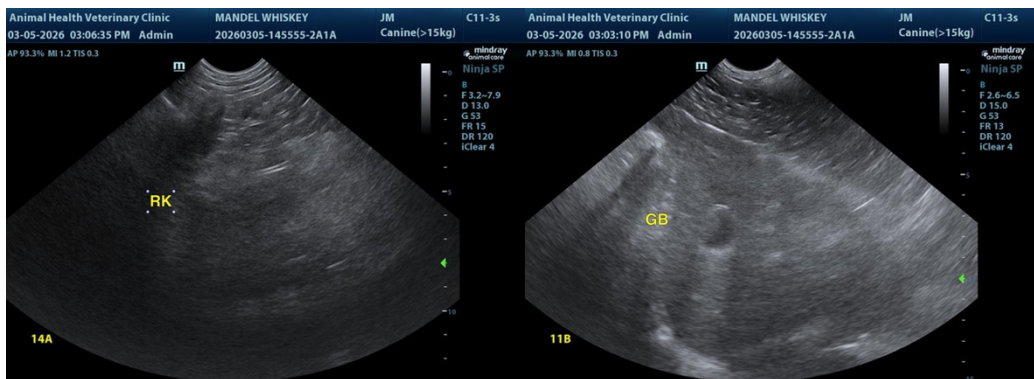
No visualized significant omental lymphadenopathy and scant perisplenic effusion without evidence of significant hemoabdomen.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses with mild perisplenic hyperechoic omentum and potential scant effusion
- Mild hepatic parenchymal remodeling
- Non-distended to subnormal gallbladder with mild debris
- Age-related left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Obvious sonographic evidence of major organ intraabdominal metastasis was not overtly evident. Non sonographically evident metastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted. 3-view chest radiographs and ideally, brief sonographic assessment of the heart to rule out cardiac metastasis or pericardial effusion recommended prior to surgical considerations.





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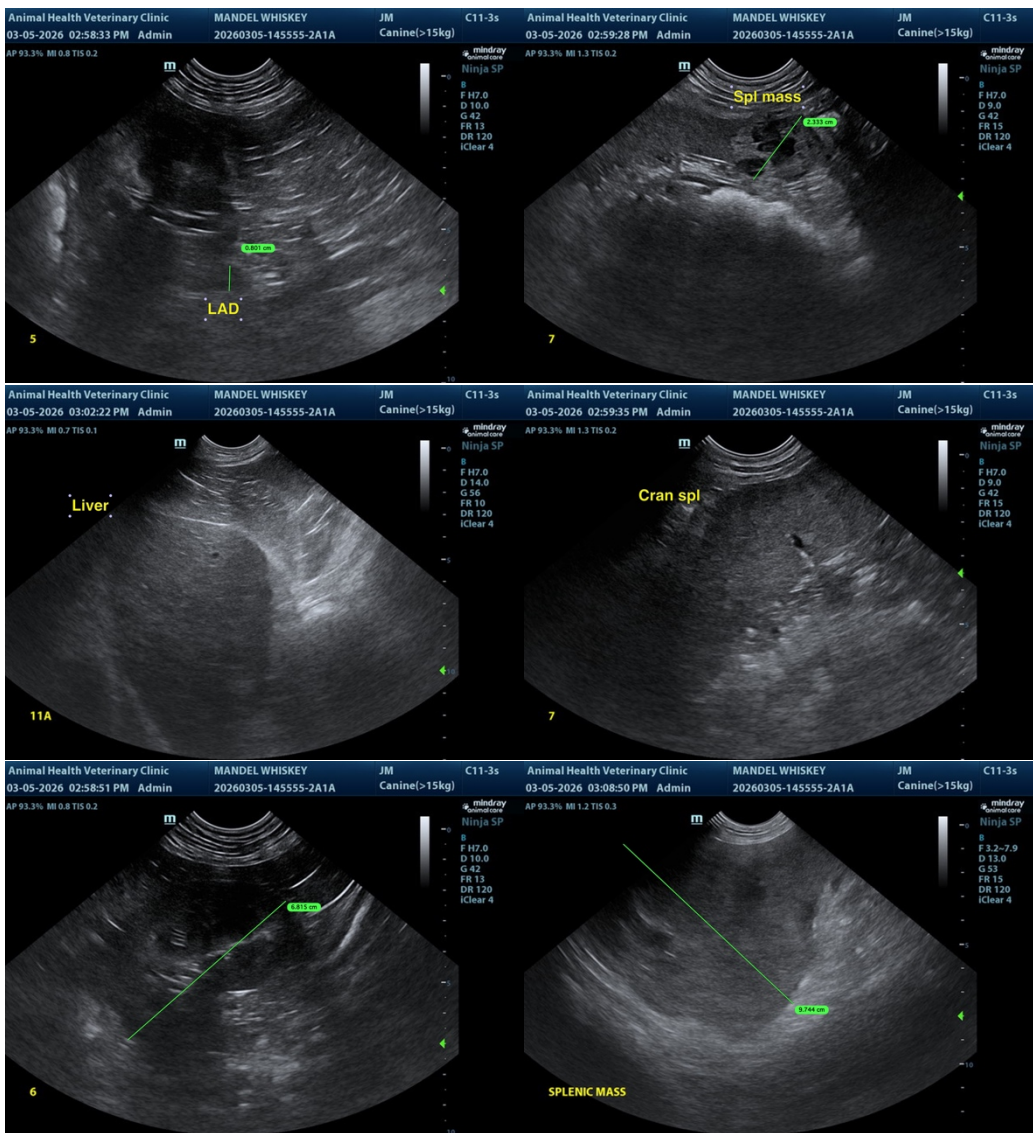
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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