



PATIENT

Twinkie Esposito

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

59.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Wantage Veterinary
Hospital

REFERRING VET

Dr. Bullock

INVOICE

15076

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Anemic, new murmur, poss abd mass, anorexic Pu/Pd and decrease in detail in area of spleen on rads

Abnormal PE/Chem/CBC/UA Results: HCT 30.5 non-regenerative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 6.4 cm in length. The right kidney measured 6.4 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 0.83 cm width in the caudal pole.

The right adrenal gland was asymmetrically enlarged in size exhibiting heterogeneous indistinctly nodular nonmineralized parenchyma. The right adrenal gland measured 3.4 cm length x 1.1 cm width at the caudal pole.

Spleen

A moderately sized to asymmetrically expansive, mid to caudal splenic mass was present exhibiting nonhomogenous indistinctly nodular parenchyma, measuring approximately 10.0 cm in diameter. Additional apparently separate mid to cranial splenic masses were present exhibiting similar sonographic appearance with an example measuring 4.2 cm in diameter with associated variable asymmetrical splenic capsule distortion perisplenic to mid-abdomen hyperechoic omentum and mild volume effusion.

Liver & Gallbladder

The liver presented normal in size, contour and vascular volume with primarily homogenous parenchyma. A solitary discrete nonhomogenous noncapsule deforming liver was present in the mid cranial liver.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta consistent with food echogenicity and without signs of obstruction or foreign material.

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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.

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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.

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Free Abdomen

No obvious visualized significant omental lymphadenopathy was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Variably sized nonhomogenous splenic masses.
- Discrete nonhomogenous splenic nodule.
- Perisplenic hyperechoic omentum and peritoneal effusion.
- Mild chronic renal changes.
- Asymmetrically enlarged nonhomogenous indistinctly nodular right adrenal gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic masses are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

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The discrete liver nodule is nonspecific and may indicate incidental discrete hyperplasia or granuloma, although suspicious for emerging metastatic nodule. Additional non-significant evidence of metastasis/micrometastasis, non-visualized lymphadenopathy, or possible right adrenal metastasis versus right adrenal hyperplasia or adenomatous change is not excluded.

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Assessment of systemic BP for evidence of hypertension given right adrenomegaly, is recommended. Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the liver, perisplenic omentum and right adrenal gland with potential for biopsies or concurrent right adrenalectomy may be considered. Extremely guarded prognosis, even with surgical intervention likely.

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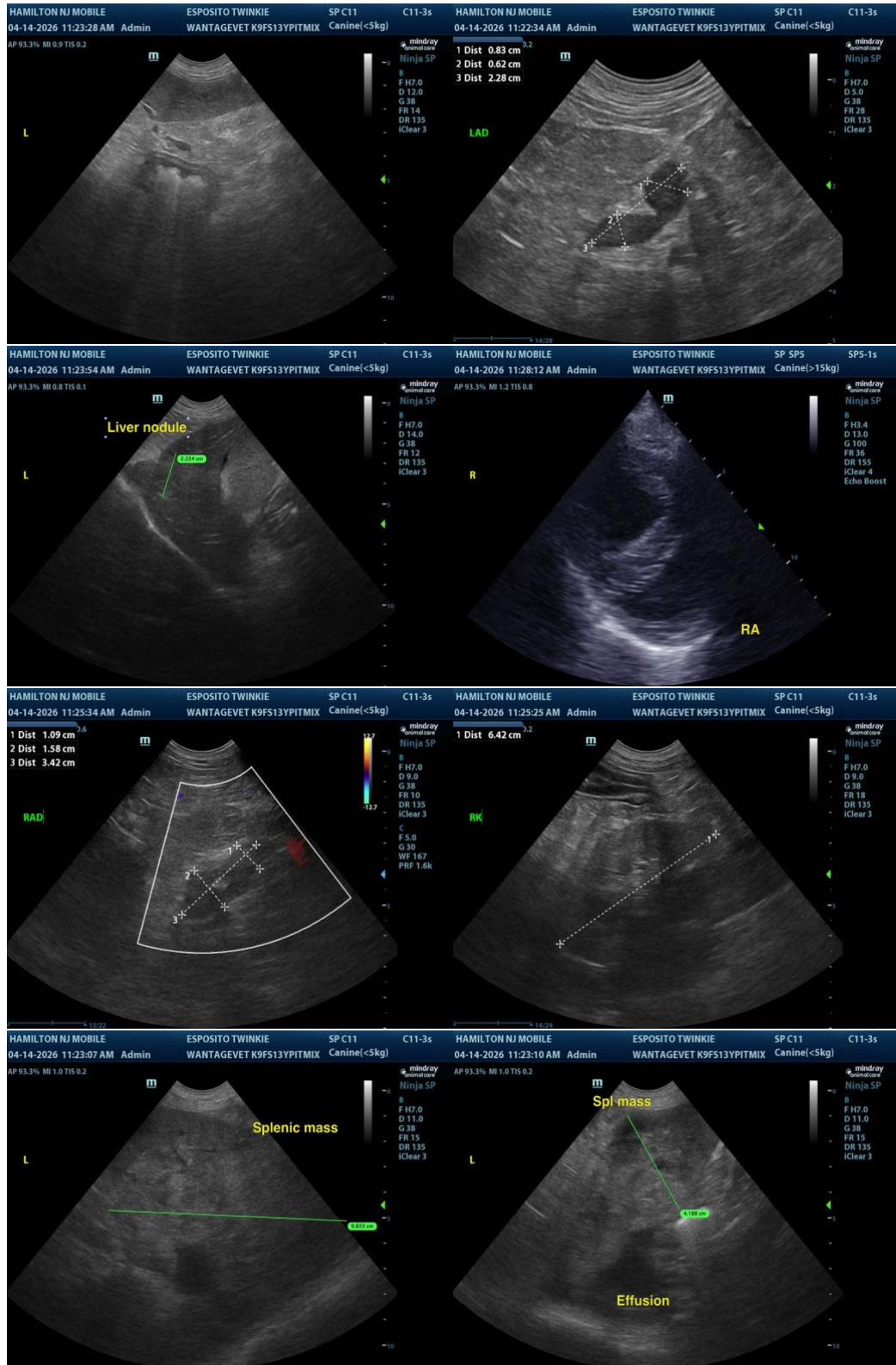
Dr. Bullock

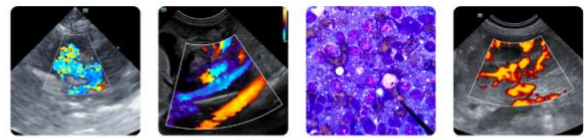
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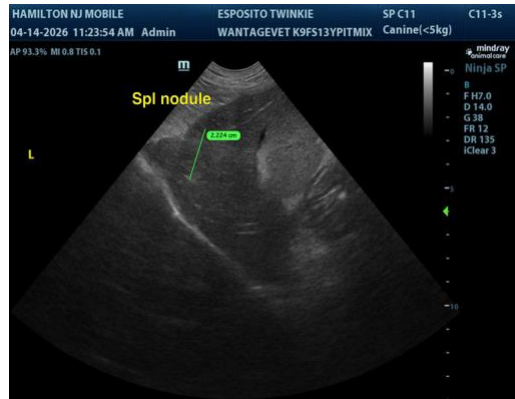
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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