



## PATIENT

Charlie Manzano

## SPECIES

Canine

## BREED

Maltese

## SEX

Neutered Male

## AGE

11 Years 5 Months

## WEIGHT

35

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathleen Whitcraft,  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Wylee Cooper, DVM

## INVOICE

74606

## DATE

4/18/26

## PRESENTING CLINICAL SIGNS

Abdominal distension first noticed in January by babysitter. Weight gain of 3.5 pounds since December visit. Increased appetite, always hungry. Increased water consumption. Decreased activity level and energy since January. Less interested in walks, tires easily. Restless behavior at babysitter's house, waking at 3 AM and roaming (babysitter keeps room warm; does not occur at home in cooler environment). 5x5 cm soft, freely movable subcutaneous mass over center of ventral chest. 3x3 cm soft, freely movable mass over left lateral thorax. 3x4 cm soft, irregular soft subcutaneous mass over xiphoid

Abnormal PE/Chem/CBC/UA Results: ALP – 940

## 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 changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 5.7 cm. Right kidney measured 5.9 cm.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measured 0.48 cm at the caudal pole.

The right adrenal gland was overtly normal in size, position, and shape, subjectively measuring 0.59 cm at the caudal pole.

### Spleen

A mildly expansive, non-homogeneous, hypoechoic medial to caudal medial splenic mass was noted measuring 3.5 cm x 3.1 cm, with associated symmetrical capsule distortion. The remainder of the spleen was sonographically normal.

### Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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## *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 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 right pancreas was prominent in size with capsule asymmetry and heterogeneous parenchyma.

## *Free Abdomen*

No evidence of splenic mass rupture, peritoneal effusion, or significant mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Non-organized gallbladder debris (non-mucocele).
- Splenic mass.
- Mild age related renal changes.
- Overtly normal adrenal glands.
- Prominent heterogeneous right pancreas.
- Sonographically normal gastrointestinal tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

The liver suggests benign criteria, with benign or idiopathic vacuolar or cholestatic hepatopathy favored in conjunction with elevated ALP.

Although current clinical signs are not suggestive of chronic pancreatitis, a spec cPL could be considered if clinical signs consistent with pancreatitis are present but not reported.

3-view chest radiographs and ideally a brief subjective echocardiogram to assess for or rule out cardiac metastasis or effusion is suggested. If clear, splenectomy with consideration for hepatic and pancreatic biopsies, pending gross inspection and normal clotting status, would be recommended.

Although no evidence of adrenal pathology, adrenal screening could be considered if suspicion of Cushing's syndrome.



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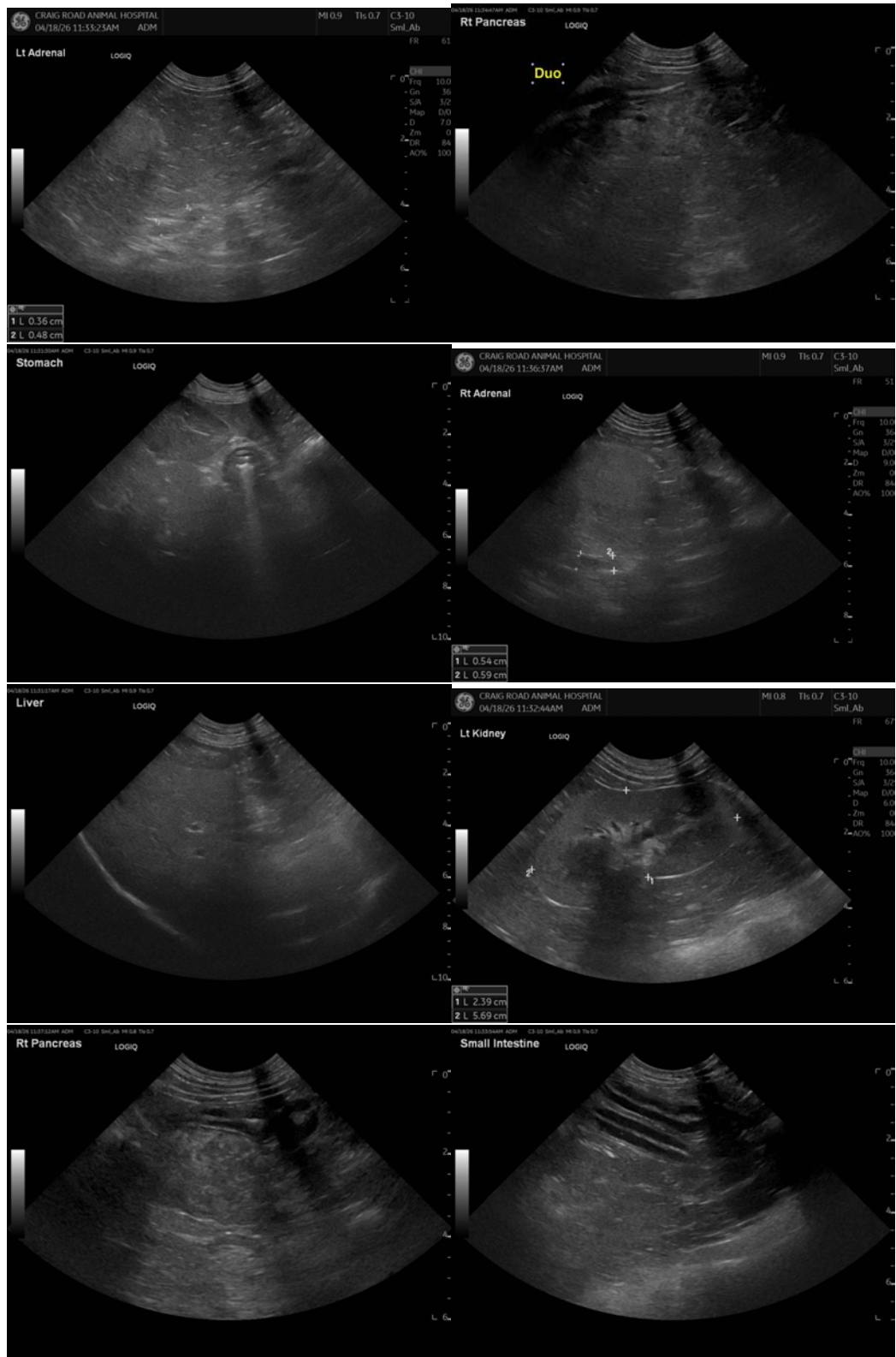
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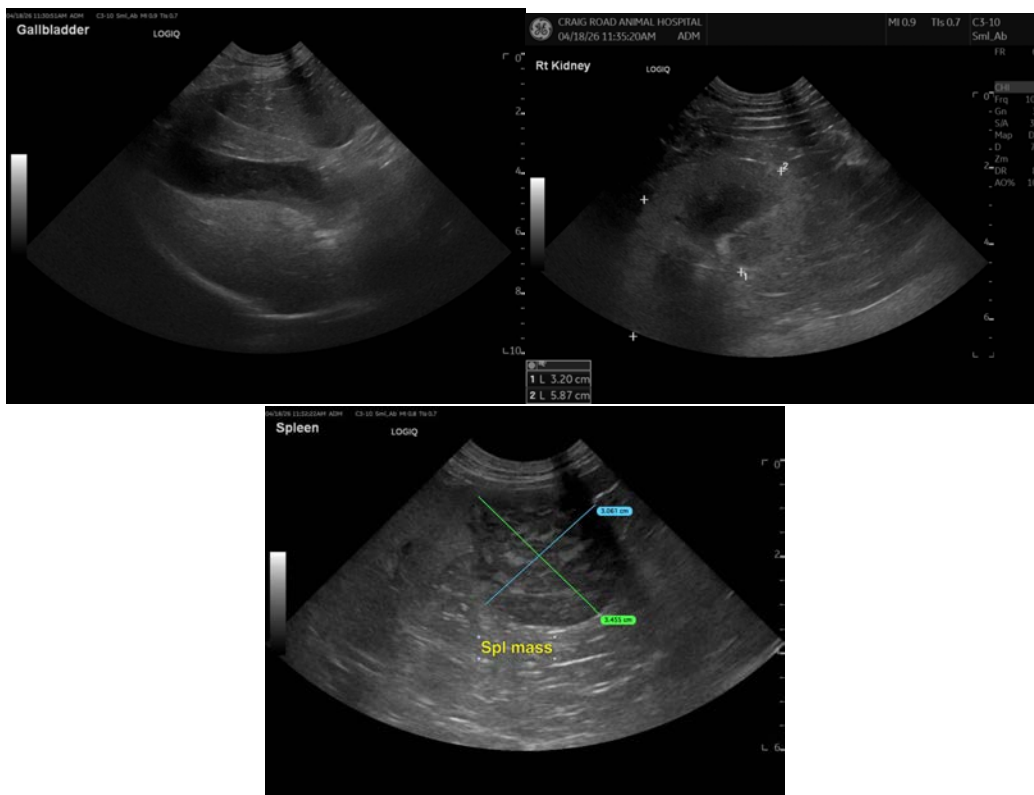
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com