



PATIENT

Theo Conzo

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

9yr

WEIGHT

109

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tessa Fiamengo

HOSPITAL NAME

Slade Veterinary
Hospital

REFERRING VET

Dr. Gail Schmieder

INVOICE

24857

DATE

05/18/2026

PRESENTING CLINICAL SIGNS

Chronic colitis and weight loss – The primary concern is the 3-week history of large bowel diarrhea (straining, increased frequency, nocturnal signs) and significant weight loss (10 lbs) that has been unresponsive to metronidazole. A brief ultrasound revealed a possible caudal abdominal mass, making neoplasia a top Ddx. Other differentials include severe inflammatory bowel disease or an atypical chronic infection. Hypoadrenocorticism was considered but is less likely given the clinical signs are more typical of colitis.

Abnormal PE/Chem/CBC/UA Results: Specific Gravity-1.024 Urine protein-1+ t4-0.9 negative
4dx fecal pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. Bilateral hypoechoic non-homogenous nodules were present. A left kidney nodule measured 2.1 cm in diameter; a right kidney nodule measured 2.5 cm in diameter. The left kidney measured 9.0 cm in length. The right kidney measured 9.0 cm in length.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited subjective normal size, symmetrical contour and homogenous parenchyma with multiple non-capsule deforming hypoechoic nodules. An example of a splenic nodule measured 1.1 cm in diameter.

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 mild gravity dependent non-organized debris. The cystic and common bile ducts were normal.

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.



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The visualized small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty.

The subjective visualized colon exhibited maintained intact wall layering containing semi-formed to soft fecal matter and lumen gas.

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

An unspecified non-homogenous caudal abdomen mass was present with mild surrounding hyperechoic omentum, measuring ~ 7 cm in diameter.

Multiple enlarged, hypoechoic mesenteric and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. A mesenteric lymph node measured 3.2 cm x 2.1 cm, a medial iliac lymph node measured 2.9 cm x 1.6 cm.

No evidence of effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Caudal abdomen mass
- Multifocal hypoechoic to swollen mesenteric/ medial iliac lymphadenopathy
- Splenic nodules
- Bilateral kidney nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified caudal abdomen mass in conjunction with hypoechoic to swollen lymphadenopathy and splenic / renal nodules is most consistent with multicentric neoplastic criteria. The unspecified mass may indicate non-obvious colon, omental or lymphatic origin with possible non-obvious colon impingement given clinical signs.

Assuming normal clotting status and using a 25ga needle, mass, accessible lymph node +/- splenic nodule FNA cytology is warranted for further assessment and potential for oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Empirical therapy for colitis pending sampling would be appropriate.



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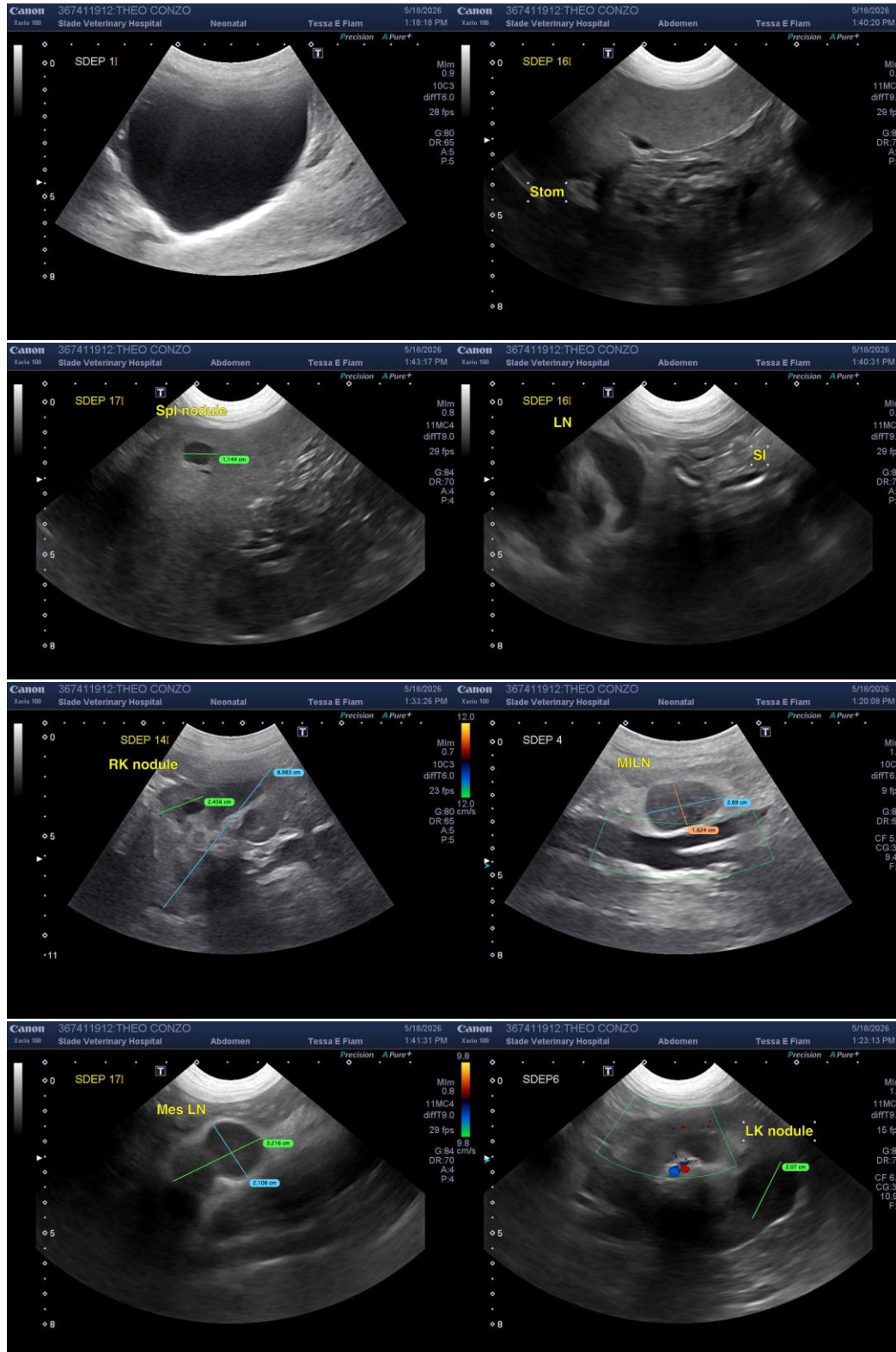
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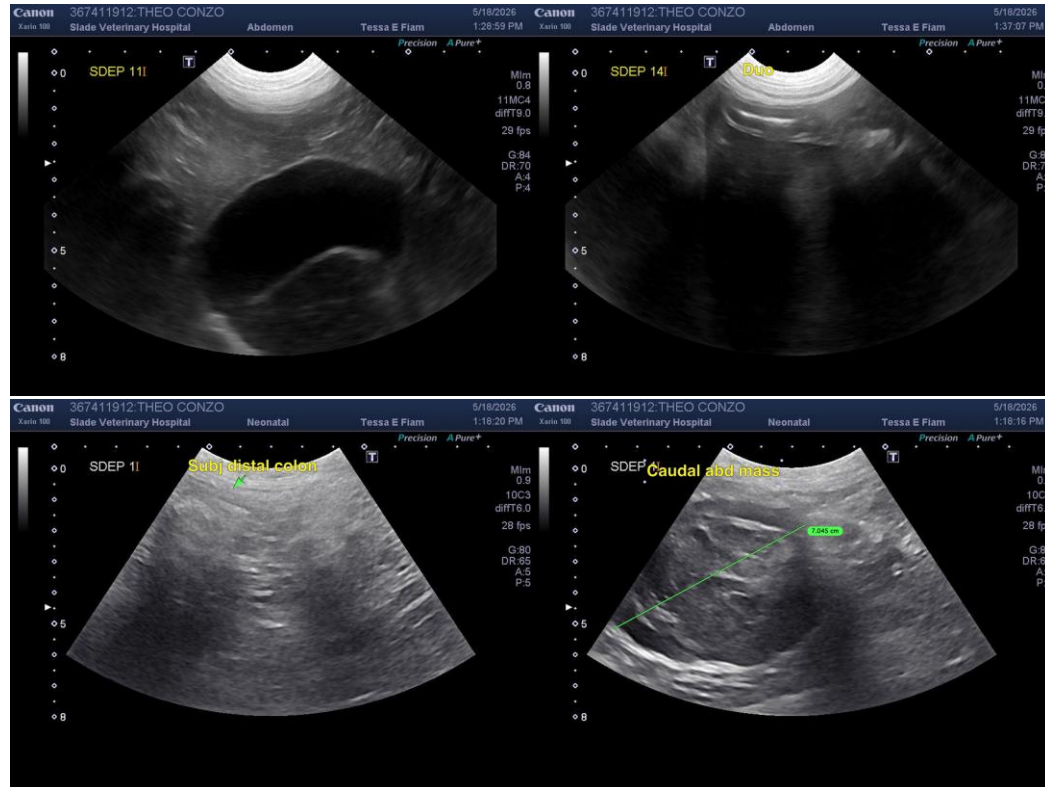
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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