

PATIENT

Birdie Swanson

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

5.54 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

16414

DATE

05/21/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate hyporexia and pulmonary mass on radiographs. Eval for possible metastatic disease. Coughing episodes: productive cough with phlegm-like sound, worse at night with restlessness and digging behavior. Infrequent bowel movements take several days between bowel movements, no straining. Weight gain from 11 lbs to 12.2 lbs since last visit. Companion dog died 6 weeks ago from pneumonia (suspected aspiration) Meds: Hydrocodone 5mg/Homatropine 1.5mg, Clavacillin - 62.5 mg/Tablet

CXR: findings showing lung mass CBC: NSF Chem: BUN 66, rest of renal values normal. Na:K 27, TP 8.3, Glob 4.7, CK 254 T4: 1.0 UA: 1.036, pH 5.5, 2+ protein, 1+ epithelial cells, non-crystalline debris

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Pinpoint to focal medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 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 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. A solitary discrete nonhomogenous noncapsule deforming cranial splenic nodule was present measuring 0.73 cm in diameter.

Liver & Gallbladder

The liver presented subjective 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.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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. Focal to mild hyperechoic duodenal mucosal speckling.

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 overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective echocardiogram revealed normal left and right heart chamber dimension and adequate LV systolic function. No evidence of cardiac tumors or pericardial effusion in the visible window. Mild aortic insufficiency on doppler.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly- subjective benign.
- Non-organized gallbladder debris (non-mucocele).
- Discrete non-homogenous splenic nodule.
- Mild age-related renal changes.
- Normal gastrointestinal tract with mild non-specific duodenal mucosal speckling.
- Normal pancreas.
- Subjective normal cardiac structure/function with mild aortic valve insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant abdominal visceral pathology or overt neoplastic criteria with benign hepatopathy pattern and suspect benign non-homogenous splenic nodule, i.e. hyperplasia hematopoiesis, small granuloma, hematoma, or similar.

Assuming normal clotting status and using a 25-gauge needle, screening hepatic and splenic nodule FNA cytology could be considered for further clarification. Monitoring of hepatic enzyme levels as well as sonographic monitoring of the splenic nodule for progression would be reasonable. Possible low-grade duodenitis as a contributing factor to the hyporexia is not definitively excluded. A spec cPL could be considered to assess for mild pancreatitis, which may present sonographically normal. Gastrointestinal support is indicated.



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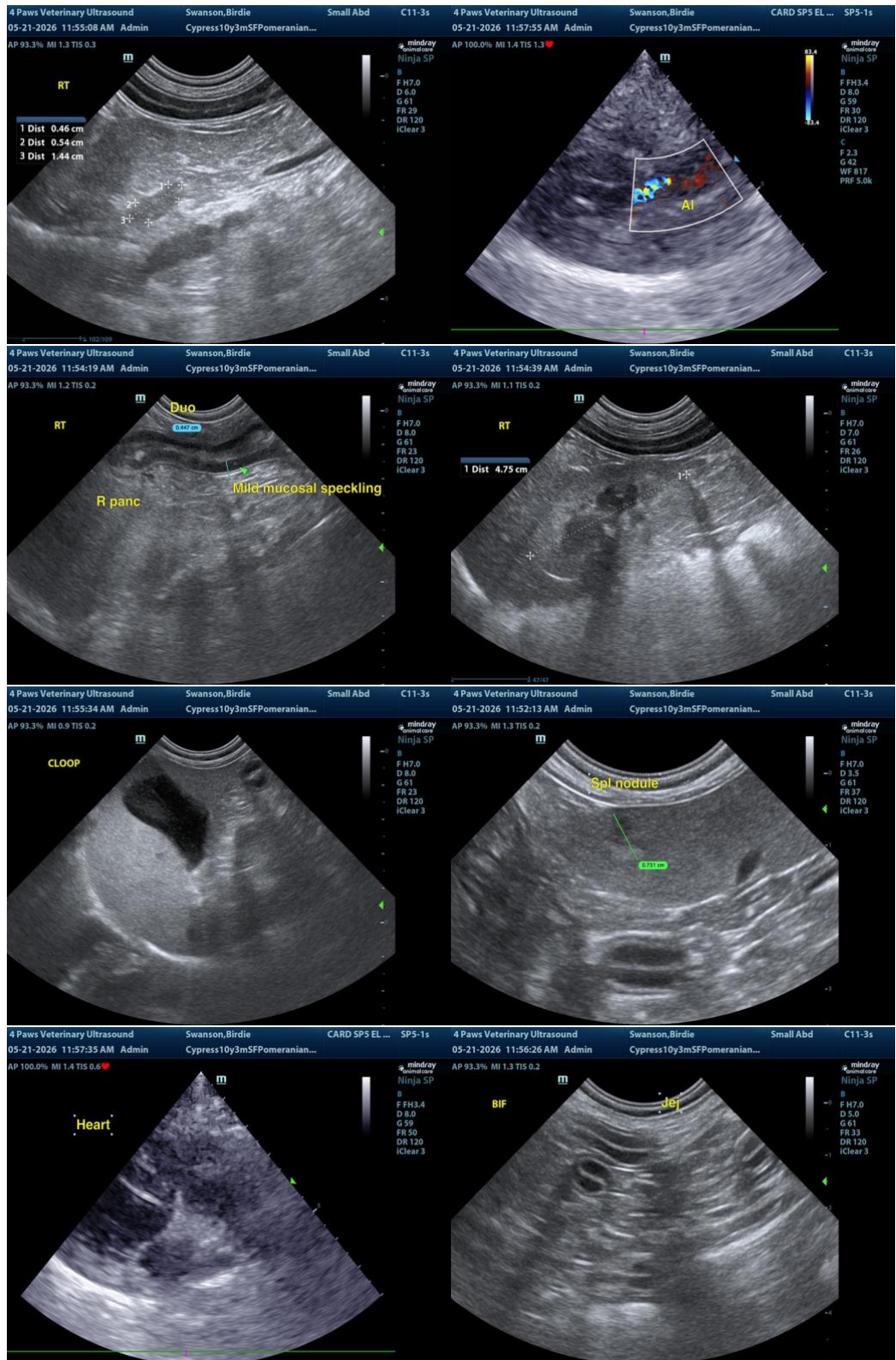
Laura Johnson, VMD

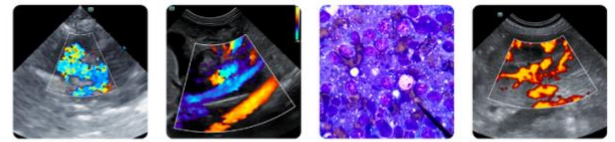
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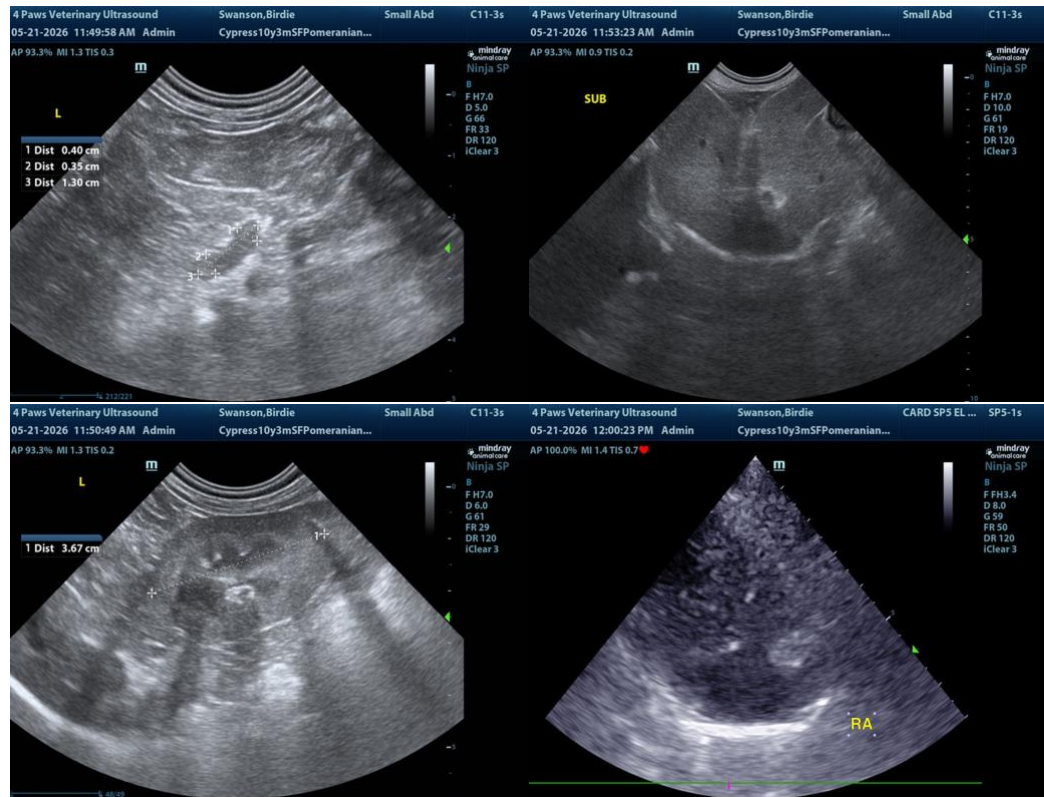
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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