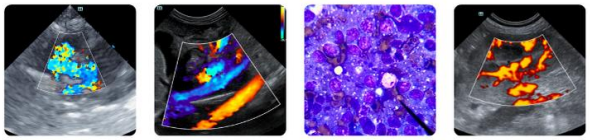


PATIENT

Layla Onorato

SPECIES

K9

BREED

Ridgeback Mix

SEX

FS

AGE

8

WEIGHT

78.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

75205

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Had a prev u/s 8/4/25 persistent mass effect right mid abd O reports increased drinking

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. No evidence of pathology in the area of the trigone or cystourethral junction. The 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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

The area of the uterine remnant was free of pathology.

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. The left kidney measured 7.6 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized without overt pathology and subjective normal size, position, and shape. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland measured 0.74 cm width at the caudal pole.

Spleen

A mildly expansive, isoechoic, homogeneous, splenic mass with mild associated symmetrical splenic capsule distortion was present. The remainder of the spleen was sonographically normal. The mass measured approximately 3.0 cm in diameter. The spleen exhibited a 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.

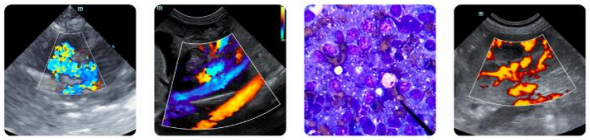
Liver/ Gallbladder

The liver presented with generalized hepatomegaly. The parenchyma of the liver was nonhomogeneous and hyperechoic exhibiting moderate to variable coarse echotexture. No visualized mass or nodules. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and nondependent nonorganized gallbladder debris with suspect peripheral lumen hypoechoic mucus. No evidence of gallbladder inflammation. 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 nondistended containing strongly shadowing content or echo occupying the majority of the gastric lumen measuring approximately 4.0-4.5 cm in diameter.



PATIENT

Layla Onorato

SPECIES

K9

BREED

Ridgeback Mix

SEX

FS

AGE

8

WEIGHT

78.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

75205

DATE

5-29-26

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 formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart normal.

ULTRASONOGRAPHIC FINDINGS

- Small mildly expansive splenic mass.
- Enlarged nonhomogeneous hyperechoic liver.
- Nonorganized gallbladder debris/early immature mucocele.
- Strongly shadowing gastric ingesta/content.
- Age related renal changes.
- Overtly normal adrenal glands.
- Sonographically normal mildly distended urinary bladder.

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).

Chronic vacuolar/cholestatic hepatopathy, inflammatory disease, lipidosis, fibrosis, or a combination, with hepatic neoplasia thought less likely, are all potentials.

The strong shadowing gastric content may indicate dense ingesta, treat, medication, or foreign material. Correlation with most recent meal ingestion or evidence of nonreported gastrointestinal signs recommended.

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, splenic mass and hepatic parenchyma FNA cytology. Adrenal workup warranted if clinical signs consistent with Cushing's syndrome in conjunction with reported polydipsia. Diagnostic and prophylactic splenectomy with hepatic biopsies +/- gastrotomy are likely required for definitive diagnosis. 12-hour fast and sonographic reassessment of the stomach would be more conservative. Three-view chest radiographs recommended prior to surgical considerations.

PATIENT

Layla Onorato

SPECIES

K9

BREED

Ridgeback Mix

SEX

FS

AGE

8

WEIGHT

78.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

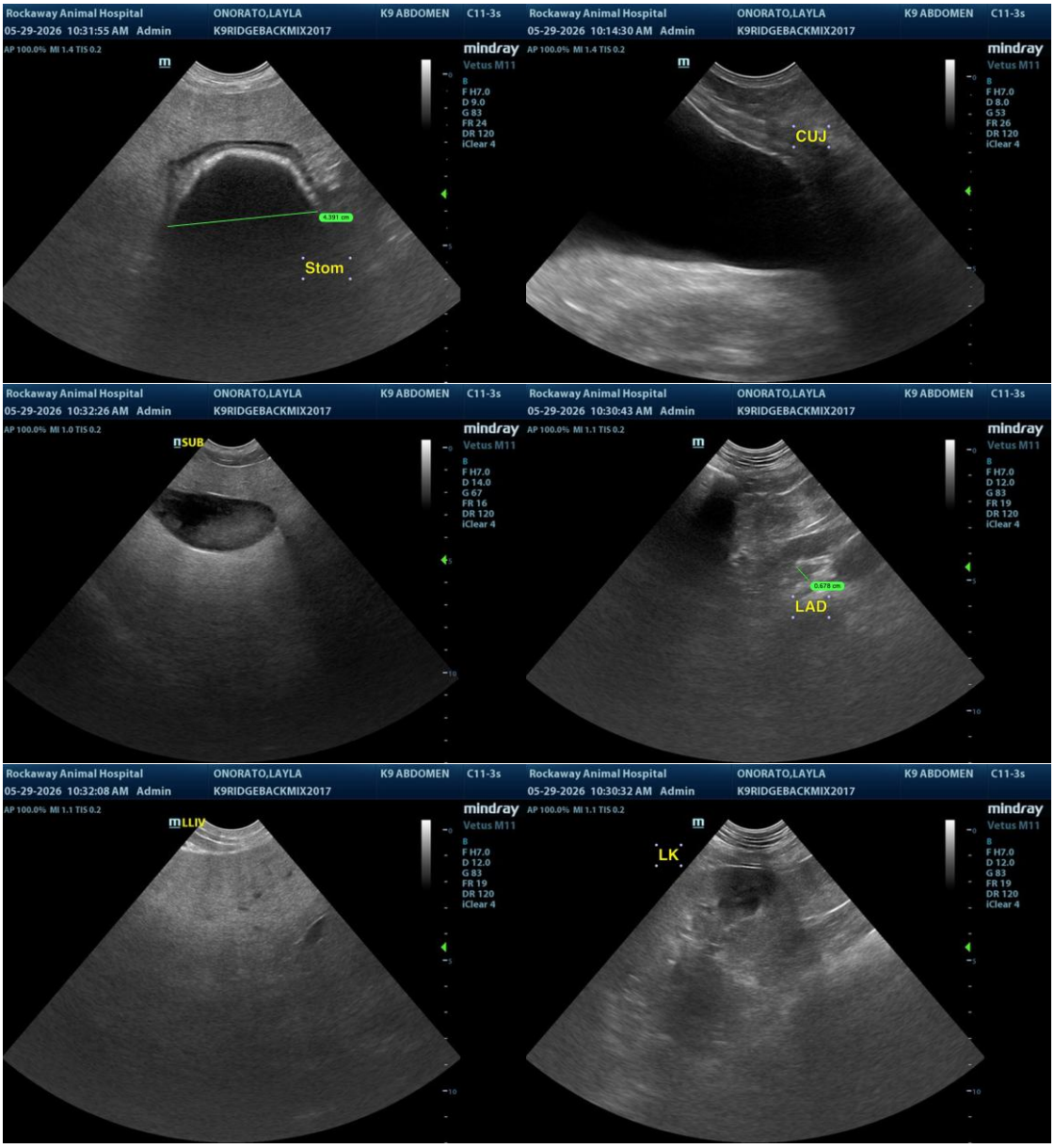
Dr. Maniar

INVOICE

75205

DATE

5-29-26



PATIENT

Layla Onorato

SPECIES

K9

BREED

Ridgeback Mix

SEX

FS

AGE

8

WEIGHT

78.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

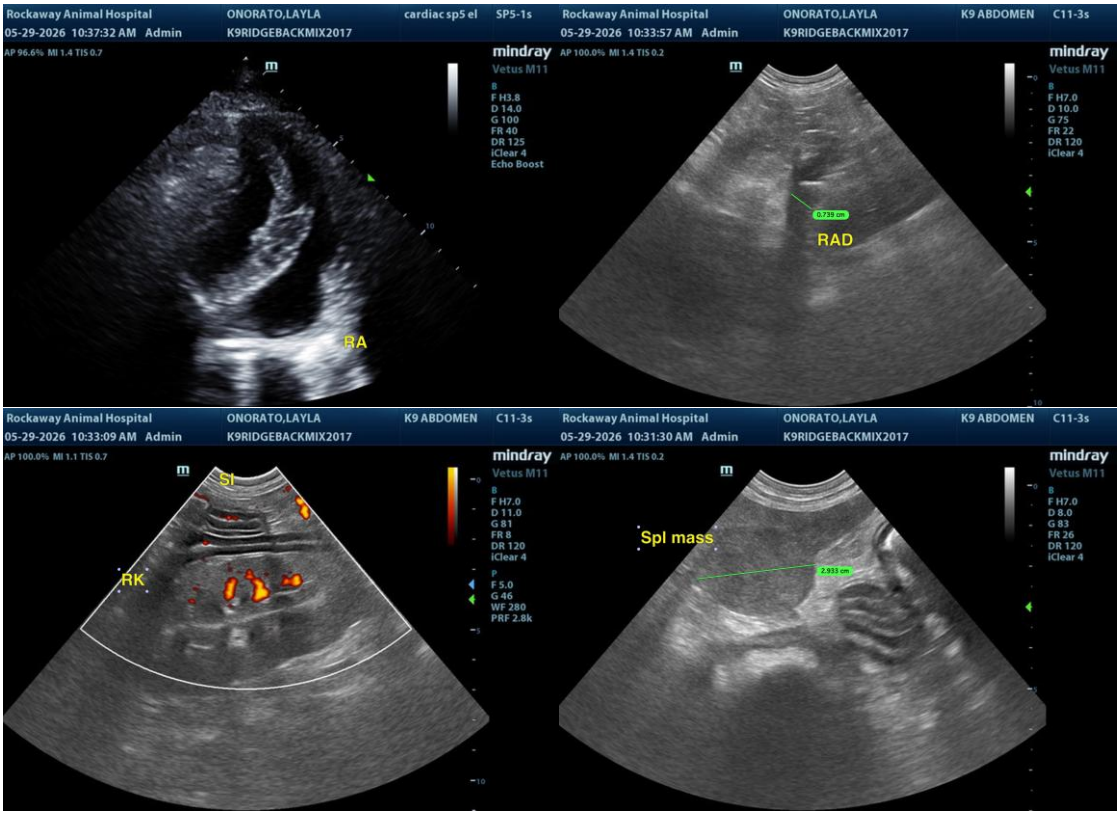
Dr. Maniar

INVOICE

75205

DATE

5-29-26



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