



PATIENT

Nemo Zaruela

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

17Y

WEIGHT

12lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Mucera

INVOICE

75220

DATE

5-29-26

PRESENTING CLINICAL SIGNS

ADR. Abdominal mass palpated.

Treated with Clavamox for presumptive UTI

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4 NSF. UA blood 3+, WBC > 50/hpf, RBC >50/hpf, high bacteria/rods 26-50/hpf, protein 2+, USG 1.038, pH 6.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mildly thickened apical wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical wall thickness measured 0.50 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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 obvious pathology in the area of the residual prostate.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Variably sized cyst with larger cyst in the right kidney measuring approximately 1.7 cm in diameter. Mild pyelectasia is present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the cranial pole and 0.58 cm width in the caudal pole. The right adrenal gland measured 0.5 cm width in the cranial pole and 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented generalized hepatomegaly with asymmetrical contour. Normal hepatic vascular volume was present. A caudally expansive, mixed echogenic to hyperechoic mass was present in the subjective ventrocaudal liver measuring approximately 5.0 cm. A possible separate similar appearing mass was present in the area of the caudate liver measuring approximately 6.0 cm in diameter. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 moderate congealed emerging organized gallbladder debris extending into the cystic duct. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

The left pancreas was prominent in size, exhibiting a nonhomogeneous remodeled parenchyma. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

A moderately sized cystic structure containing echogenic fluid was present in the area of the mid to right caudal liver measuring approximately 5.5 cm in diameter. Mild volume perihepatic effusion was present.

No obvious visualized significant omental lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Asymmetrical hepatomegaly with liver mass/masses.
- Immature gallbladder mucocele with nonobstructive cystic mucoduct.
- Cystic structure area of the caudal liver.
- Mild perihepatic effusion.
- Prominent nonhomogeneous remodeled left pancreas.
- Age related spleen.

Secondary Findings

- Chronic renal changes with renal cysts and mild pyelectasia.
- Mild cystitis pattern.
- Bilateral mildly enlarged nonhomogeneous adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic mass FNA cytology is recommended for further clarification with neoplastic criteria favored. The cystic structure is likely hepatic in origin, although non hepatic cyst i.e. biliary or pancreatic cyst, and less likely abscess, not definitively excluded. Further renal staging to



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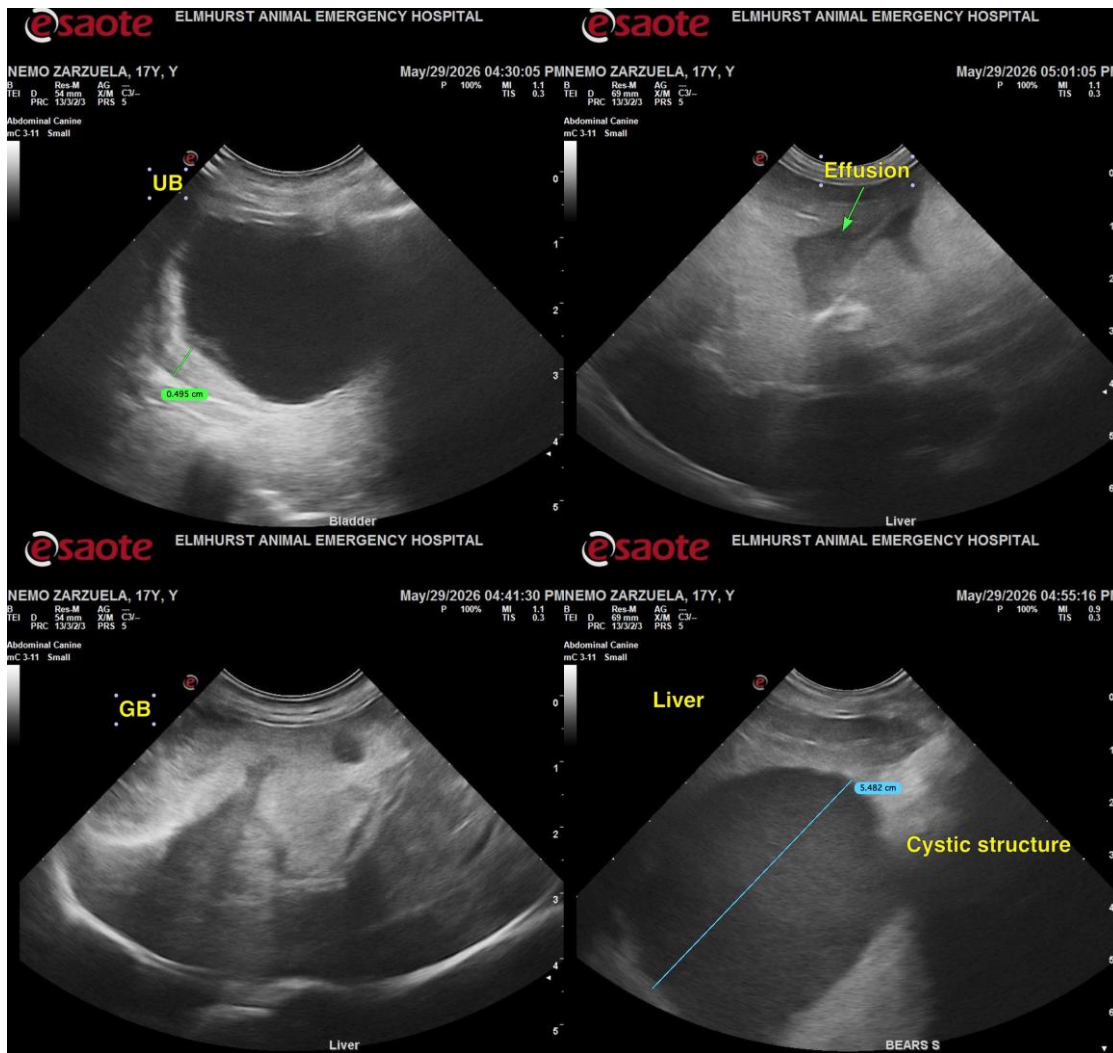
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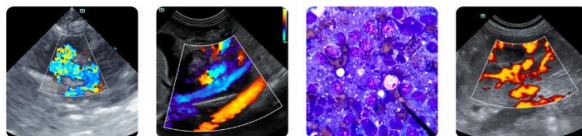
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include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Adrenal screening and workup could be considered if clinical signs consistent with adrenal disease.





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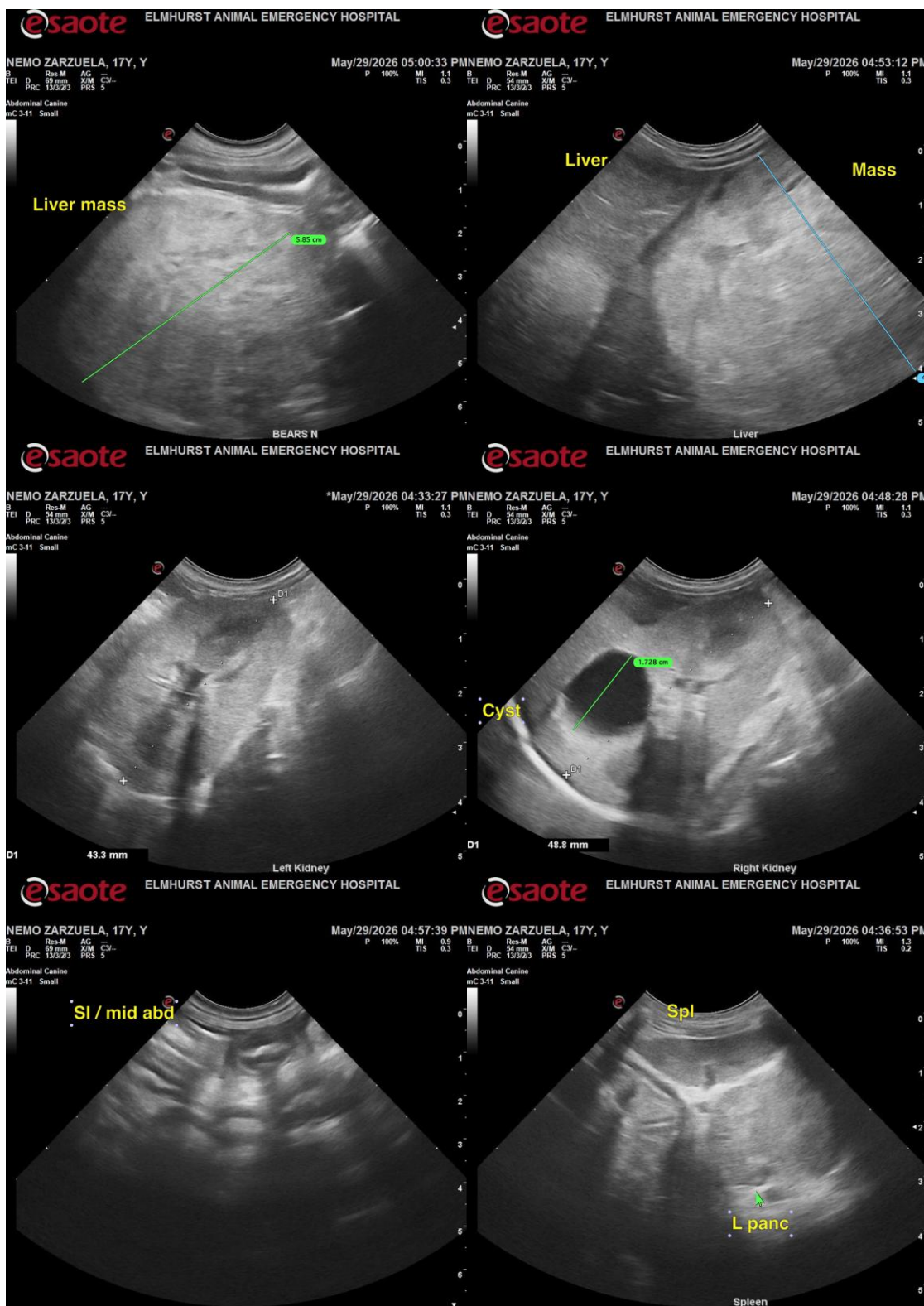
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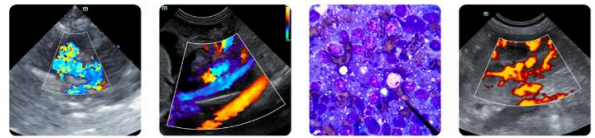
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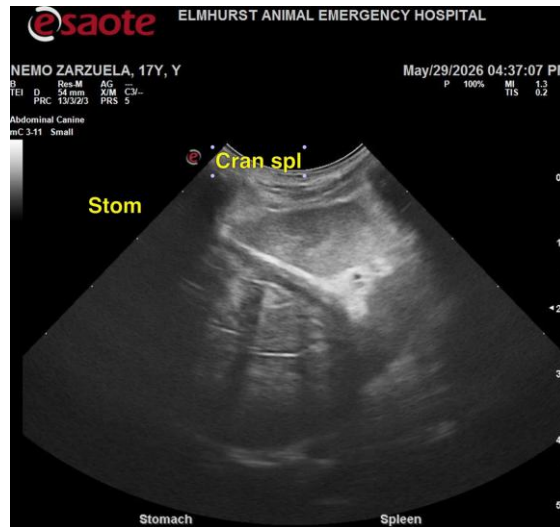
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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