



## PATIENT

Nova Fioretti

## SPECIES

K9

## BREED

Bernese Mountain  
Dog

## SEX

FS

## AGE

8

## WEIGHT

41.5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Glamorgan AC

## REFERRING VET

Dr. MacAulay

## INVOICE

75224

## DATE

5-29-26

## PRESENTING CLINICAL SIGNS

O reports 2-3 episodes of urination inside the house over the past 2 months. The accidents typically occurred overnight. The owner is unsure if she is leaking urine while sleeping or consciously urinating, but one episode was noted beside her; suggested to may be leakage. No significant increase in water consumption has been noted, but the owner will monitor more closely. Concern for possible mass noted on POCUS examination.

Abnormal PE/Chem/CBC/UA Results: Significant reticulocytosis without anemia, low USG. BW attached

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART & 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 changes was noted.

No evidence of significant medial iliac or sublumbar lymphadenopathy or masses.

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. Mild pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized owing to adrenal depth and periarenal omental artifact.

### *Spleen*

The spleen visualized intact spleen exhibited normal splenic size, contour and homogeneous parenchyma. A large to expansive, nonhomogeneous, cavitated mass appearing to efface and likely derive from the medial spleen is present measuring at least 16 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

The gallbladder was non-distended in size with thin walls and moderate congealed progressively shadowing gallbladder debris. 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.



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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.

## SPECIES

***Pancreas***

K9

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 were evident.

## BREED

Bernese Mountain Dog

***Free Abdomen***

Unspecified, partially fluid-filled, potentially encapsulated structure containing concurrent hyperechoic progressively shadowing parenchyma or content present in the caudal abdomen cranial to the apical urinary bladder without overt connection or origin to the mass measuring approximately 6.0 cm in diameter.

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Mild regional perisplenic to caudal abdomen hyperechoic omentum was present.

No obvious effusion or visualized significant omental lymphadenopathy.

## WEIGHT

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Rapid view of the heart was normal. Subjectively normal cardiac chamber dimension and LV systolic function.

## ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous cavitated splenic mass.
- Unspecified partial fluid-filled potentially encapsulated caudal abdomen structure with concurrent hyperechoic to shadowing structure content.
- Sonographically normal liver.
- Congealed emerging mineralized gallbladder debris (nonmucocele).
- Age related kidneys with mild pyelectasia.
- Sonographically unremarkable gastrointestinal tract/urinary bladder.
- Subjectively normal cardiac structure/function.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

Association between the splenic mass and unspecified partial fluid-filled to potentially encapsulated caudal abdomen structure is unclear with potential associated or separate area of splenic mass necrosis, abscess, necrotic granuloma or lipoma, or other. Aside from the unspecified partial fluid-filled caudal abdomen structure, no overt evidence of intraabdominal major organ or cardiac macrometastasis. Additional micrometastasis or non-visualized lymphadenopathy not definitively excluded.

## REFERRING VET

Dr. MacAulay

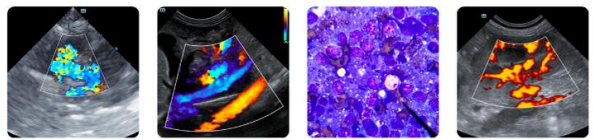
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Assuming no pathology on three-view chest radiographs, abdominal CT would be ideal for further clarification and surgical planning, if surgery is a potential in this patient. Otherwise, direct exploratory



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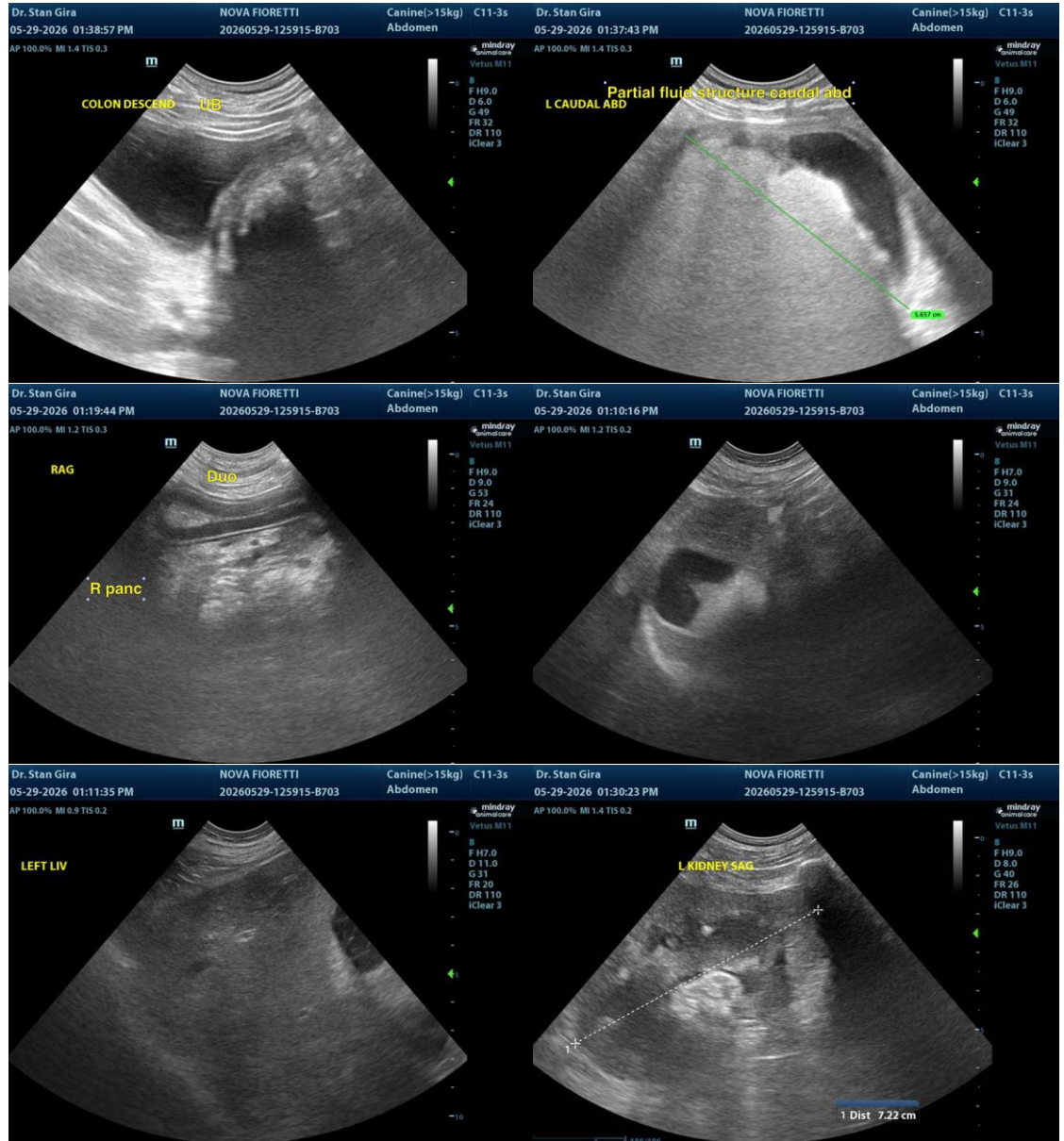
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laparotomy with gross inspection of the splenic mass, unspecified structure, and with potential for splenectomy or unspecified structure resection could be considered.



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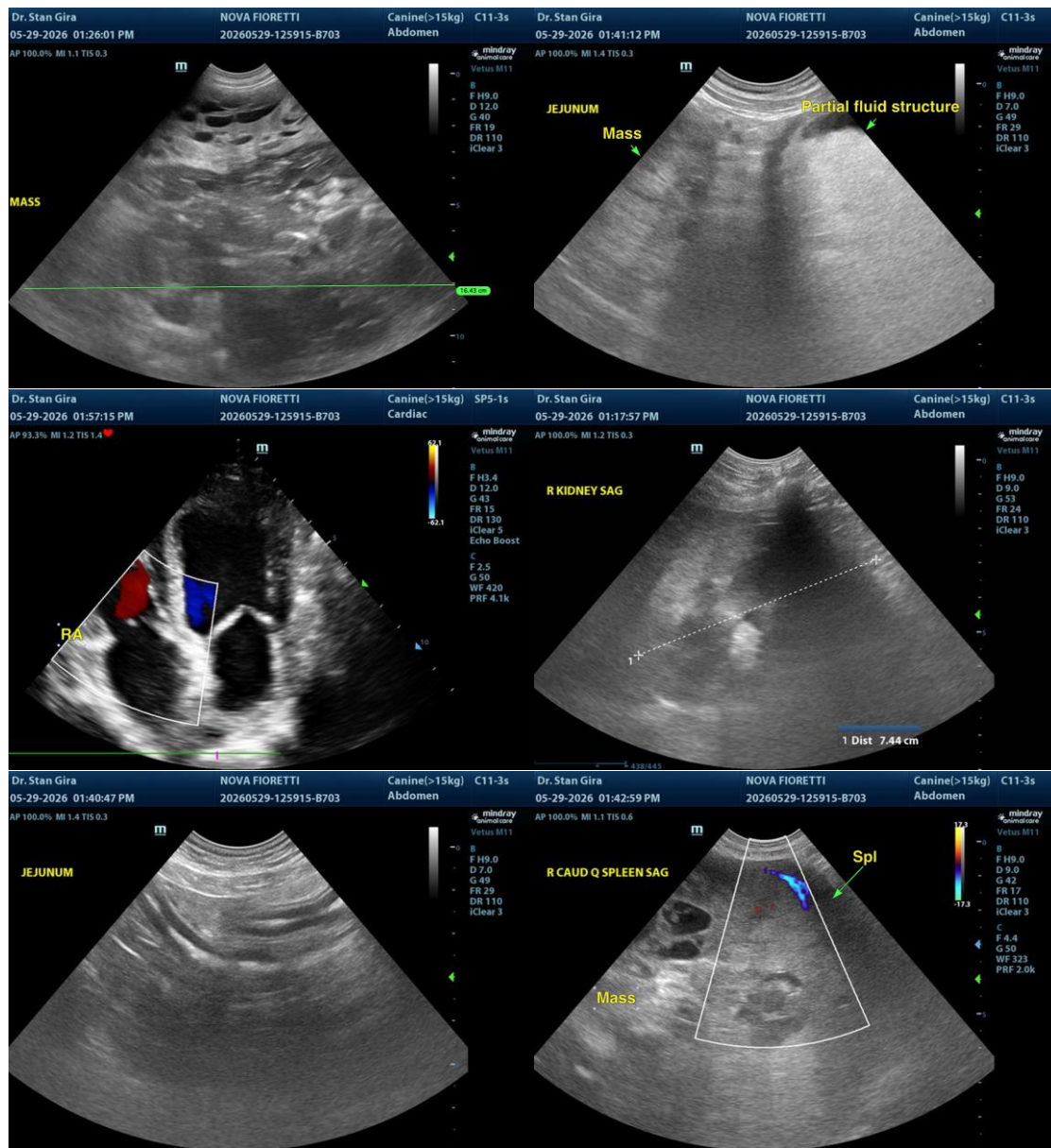
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)