



PATIENT

Oliver Swerdlick

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13yr

WEIGHT

18.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gail Schmieder

HOSPITAL NAME

Slade Veterinary
Hospital

REFERRING VET

Dr. Gail Schmieder

INVOICE
24775

DATE
05/09/2026

PRESENTING CLINICAL SIGNS

Abdominal: DURING A BRIEF FOCUSED ULTRASOUND ASSESSMENT, A POTENTIAL ABNORMALITY WAS NOTED. A FULL ABDOMINAL ULTRASOUND WAS THEN PERFORMED. THERE IS CONCERN FOR A POSSIBLE MASS OR OTHER CHANGE ON THE RIGHT SIDE, CRANIAL TO THE KIDNEY, WITHIN THE LIVER. THE IMAGES HAVE BEEN SUBMITTED FOR SPECIALIST REVIEW.

Lymph Nodes: ENLARGED LYMPH NODES WERE IN THE POPLITEAL REGION.

Abnormal PE/Chem/CBC/UA Results: Has had multiple normal tests for hyperadrenocorticism in the past. Generally, lab results WNL but owner declined labs today pending ultrasound results.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild medullary mineral and intermittent small cortical cysts were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary visualized medial parenchyma to perihilar nodule, was present, potential for additional nodules possible. An example measured 0.63 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented borderline enlarged in size. A mild to moderately sized, non-homogenous to mixed echogenic caudate liver mass was present measuring ~ 5-5.5 cm in diameter. 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



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rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with normal wall without evidence of inflammation or edema. Moderate to significant, non-dependent congealed yet non-organized, hyperechoic gallbladder debris was present with concurrent anechoic bile. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Caudate liver mass
- Distended gallbladder with significant congealed yet non-organized gallbladder debris-not consistent with mature mucocele
- Benign splenic nodule, suggestive of benign myelolipoma
- Renal changes exhibiting mild medullary mineral, small cortical cysts
- Overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further clarification, the caudate liver mass is suggestive of neoplastic criteria such as hepatocellular carcinoma or other benign etiology such as significant hyperplasia or granuloma possible. FNA cytology of the liver mass assuming normal clotting status could be considered for initial clarification. Biopsy or possible resection and histopathology likely required for definitive diagnosis.

No obvious evidence of common bile duct obstruction yet monitoring going forward given location of the liver mass and correlation with current lab work is suggested. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Correlation with peripheral lymph node cytology recommended with possible oncology or surgical consult.



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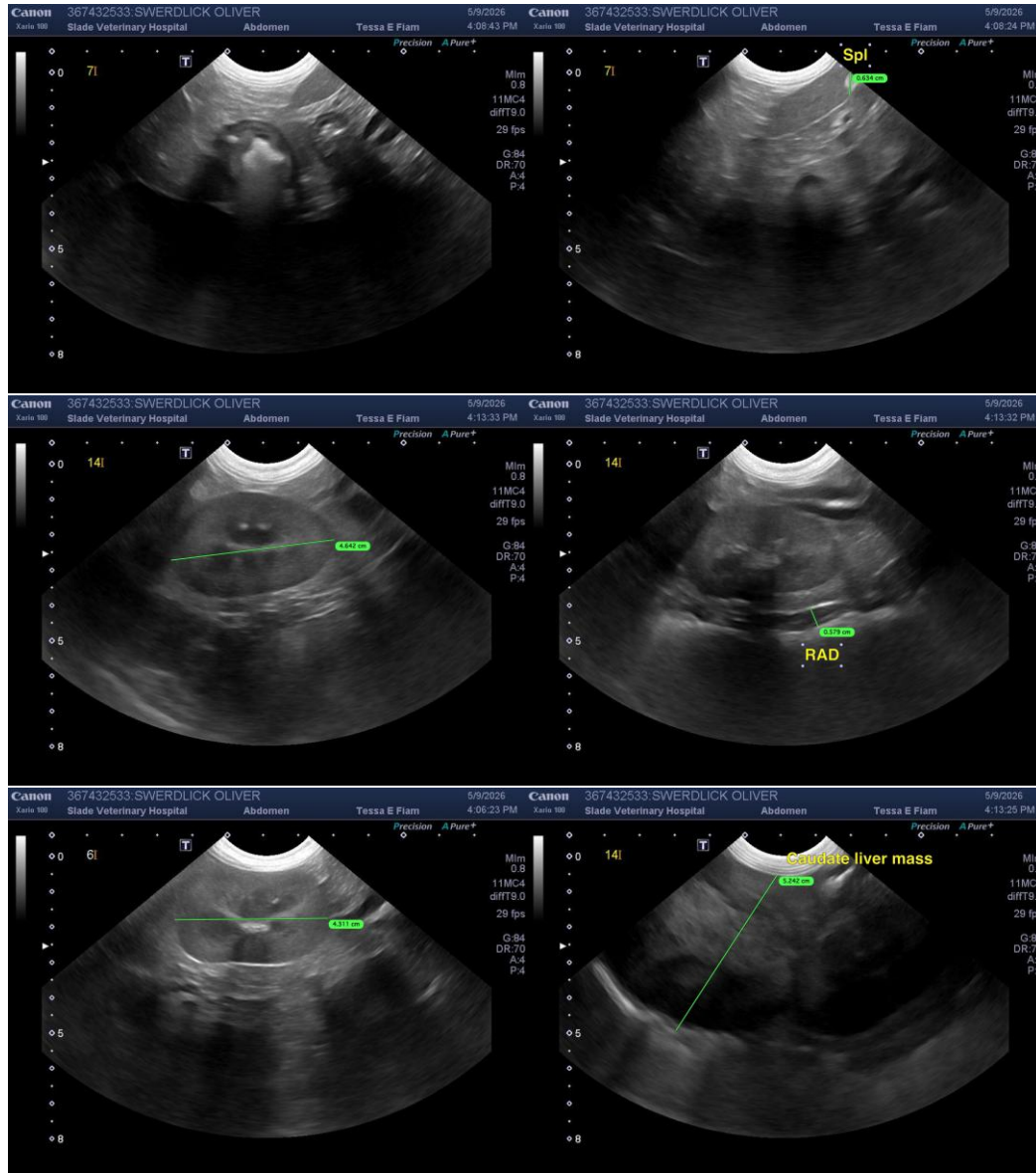
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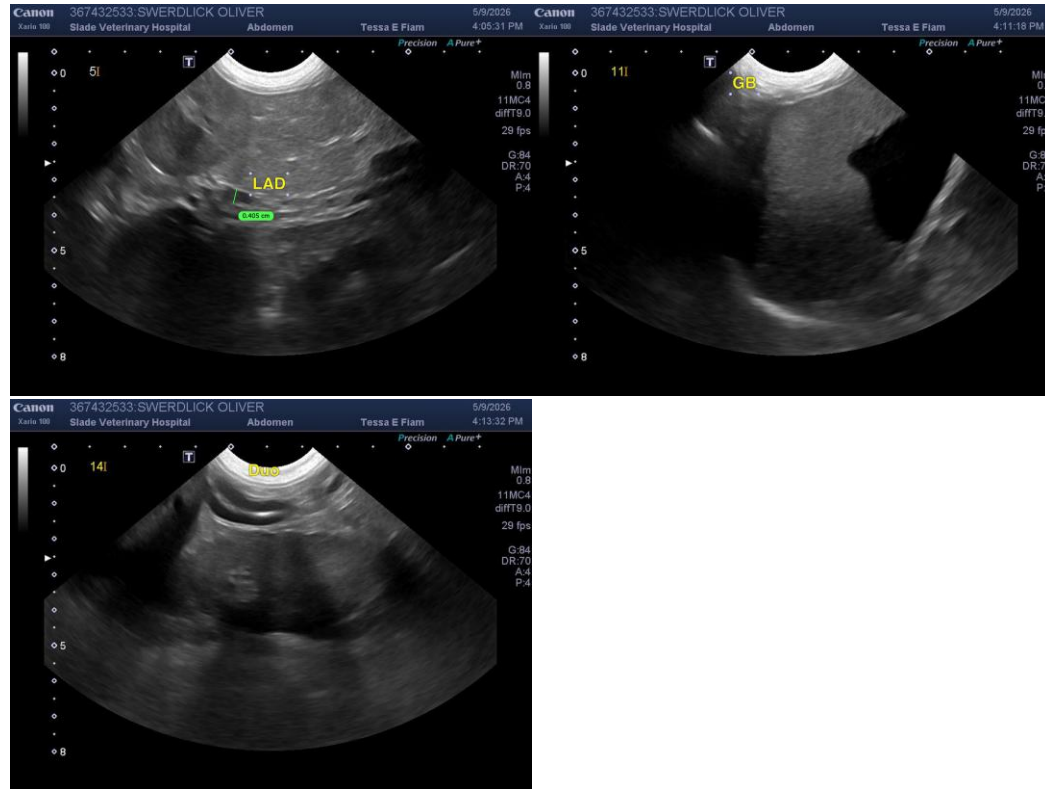
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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