

**PATIENT**

Riley Robertson

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

47.2 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

The Animal Hospital of  
 Roxbury

**REFERRING VET**

Dr. Hickenbottom

**INVOICE**

10720

**DATE**

11/11/2025

**PRESENTING CLINICAL SIGNS**

Concern for Lepto vs. Liver neoplasia, extreme weight loss. Meds: Ondansetron, Famotidine, Entyce, Cerenia, Doxy (all started yesterday.)

Abnormal PE/Chem/CBC/UA Results: CPL snap neg, inc. ALT, liver enzymes. lepto PCR sent out to antech yesterday/pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is distended with anechoic urine and a moderate to severe amount of suspended echogenic debris. There's no overt shadowing urolithiasis noted. The region of the trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 7.1 cm, and the right kidney measures 7.07 cm.

**Adrenal Glands**

The left adrenal gland was visualized and was normal in shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal measures 0.6 cm in width at the caudal pole.

The right adrenal gland was not definitively visualized.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.5 cm at the hilus.

**Liver**

The liver is subjectively enlarged with rounded and irregular margins. The parenchyma is diffusely affected with heterogenous, ill-defined, hypoechoic nodular changes and a mottled appearance. The vasculature is normal with no evidence of congestion, spontaneous echo contrast or thrombosis.

The gallbladder is mildly thickened with anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**Free Abdomen**

The mesentery is diffusely hyperechoic and irregular with a mild to moderate amount of echogenic free peritoneal effusion, and fibrin.

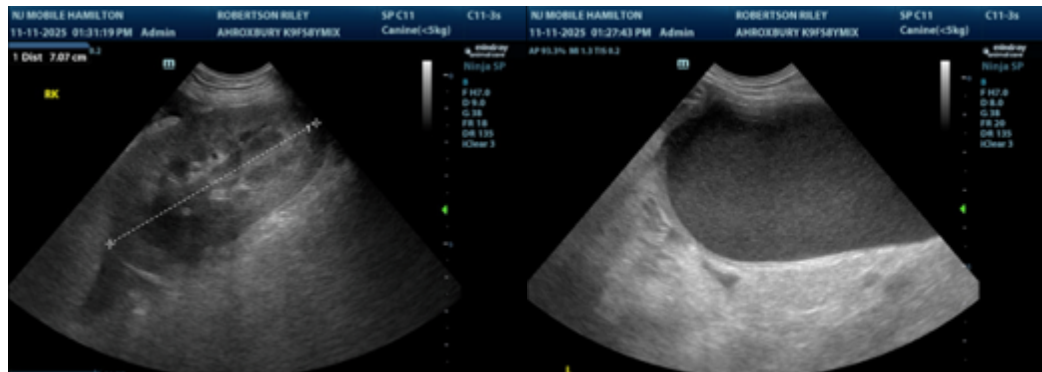
**ULTRASONOGRAPHIC FINDINGS**

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The large, mottled liver with ill-defined nodular changes is concerning for infiltrative neoplastic disease. Round cell neoplasia, or hemangiosarcoma are considered most likely.
- The presence of hemorrhagic abdominal effusion and hyperechoic mesentery is consistent with peritonitis, and concern for hemorrhage from the abnormal liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Consider and exploratory laparotomy for further evaluation of the source of hemorrhage if fluid analysis of the sampled fluid is consistent with pure hemorrhage.





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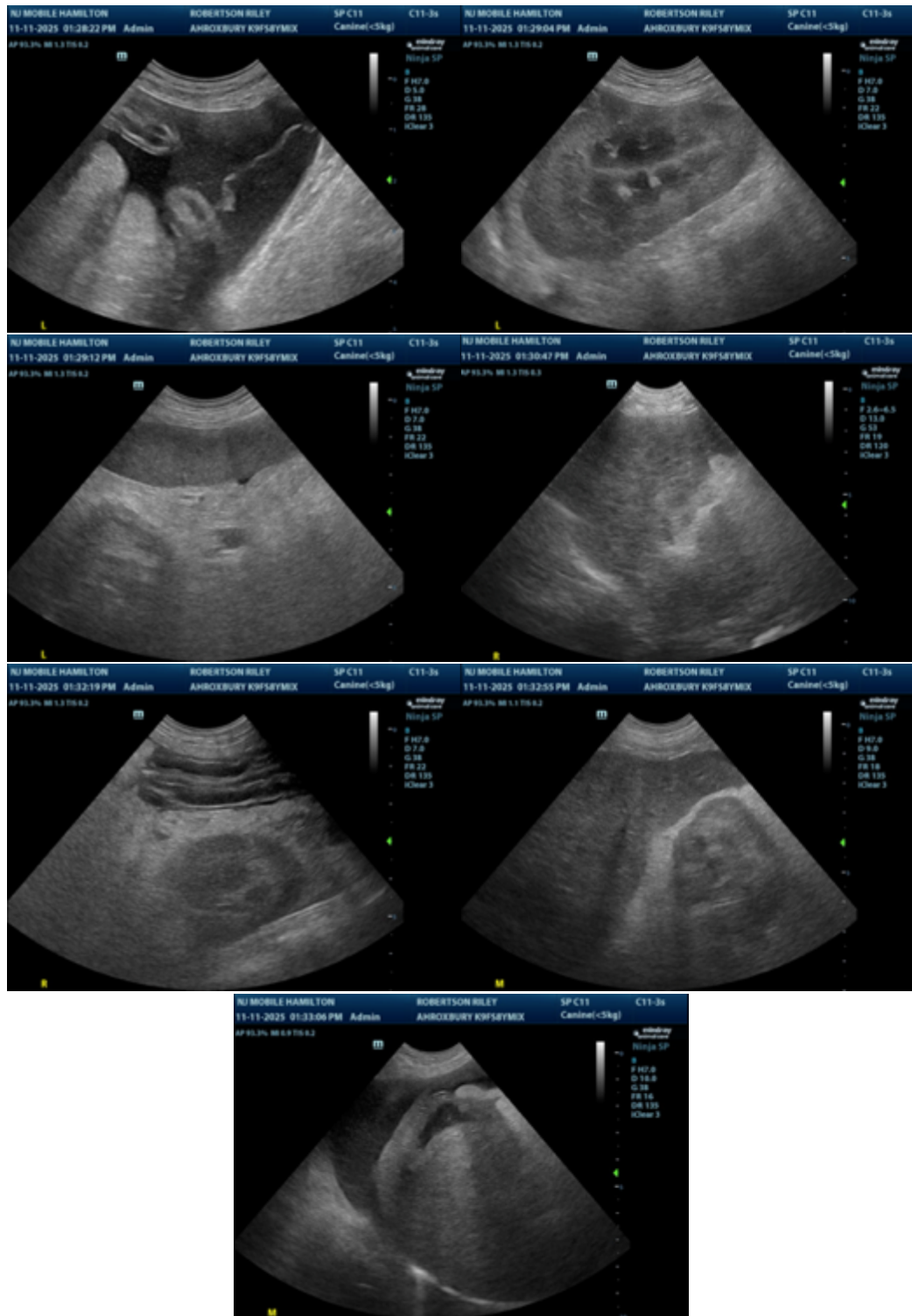
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)