



PATIENT

Thad Bennett

SPECIES

Canine

BREED

Labrador Cross

SEX

Neutered male

AGE

8 years

WEIGHT

48 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

AVID via White Hall
AC

REFERRING VET

Dr. Hartman

INVOICE

71283

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Intermittent lethargy since around Christmas, vomiting Monday; persistently elevated ALT values noted at RDVM, referred for imaging; not eating well and not running and bouncing around like his normal self
- ALT this week was > 1300 with increased ALP; Clotting panel ran in house today to perform sampling for cytopathology (pending). Fasted for 15 hours prior to imaging; appears to have ileus/decreased motility

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 5.9 cm and the right kidney was 6.59 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 3.2 cm by 0.63 cm by 0.71 cm and the right adrenal gland was 3.02 cm by 0.83 cm by 0.66 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** presented with an abnormal appearance containing a large, cavitated mass with an anechoic center. This mass was located on the right lateral aspect of the liver and measured at least 6.1 x 6.48 cm in size. The mass appeared to be solitary without additional discrete masses or nodules. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

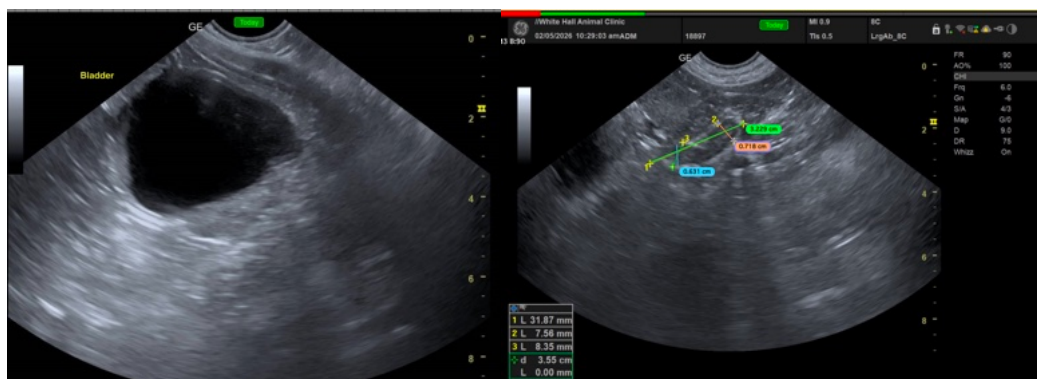
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Large, cavitated mass in the right lateral aspect of the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a large, cavitated mass within the liver. Based upon the cavitated appearance there is concern that this mass may represent underlying pathology such as hemangiosarcoma. However, the definitive pathology would be determined based on sampling. If this owner is interested in pursuing more aggressive intervention options, then an abdominal CT scan should be considered for 3 dimensional imaging to determine if surgical excision is an option in this patient. If this is declined then supportive care and palliation should be provided.





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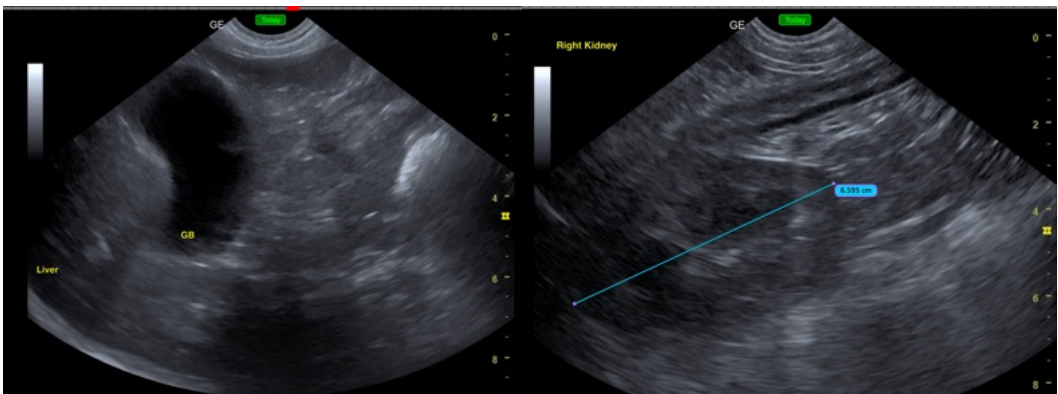
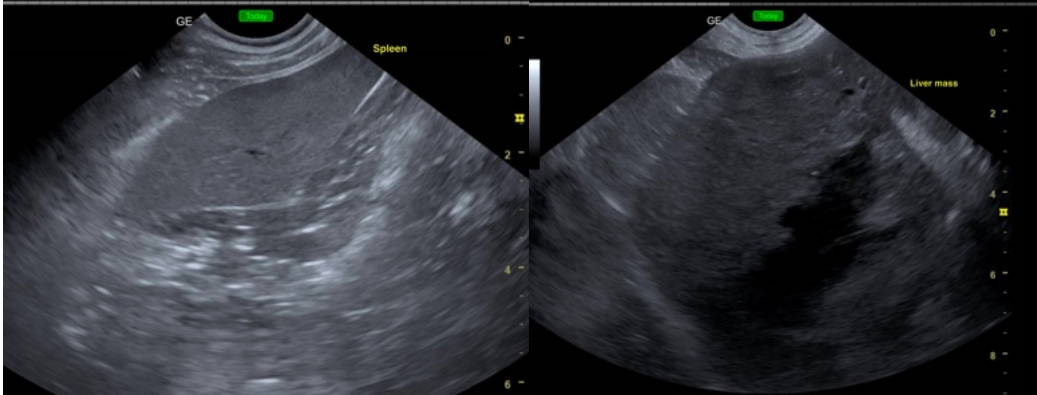
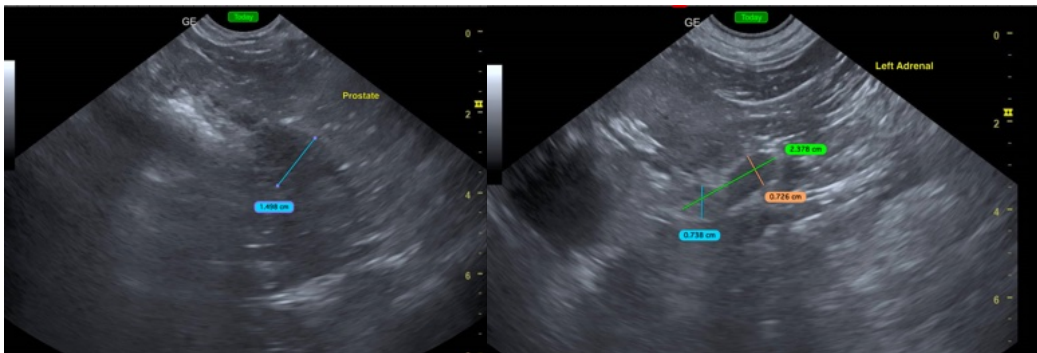
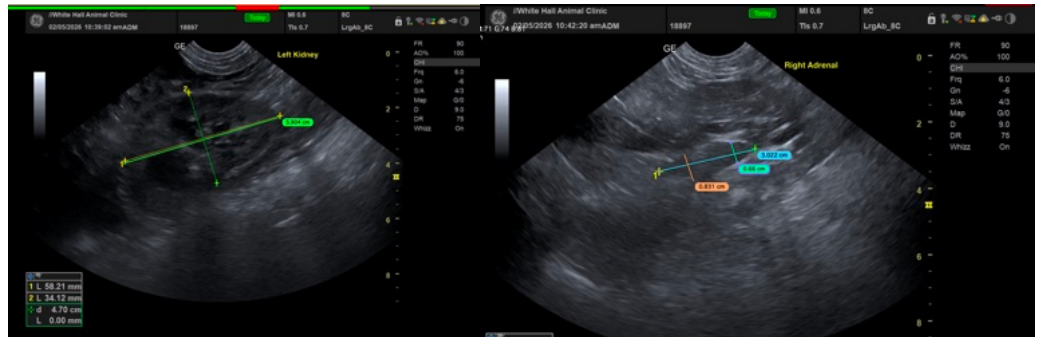
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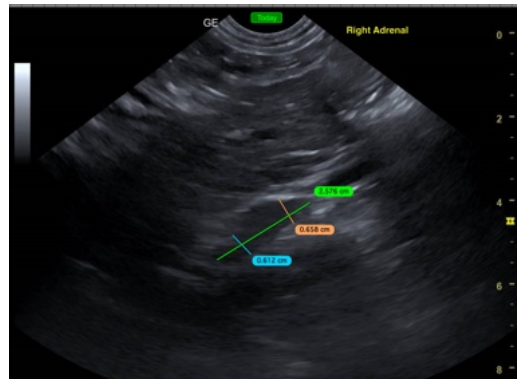
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com