



PATIENT

Luna Straub

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

22.8 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

Dr. Nadbrzezna

INVOICE

16312

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Jaundice, elevation of liver enzymes (significant), episodes of inappropriate urination and defecation in the house, with the owner describing the urine as "neon" yellow. She is having intermittent loose stool, sometimes with a small amount of light-colored blood. No vomiting reported, other than occasional grass-induced vomiting of bile.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses. The urine had an anechoic background but contained a moderate amount of hyperechoic debris. 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 measured 5.62 cm length. The right kidney measured 6.1 cm 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 measured 2.21 cm x 0.44 cm x 0.56 cm. The right adrenal gland measured 1.87 cm x 0.7 cm x 0.41 cm.

Spleen

The **spleen** was abnormal with generalized splenomegaly and a heterogeneous appearance throughout the splenic parenchyma. The capsular contour was rounded.

Liver

The **liver** was dramatically abnormal with too numerous to count hypoechoic and mixed echogenicity masses and nodules throughout. One mass measured 3.7 cm x 3.0 cm in size. The capsular contour was irregular and nodular. There was generalized hepatomegaly present. The gallbladder contained a moderate amount of hyperechoic debris.

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. There were multiple enlarged hypoechoic and rounded lymph nodes throughout the abdomen, including the gastric, hepatic, jejunum, and mesenteric. There was also a moderate to large volume of free abdominal effusion present.

Pancreas



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The **pancreas** had an abnormal appearance with the right limb having a hyperechoic parenchyma and irregular capsular contour. The left limb of the pancreas was generally enlarged with a hypoechoic appearance and surrounding hyperechoic steatitis.

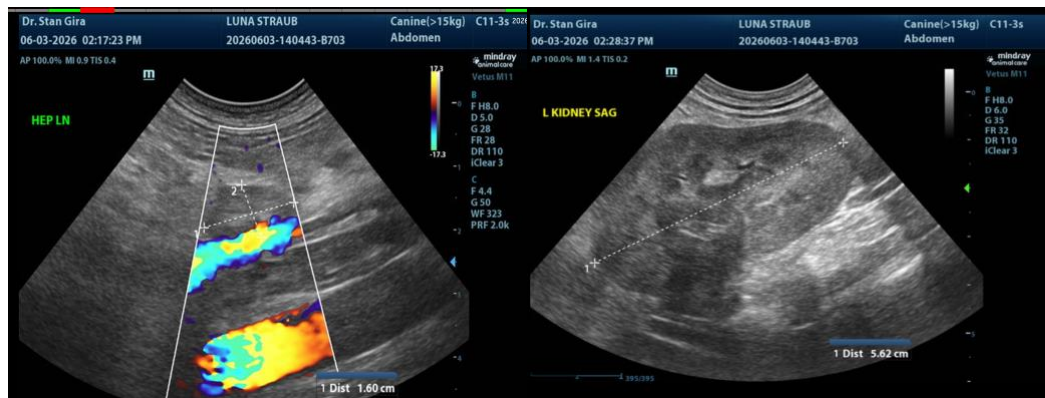
ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with too numerous to count hypoechoic nodules and masses throughout the parenchyma.
- Splenomegaly with a heterogeneous appearance.
- Generalized lymphadenomegaly throughout the abdomen.
- Free abdominal effusion.
- Hyperechoic debris suspended within the urine of the bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a generalized pattern which brings concern for metastatic malignant neoplasia with two numerous to count, hypoechoic masses and nodules throughout the liver and generalized splenomegaly and lymphadenomegaly. It is recommended to perform a fine needle aspirate of liver nodules, the splenic parenchyma, enlarged abdominal lymph nodes and to collect a sample of the abdominal effusion for fluid analysis. Based upon the cytology and fluid analysis results, a more specific diagnosis of neoplasia and the potential underlying neoplasia type can be better determined.

This patient should be supported symptomatically until results have been obtained. If cytology is not definitive, then a liver biopsy can be considered. However, it would be important to ensure that clotting function is normal since this patient is clinically jaundiced.





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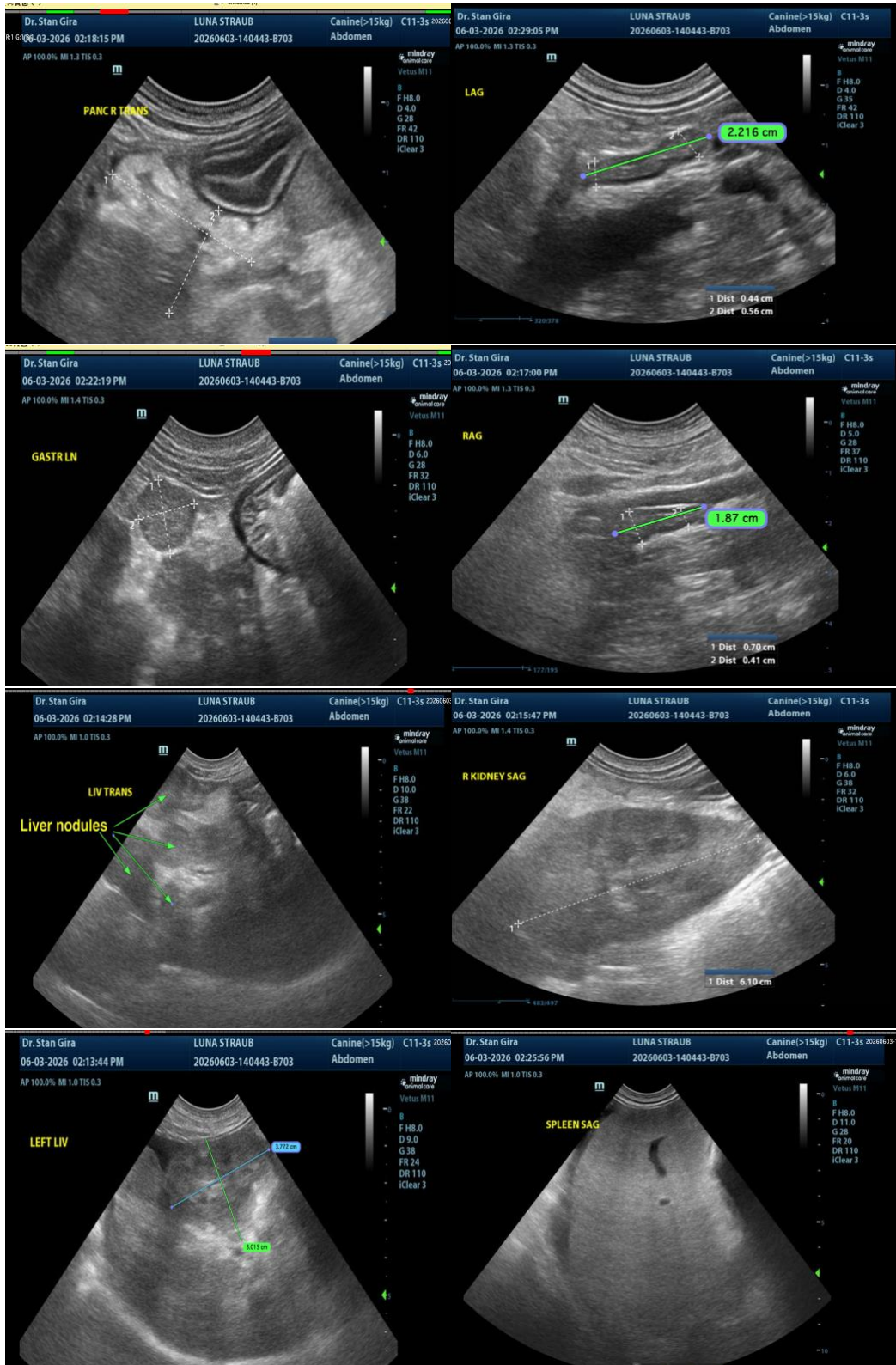
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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