



PATIENT

Aurora Francisco

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9.5yr

WEIGHT

34.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Logan Law

INVOICE

23547

DATE

01/14/2026

PRESENTING CLINICAL SIGNS

*Pet has been seen here several times ,but the last 2 times were for suspected pancreatitis, vomiting and inappetance. Today owner states pet vomited 4 times (showed me pictures of food, phlegm, saliva, and possibly blood). Pet had full BW, and CPLi done on 1/1/26. Was previously on Emeprev and proviable but male owner today is unsure if pet is still taking meds because he isn't the person that gives the medications. did eat 2 meals today. Possible lung mass/nodule diagnosed on 12/23/25. *concern for gastritis

Abnormal PE/Chem/CBC/UA Results: PE: comfortable, soft on abd palpation; Non-reactive to abd palpation; Appears nauseous/lip licking/hard swallowing Rads rdvm 12/23: concerned for mid-abd mass-effect. Although the report of the radiographs does not reflect this. Solitary rounded soft tissue nodule (1.5 cm) in the right middle lung field. Conclusions: Solitary pulmonary nodule raises concern for primary pulmonary neoplasia 12/24/25 CBC: Retic 161, Retic Hgb 23.1, Neutrophils 10.19, Mono 1.003, Plat decreased (est 50,000-100,000/uL on film, severe clumping Chem: Glucose 50, K+ 5.8, Na:K Ratio 26, Anion Gap 30, Amylase 1,735, Lipase 291, CK 217; Spec cPL: 430 ; T4: 1.6 Vcheck: cPLI 252.4 1/1: cbc plt 391,000; amylase 1573 1/1 cPL: 145

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



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The liver was overall normal in size with primarily homogenous parenchyma and normal vascular volume. A solitary mild capsule distorting non-homogenous ventral intraparenchymal mass adjacent to the gallbladder was present measuring ~ 5.0 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

Variable to irregularly thickened stomach exhibiting hypoechoic to mixed echogenic mural echogenicity and loss of regional to generalized gastric mural detail. The stomach contained a mild amount of retained anechoic fluid. Thickened stomach wall measured up to 2.2 cm in width.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

No obvious pathology in the area of the right pancreas.

AGE

9.5yr

Free Abdomen

A spherical non-homogenous mass caudal to the stomach in the area of the pancreas and cranial omentum was present measuring ~ 6.8 cm x 5.4 cm.

WEIGHT

34.6kg

No evidence of peritoneal effusion

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-homogenous mass caudal to stomach
- Non-expansive non-homogenous liver mass.
- Variably thickened stomach exhibiting hypoechoic to variable mural echogenicity and loss of mural detail
- Sonographically normal small intestine
- Age related renal changes
- Normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric neoplastic criteria involving the stomach, liver and unspecified mass caudal to the stomach is met. The mass caudal to the stomach may potentially be pancreatic or omental in origin. Given hypoglycemia, monitoring is recommended with consideration for insulin glucose ratio on same serum sample if persistent hypoglycemia < 60.

Assuming normal clotting status FNA cytology of the mass caudal to the stomach and if accessible, liver mass could be considered for further clarification.

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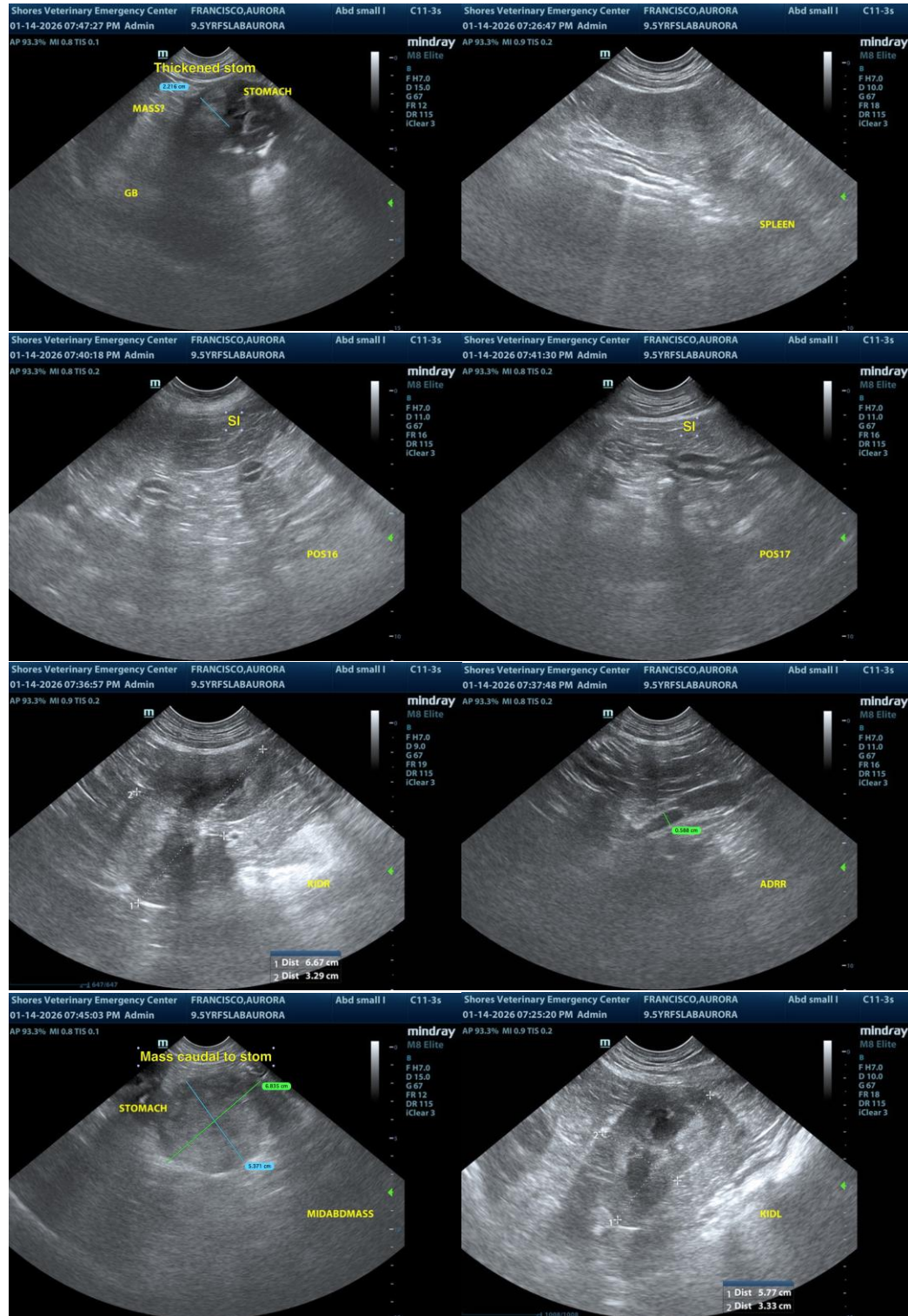
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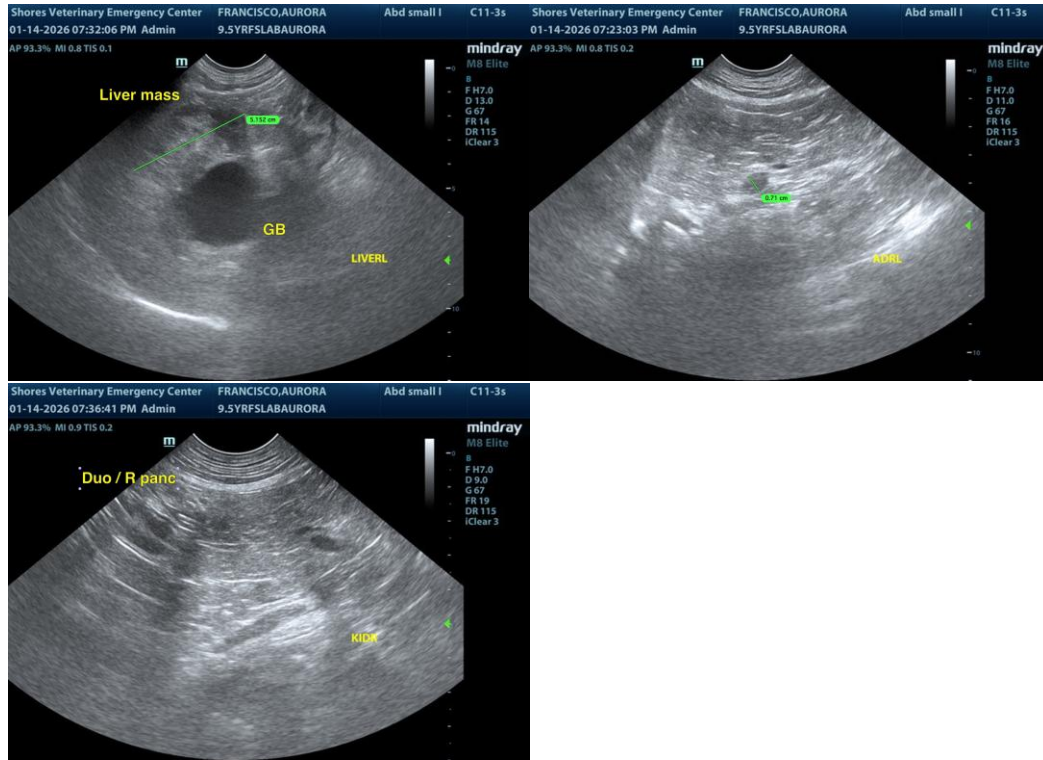
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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