

## PATIENT

Chase Mason

## SPECIES

Canine

## BREED

Boxer X

## SEX

Male Neutered

## AGE

11y

## WEIGHT

57 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Rodriguez

## INVOICE

13071

## DATE

1/14/26

## PRESENTING CLINICAL SIGNS

History: Diarrhea and rectal exam was irreg

Abnormal PE/Chem/CBC/UA Results: ALT: 240, ALK: 633,

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent, small cortical cyst was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.86 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 0.77 cm width at the caudal pole.

### Spleen

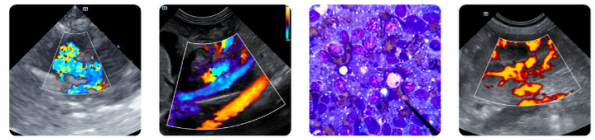
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderately sized, mixed echogenic mass with associated, mild hepatic capsule distortion was present measuring ~8.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing, mild, non-shadowing ingesta to the level of the colon. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon exhibited variable to irregular thickened wall with indistinct mural detail and segmental, variably echogenic, non-shadowing fecal matter. Thickened descending colon wall measured 0.57 cm width.

### *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*

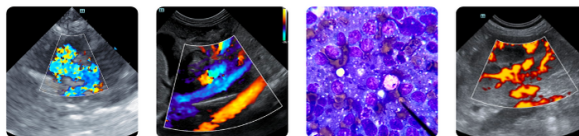
Several mild, irregular, swollen to hypoechoic colic and medial iliac lymph nodes were present. Example of colic lymph node measured 3.5 cm x 1.1 cm and example of medial iliac lymph node measured 2.2 cm x 1.9 cm. Mild perilymphatic hyperechoic omentum. No evidence of peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Variably thickened colon exhibiting indistinct mural detail and variably echogenic non-formed fecal matter
- Normal gastrointestinal tract with mild, non-shadowing gastrointestinal ingesta
- Liver mass
- Bilateral chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the colon and lymphadenopathy may include nonspecific colitis with potential for boxer colitis given breed, lymphatic hyperplasia, lymphadenitis or colon and lymphatic neoplasia. The concurrent liver mass may suggest neoplastic criteria with significant lobular hyperplasia, granuloma, inflammation, etc. thought less likely. Further assessment may include, assuming normal clotting status, hepatic mass and accessible lymph node FNA cytology. Biopsies may be required for definitive diagnosis. Empirical therapy for boxer colitis with clinical and as needed sonographic monitoring would be more conservative.



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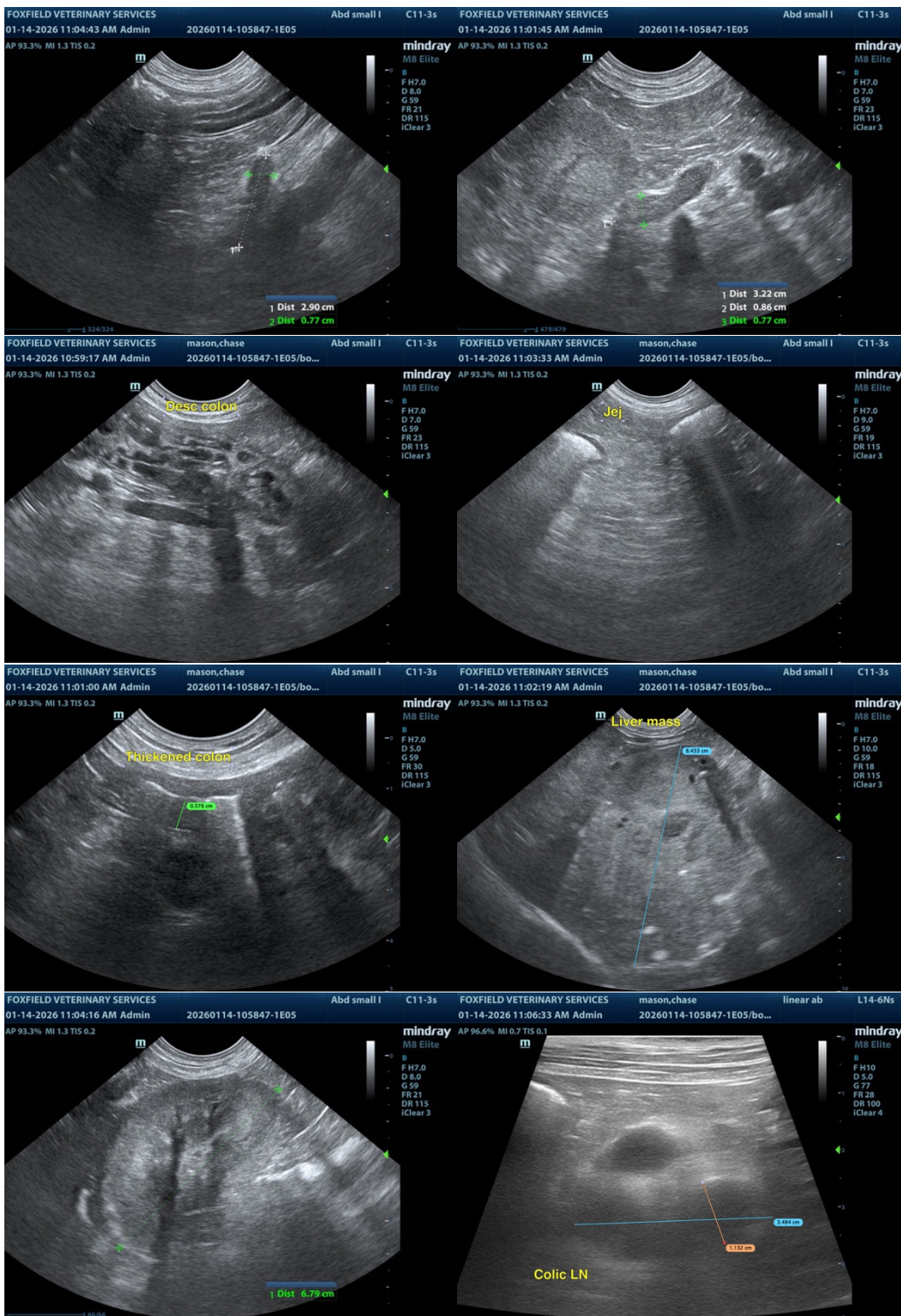
Rodriguez

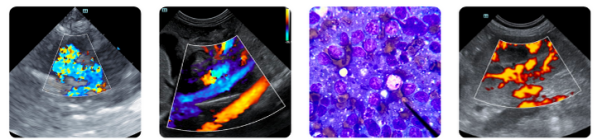
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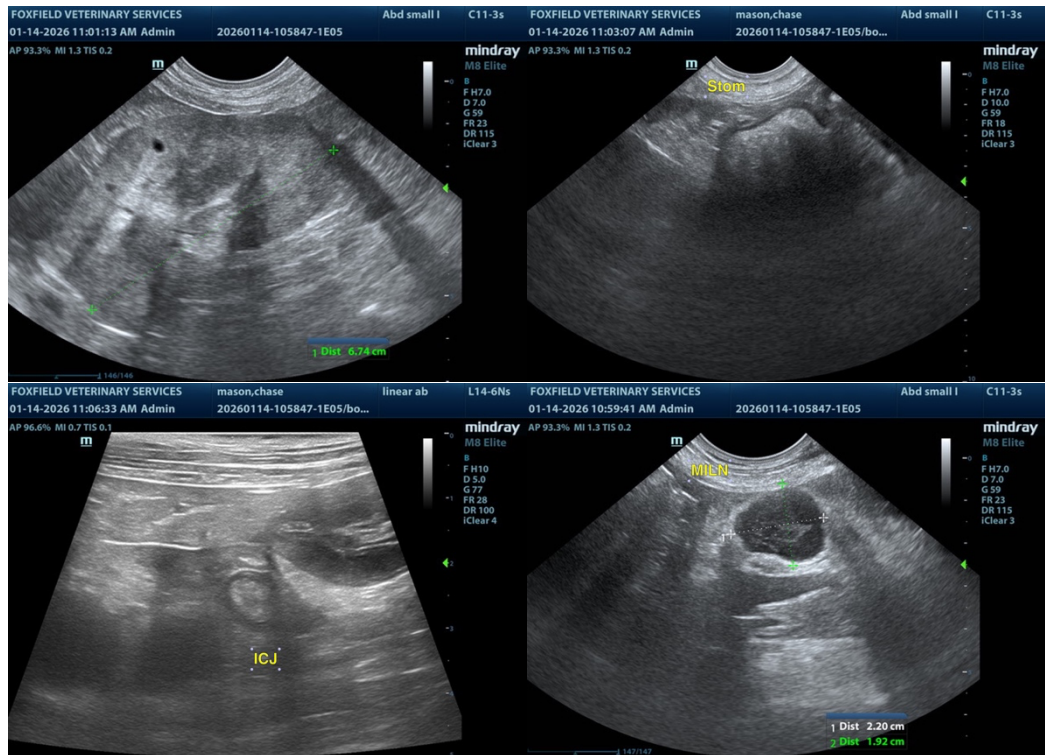
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)