



PATIENT

Mia Hamilton

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

11

WEIGHT

5.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Schiess

INVOICE

23543

DATE

01/14/2026

PRESENTING CLINICAL SIGNS

PU/PD cranial abd mass liver vs spleen surgical? metastatic dz?

Abnormal PE/Chem/CBC/UA Results: CBC platelets 559 Chem Glu 58 Creat 0.4 ALT and ALP unreadable GGT 952 remainder WNL

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. Bilateral non-obstructive renoliths were present. The left kidney measured – cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was borderline enlarged; the right adrenal gland was mildly enlarged. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the caudal pole.

Spleen

The spleen was subjective normal in size with maintained symmetrical capsule contour and primarily homogenous parenchyma. The spleen exhibited mild folding with a solitary visualized non-capsule deforming well demarcated hypoechoic splenic nodule measuring 0.52 cm in diameter.

Liver/Gallbladder

The liver exhibited generalized hepatomegaly. A moderately sized, irregular to caudally expanding mixed echogenic nodular liver mass was present measuring at least 8 cm in diameter, but subjectively mildly larger as the entire mass would not fit to a single viewing window. The mass extended caudally to the level of the gastric axis with subjective probable mild gastric displacement. Concurrent, intermittent separate hypoechoic intraparenchymal nodules were present, an example of the hepatic nodules measured 0.94 cm in diameter.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Mia Hamilton

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

11

WEIGHT

5.8

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with caudally expanding liver mass, concurrent intermittent separate hypoechoic hepatic nodules
- Non-organized gallbladder debris (non-mucocele)
- Mild splenic folding with non-expansive hypoechoic splenic nodule
- Chronic renal changes with renoliths
- Borderline and mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass meets neoplastic criteria, i.e. carcinoma or other. The separate hepatic and solitary visualized splenic nodules are nonspecific and may indicate hyperplasia, hematopoiesis, granulomas, inflammation, or metastasis.

Further assessment may include assuming normal clotting status, hepatic mass and accessible hepatosplenic FNA cytology with potential for oncology or surgical consultation. Concurrent adrenal workup warranted if clinical signs consistent with Cushing syndrome are present in conjunction with clinical signs and thrombocytosis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Schiess

INVOICE

23543

DATE

01/14/2026



PATIENT

Mia Hamilton

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

11

WEIGHT

5.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

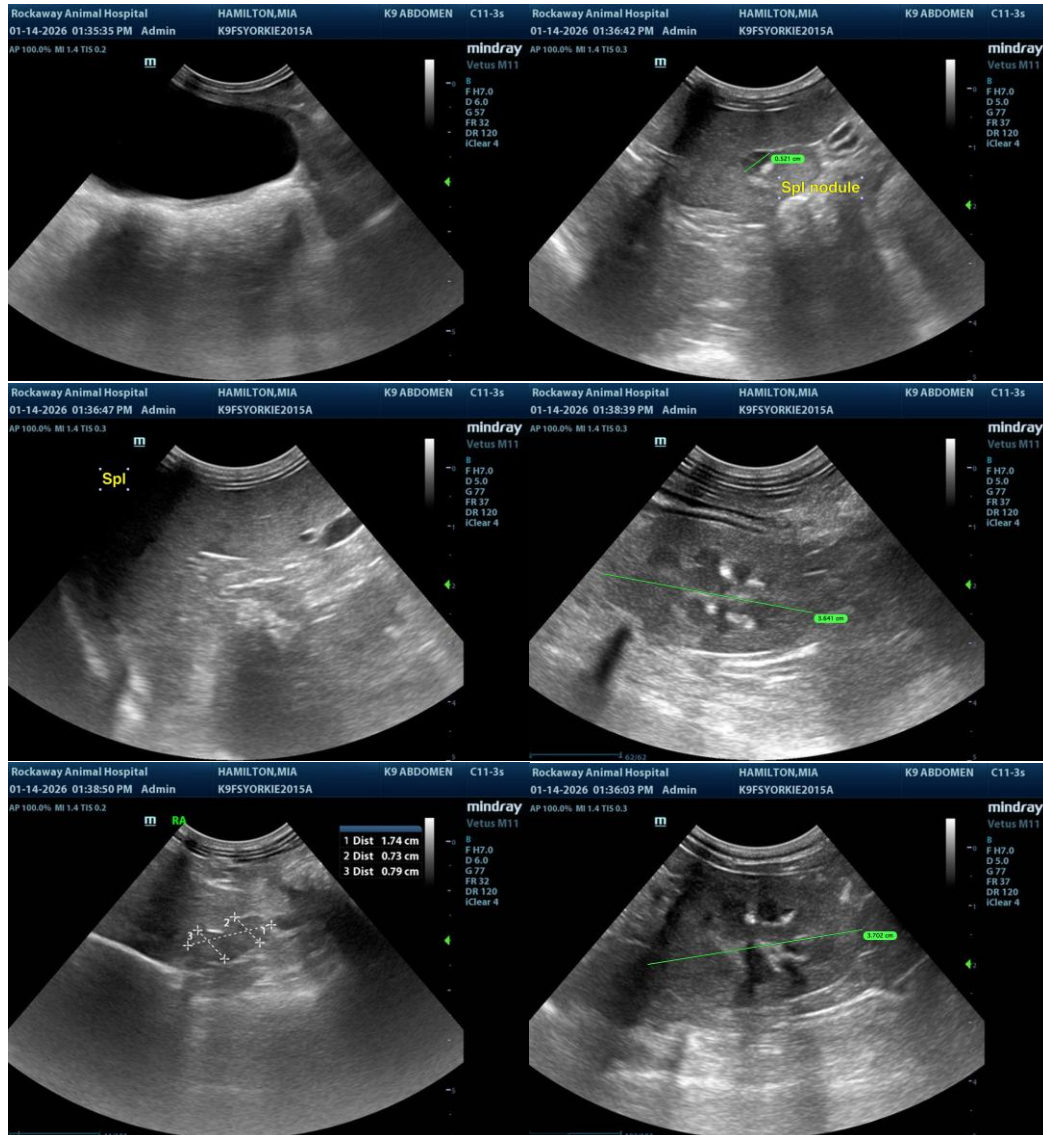
Dr Schiess

INVOICE

23543

DATE

01/14/2026





PATIENT

Mia Hamilton

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

11

WEIGHT

5.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

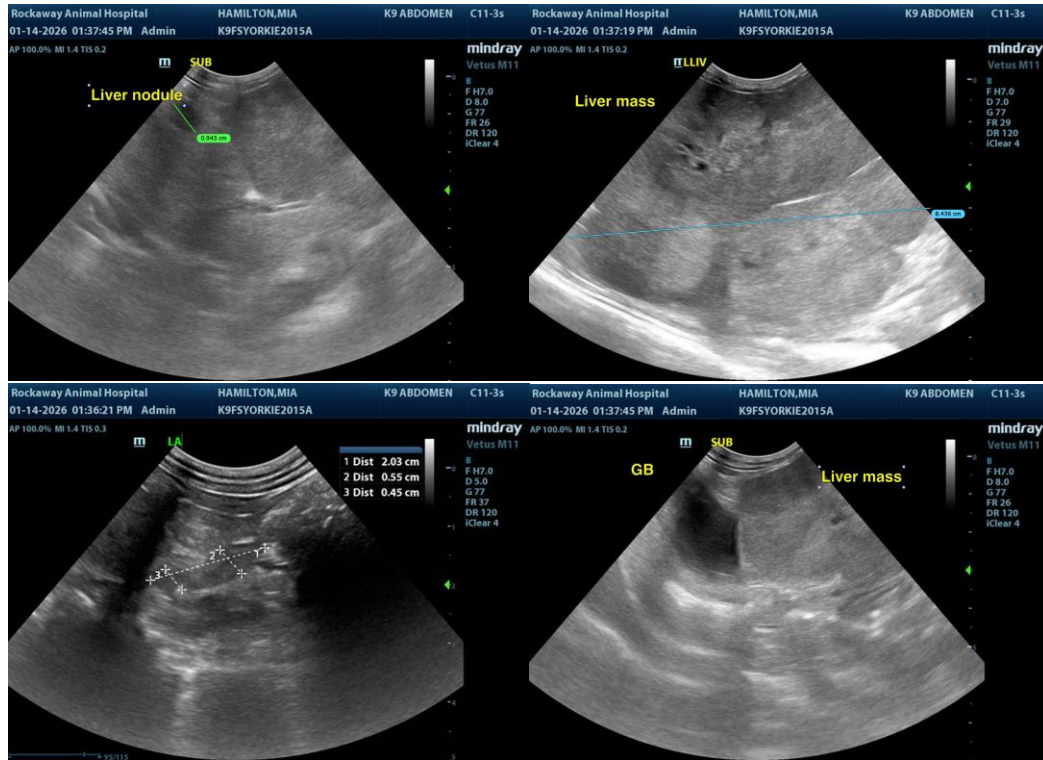
Dr Schiess

INVOICE

23543

DATE

01/14/2026



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