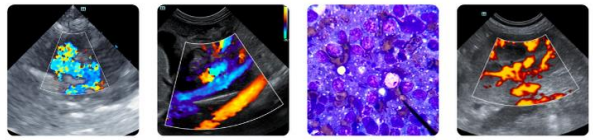




PATIENT	PRESENTING CLINICAL SIGNS
Slim Kalmus	Slim presented for pale gums this morning. Two nights ago, Slim vomited 4-5 times throughout the night. The next morning, he ate but then developed diarrhea. He has been "off" for the past couple of days. Last night, the owner noted his paws felt cold. Yesterday morning, his energy level improved and he ate his breakfast. Normal bowel movement and kept his food down. However, last night he started acting "off" again and began yelping, which is a new behavior. The yelping occurs when he is picked up or touched, but also spontaneously. Tonight, the owner checked his gums and noted they were white, which prompted the emergency visit. Appetite has been variable; he ate the morning after the vomiting episode but did not eat dinner that night. He ate well this morning. There is no known ingestion of foreign material, new foods, treats, or trash, though the owner states it is possible.
SPECIES	
Canine	
BREED	
Fox Smooth Terrier	
SEX	
N/M	
AGE	
12 yrs	Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Light pink mm, No murmur or arrhythmias appreciated on cardiac auscultation, strong synchronous pulses, well-perfused with warm distal extremities. Mild tachycardia. Abdomen: Tense abdomen. Repeatable pain on palpation. Integument: Progressively worsening peri preputial and scrotal ecchymoses bilaterally. Mild peritoneal effusion on fast u/s. PCV/TS: 34%/6.2g/dL CBC: RBC 4.57 (L), Hct 28.9% (L), Hgb 10.0 (L), Retic 124.3 (H), WBC 18.47 (H), Neut 16.21 (H), PLT 112k (L) Chem/Lytes: NSF (BUN 20, Creat 1.2) cPL: <50 ng/mL - normal PT/PTT: 14.0s/104.0s (H)
WEIGHT	
3.84 kg	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Dr. Sookhoo	There was no overt pathology in the area of the residual prostate.
HOSPITAL NAME	No evidence of medial Iliac or sublumbar lymphadenopathy/masses or distal aortic thrombus.
Calusa Veterinary Center	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 3.5 cm in length. The right kidney measured 3.8 cm in length.
REFERRING VET	
Dr. D'Ortona	
INVOICE	Adrenal Glands
10556	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 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 0.53 cm width at the caudal pole.
DATE	
1/16/26	



PATIENT	Spleen
Slim Kalmus	The spleen was normal in size with symmetrical contour exhibiting a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
SPECIES	
Canine	
BREED	
Fox Smooth Terrier	
SEX	
N/M	
AGE	
12 yrs	
WEIGHT	
3.84 kg	
INTERPRETED BY	Liver/ Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented generalized hepatomegaly with a primarily rounded hepatic capsule contour and homogeneous parenchyma in the mid-left liver extending into the right liver. Subjective normal hepatic vascular volume was noted without obvious congestion. An ill-defined, nonhomogeneous mass was noted in the area of the right lateral liver measuring ~4.5 cm x 5.0 cm. The mass potentially mildly displaced the gallbladder medially. The gallbladder was non-distended in size containing primarily anechoic content with moderate, congealed, nonorganized gallbladder debris. The common bile duct was not definitively visualized.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Sookhoo	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic to progressively shadowing ingesta without signs of obstruction or foreign material. There was no overt obstruction to pyloric outflow.
HOSPITAL NAME	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 ileus, obstruction, or foreign material.
Calusa Veterinary Center	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	Pancreas
Dr. D'Ortona	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 were evident.
INVOICE	Free Abdomen
10556	Right cranial to generalized cranial abdomen mild hyperechoic omentum and mild volume peritoneal effusion were present. No obvious significant omental lymphadenopathy was visualized.
DATE	
1/16/26	



PATIENT

Slim Kalmus

SPECIES

Canine

BREED

Fox Smooth Terrier

SEX

N/M

AGE

12 yrs

WEIGHT

3.84 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. D'Ortona

INVOICE

10556

DATE

1/16/26

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly with ill-defined right liver mass
- Congealed nonorganized gallbladder debris - not consistent with mature mucocele
- Right / generalized cranial abdomen hyperechoic omentum and mild volume peritoneal effusion
- Sonographically normal spleen
- Normal gastrointestinal tract with gastric ingesta - Consistent with food echogenicity / post prandial presentation

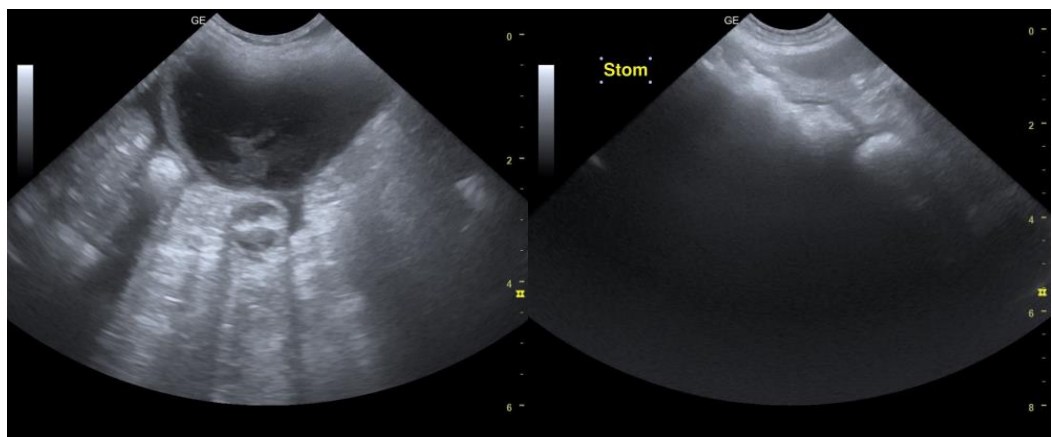
Secondary Findings

- Age-related renal changes
- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the ill-defined right liver mass is highly suggestive of neoplastic criteria. No obvious evidence of concurrent splenic pathology. Correlation with mass FNA cytology and effusion analysis, assuming normal clotting status, is recommended.

Assuming no evidence of pathology on thoracic radiographs, and if additional interventional procedures are possible, abdominal CT would be ideal for further clarification. Urine C/S is recommended if inflammatory sediment on urinalysis.





PATIENT

Slim Kalmus

SPECIES

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Fox Smooth Terrier

SEX

N/M

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12 yrs

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

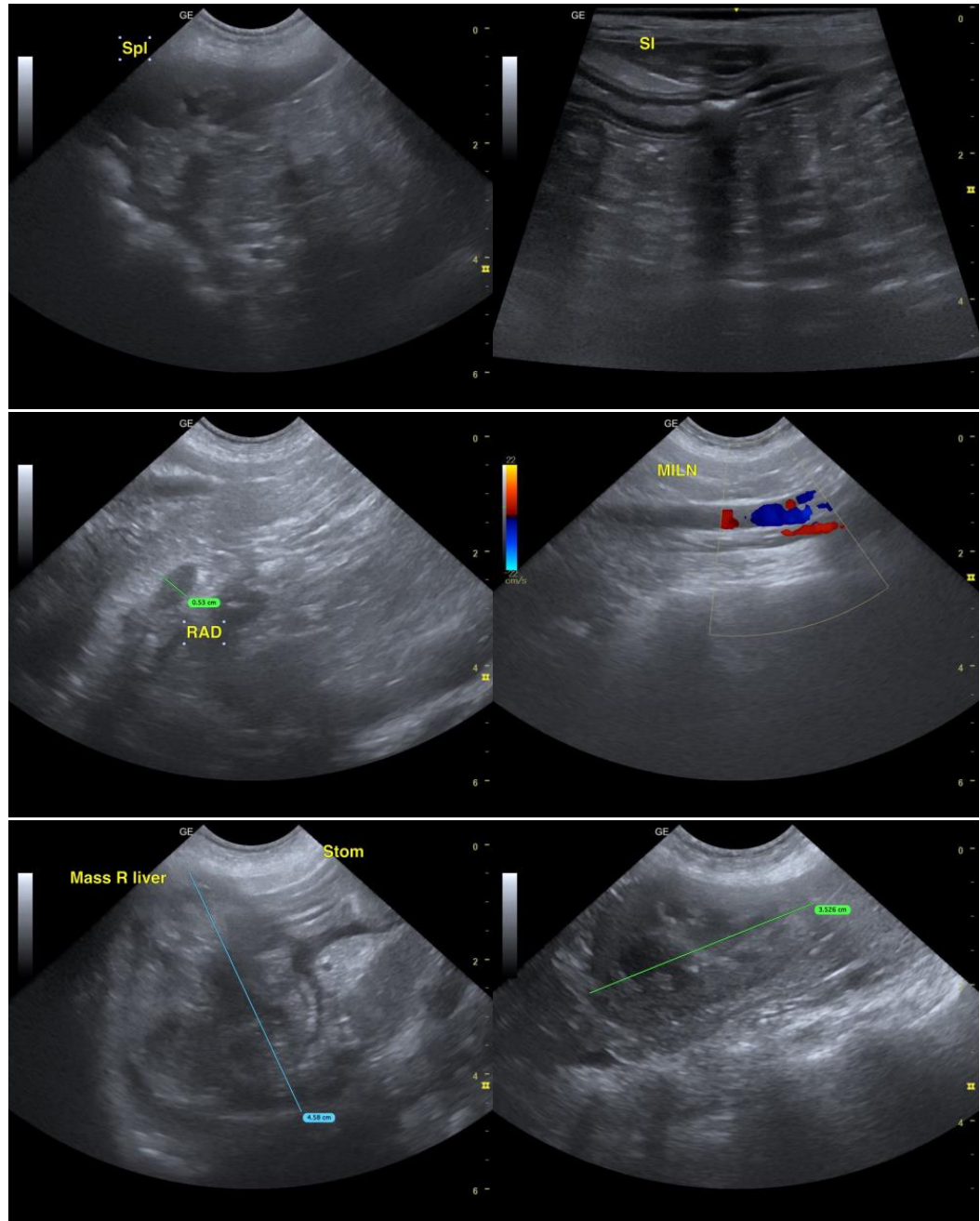
Dr. D'Ortona

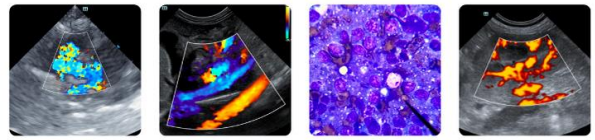
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DATE

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PATIENT

Slim Kalmus

SPECIES

Canine

BREED

Fox Smooth Terrier

SEX

N/M

AGE

12 yrs

WEIGHT

3.84 kg

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

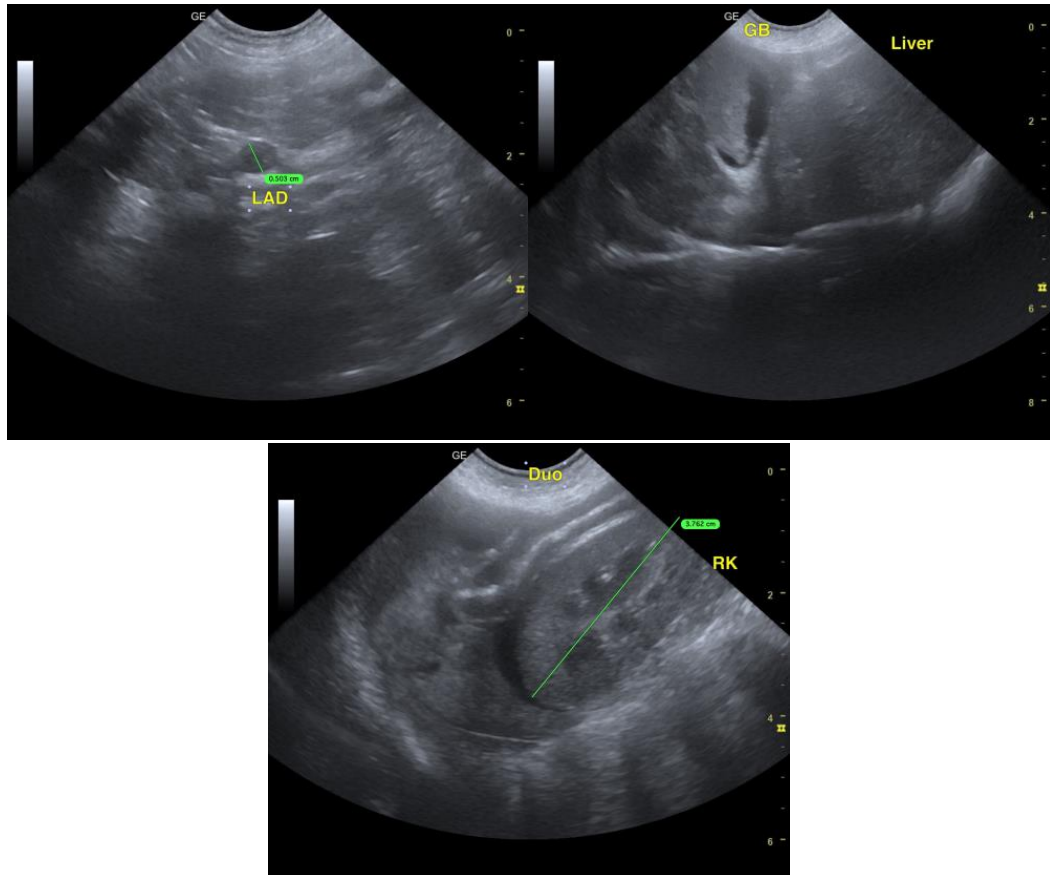
Dr. D'Ortona

INVOICE

10556

DATE

1/16/26



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