



**PATIENT**

Duncan Lankester

**SPECIES**

Canine

**BREED**

Bernese

**SEX**

MN

**AGE**

10yr

**WEIGHT**

110lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

The Maples Animal  
Hospital

**REFERRING VET**

Kazienko

**INVOICE**

23609

**DATE**

01/19/2026

**PRESENTING CLINICAL SIGNS**

- Jan 12-Coughing-not productive/hacking, breathing heavily since Sat Jan 10. No other dogs/no travel. Temp N over weekend-by owner. Doxycycline all November for Lyme Dz(QC6 >800). PE--conjunctiva M1 red/inflamed. Eyes appear B & A but not quite normal/little "off". Minimal white foamy saliva in caudal oropharynx. All LN's normal size & texture on palpation. Lungs clear on auscultation. Heart normal rate/rhythm/audibility.
- Jan 16-PE-LN's normal, Abdomen palpates `fuller'/ascites? Breathing is louder, increased expiratory effort. MM colour-darker pink. Decreased appetite.
- Jan 19-Jan 19-Breathing improved daily. Anorexic/no interest despite Cerenia& Mirtazapine. MM still a darker pink, not forced expiration since Saturday. Owner feels abdomen is sig reduced in size/not bloated at all.
- Current Medications Cerenia-4.9cc SQ SID, Salix-100mg SQ BID, Mirtazapine 30mg SID

Abnormal PE/Chem/CBC/UA Results: Globulin 38 (16-36 g/L) Alkaline Phosphatase 145 (5-131 U/L) Eosinophils 1.46 (12 0-1.20 109/L) Radiographic Findings Thoracic (VD & L lateral) and abdominal(L lateral) radiographs: -scalloping of lung fields, pleural effusion, rectangular R atria and irregular edges (mass?) -abdominal fluid/hazy abdomen, mild gas in GIT Primary Question to Be Answered in This Exam Cardiac mass? Fluid-pericardial sac? Splenic mass? Liver mass?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 6.3 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

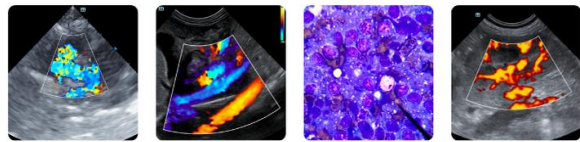
**Adrenal Glands**

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole.

**Spleen**



|  |  |
|--|--|
| <b>PATIENT</b>   | The spleen exhibited normal size and contour with mild heterogeneous parenchyma. No visualized masses or nodules were present. Normal splenic vascularity was present.   |
| Duncan Lankester   |  |
| <b>SPECIES</b>   | <b>Liver/Gallbladder</b>   |
| Canine   | Significant generalized hepatomegaly exhibiting asymmetrical hepatic contour. Variable lobar swelling including lobar non-homogenous nodular parenchyma to indistinctly marginated mass measuring ~ 9 cm in diameter. An example of a liver nodule measured 2 cm in diameter. Normal hepatic and cranial abdomen caudal vena cava volume without overt congestive criteria.  |
| <b>BREED</b>   | The gallbladder was non-distended in size with mild thickened hyperechoic walls and mild non-organized hyperechoic bile sediment. The common bile duct was not visualized  |
| Bernese  | <b>Gastrointestinal</b>  |
| <b>SEX</b>   | The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.  |
| MN   |  |
| <b>AGE</b>   | The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.   |
| 10yr   |  |
| <b>WEIGHT</b>  | Normal visible colon wall layers were present with apparent formed feces in lumen.   |
| 110lb  | <b>Pancreas</b>  |
| <b>INTERPRETED BY</b>                                    | The area of the pancreas was sonographically normal.   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | <b>Free Abdomen</b>  |
| <b>IMAGING PERFORMED BY</b>                              | No overt visualized significant or swollen mesenteric lymphadenopathy.<br>Moderate volume peritoneal effusion with generalized increased omental echogenicity.   |
| Amanda Stewart   | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| <b>HOSPITAL NAME</b>                                     | <b>Primary</b>   |
| The Maples Animal Hospital                               | <ul style="list-style-type: none"> <li>• Non-congested, significant to asymmetrical hepatomegaly, exhibiting lobar non-homogenous nodular parenchyma with indistinct liver mass.</li> <li>• Non-distended mildly thickened gallbladder with non-organized bile debris-not consistent with mature mucocele.</li> <li>• Non-specific gastroenteritis pattern.</li> <li>• Peritoneal effusion and non-homogenous hyperechoic omentum</li> </ul> |
| <b>REFERRING VET</b>                                     | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>  |
| Kazienko   | Although no evidence of hepatic or vena cava congestion, correlation with echocardiogram to  |
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definitively rule out right cardiomyopathy or pulmonary hypertension is recommended. Without evidence of hepatic congestion, overt splenic, gastrointestinal or pancreatic pathology, as well as no reported subnormal ALB that would result in peritoneal to bicavitary effusion, hepatic to potential multicentric neoplasia, i.e. carcinomatosis, is of primary concern.

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Further assessment may include assuming normal clotting status, an FNA cytology of heterogeneous nodular hepatic parenchyma to indistinct mass, as well as correlation with effusion analysis could be considered.

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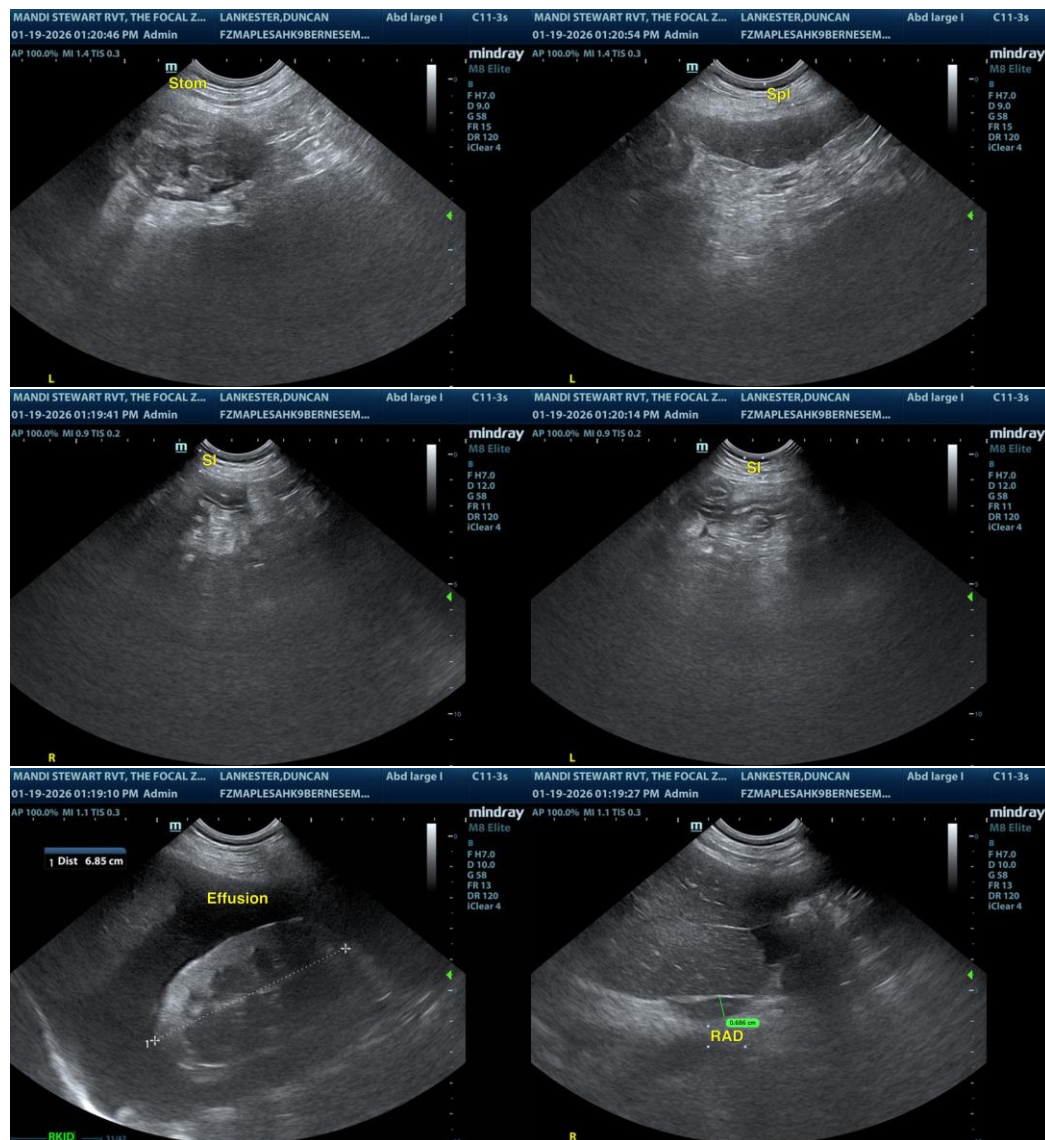
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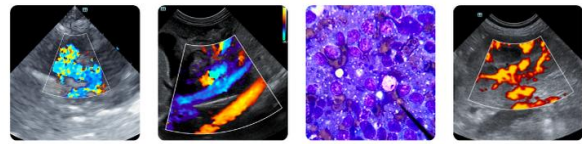
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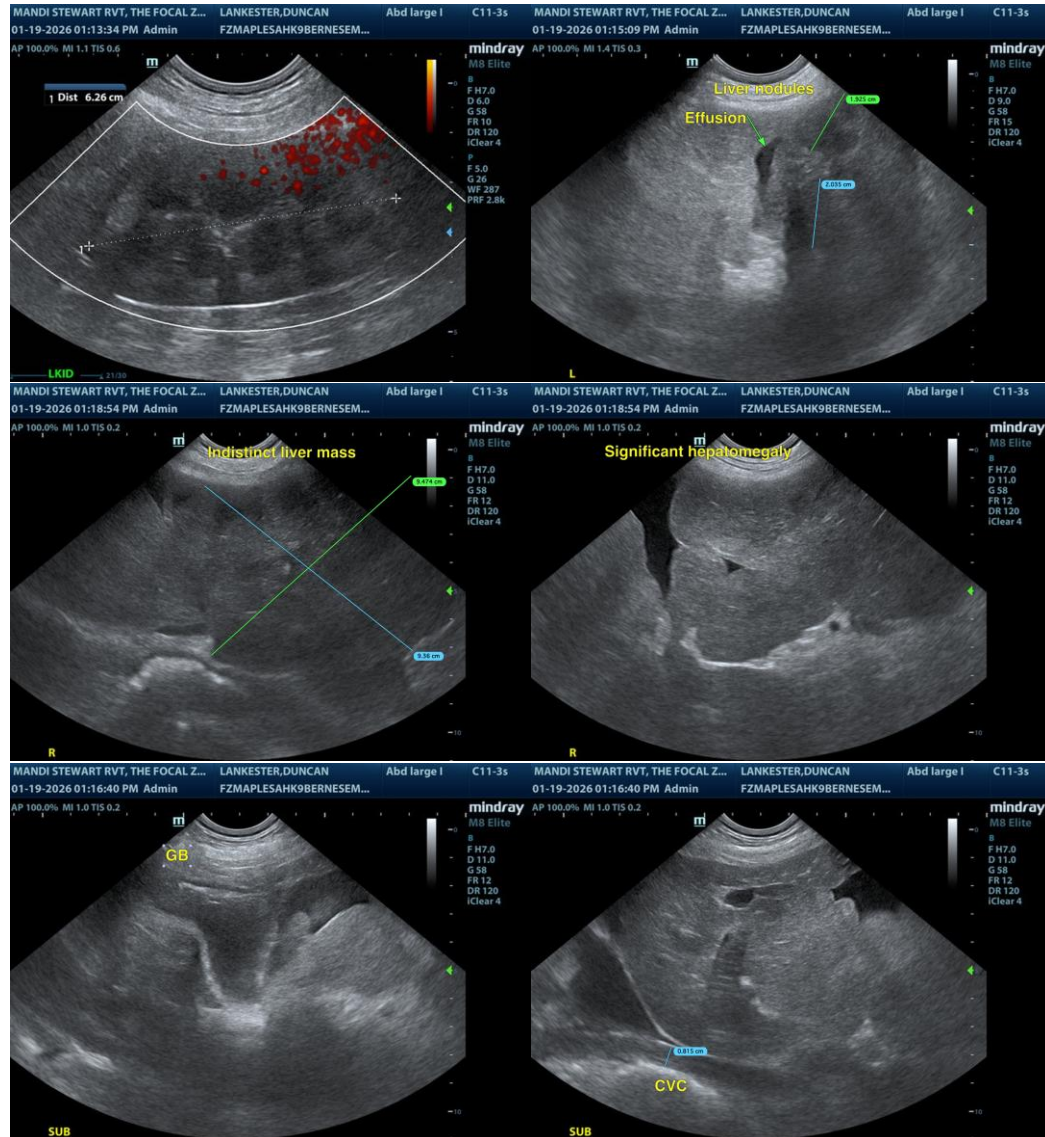
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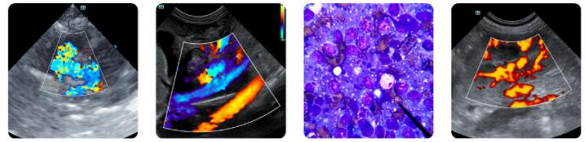
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)



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