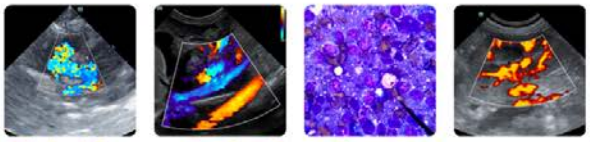

PATIENT

Cody Harnett

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Kelly Stanton

INVOICE

72469

DATE

1/25/26

PRESENTING CLINICAL SIGNS

Cody was seen January 16th for lethargy. Bloodwork revealed anemia (RBC 4.71, hemoglobin 10.4, hematocrit 29.3%), non-regenerative (reticulocytes 65.0). Low platelets (80K), clumping on smear. Today he was very quiet and he didn't want to eat. Telemedicine vet recommended abdominal ultrasound.

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 area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.5 cm. Right kidney measured 6.8 cm.

Adrenal Glands

The adrenal glands were not definitively visualized owing to increased periadrenal omental artifact.

Spleen

The spleen was overall normal to mildly subnormal in size with symmetrical contour and mildly non-homogeneous parenchyma. The area of the cranial spleen was free of overt masses.

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.

The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, generally mild, non-shadowing intestinal ingesta and segmental gas noted.

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

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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

A large, non-homogeneous cavitated mass was noted in the cranial abdomen, primarily effacing the caudal aspect of the liver, measuring at least 10-11 cm in diameter.

Moderate volume peritoneal effusion and regional non-homogeneous hyperechoic omentum noted.

No obvious visualized significant omental lymphadenopathy.

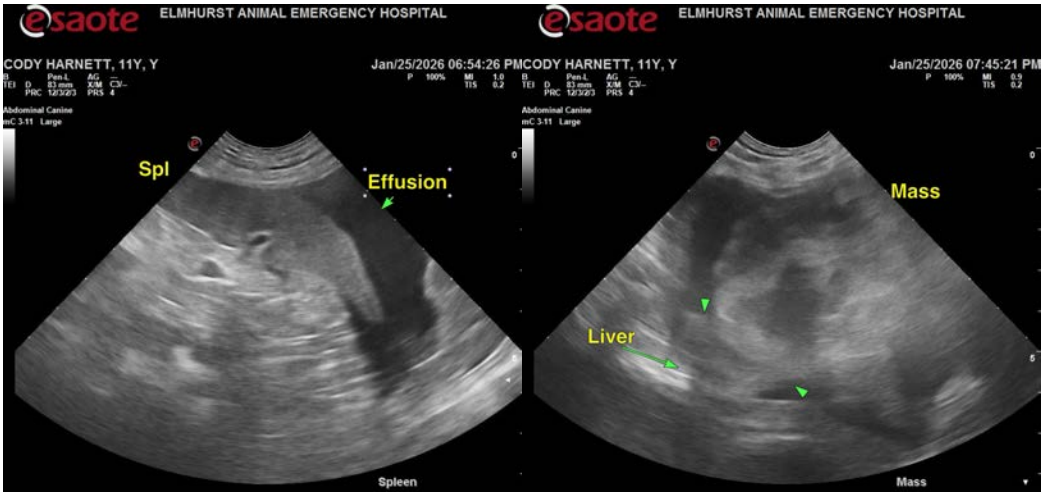
ULTRASONOGRAPHIC FINDINGS

- Large, non-homogeneous, cavitated cranial abdominal mass – most consistent with primary liver mass.
- Non-organized gallbladder debris (non-mucocele).
- Mildly non-homogeneous, volume contracted spleen.
- Age related renal changes.
- Moderate volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass was noted in several videos primarily effacing and likely originating from the caudal liver. Definitive connection of the mass to the spleen was not obvious and is considered less likely. The mass is almost certainly consistent with neoplastic criteria i.e., sarcoma, carcinoma, or other. Correlation with effusion analysis +/- cytology, and assuming normal clotting status, consideration for mass FNA cytology is recommended.

Assuming no pathology on 3-view chest radiographs and ideally with brief sonographic assessment of the heart, abdominal CT would be ideal for further clarification of the mass and assessment for non-obvious metastasis if surgery is a potential in this patient.



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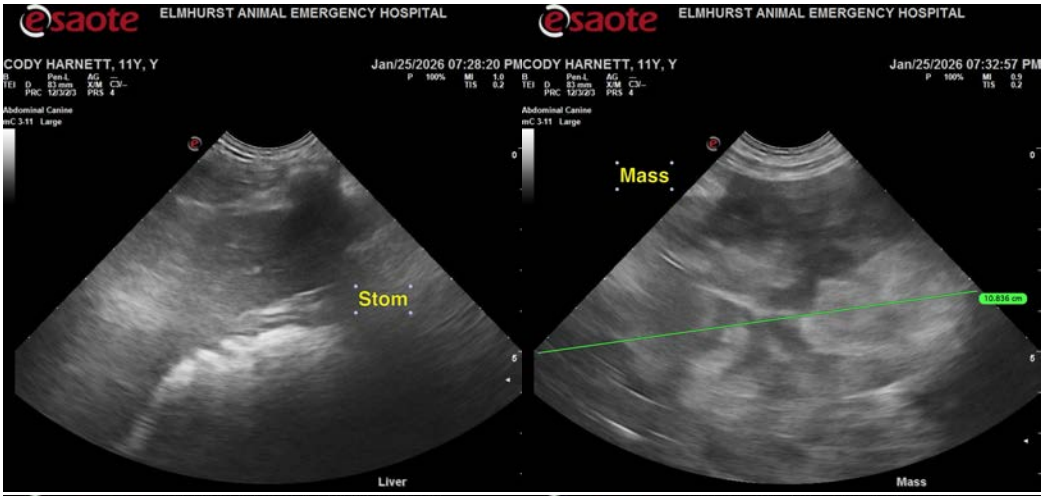

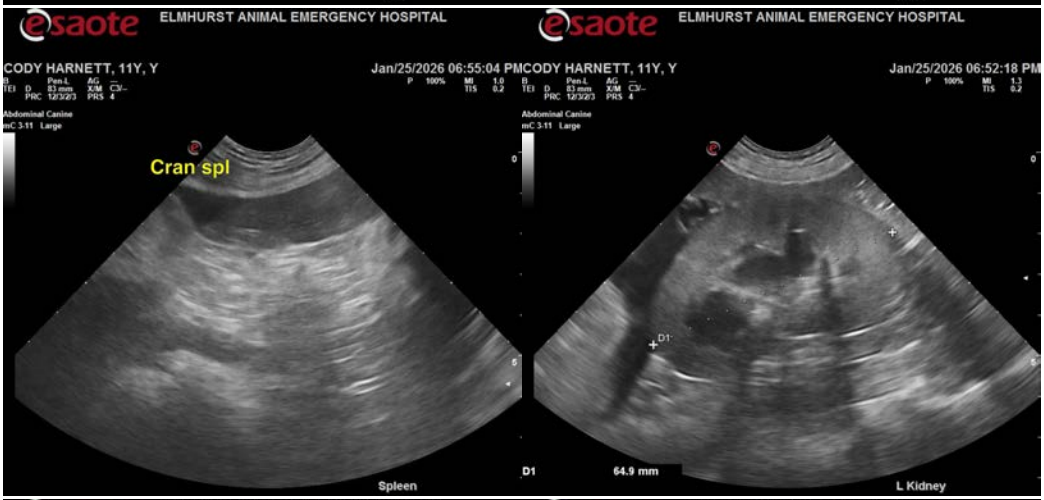

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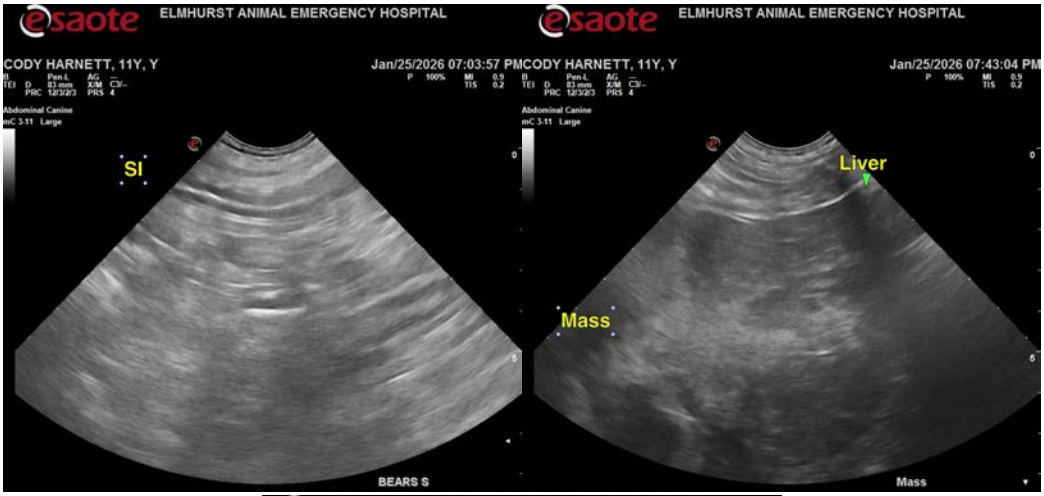

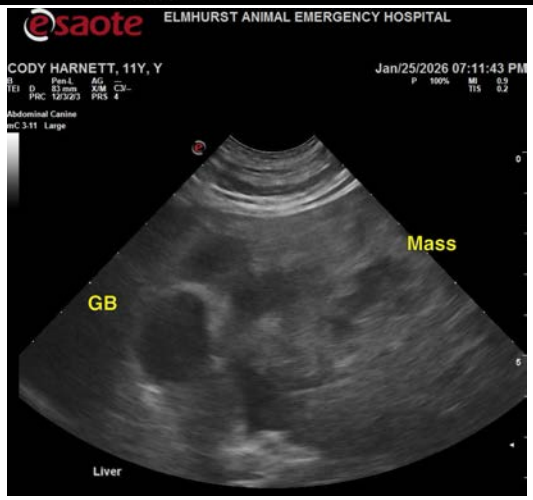

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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