



PATIENT

Sophie Behn

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

8 Years

WEIGHT

102 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal
Hospital

REFERRING VET

Dr. Kaiser

INVOICE

13435

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- **Clinical Exam Findings:** Was seen on 1/12/26 for perianal fistulas and diarrhea. Started on ketoconazole, Atopica, tacrolimus, Clavamox, Provable. Has been vomiting and inappetent over the past week. Started having urinary incontinence the past couple of days. Exam 1/26/25 - oddly firm urinary bladder and concern for possible abnormal tissue/mass effect in cranial abdomen as well. U/S was used to find bladder for cysto, but urinary bladder appeared very abnormal so cysto was not performed. Concern for mass effect in mid/cranial abdomen as well.
- **ABNORMAL Labwork Values:** Labwork pending to Antech
- **Current Medications:** Cerenia. Was started on ketoconazole, Atopica, Clavamox, tacrolimus, Provable on 1/12/26, but owner d/c'd all these about a week ago.
- **Radiographic Findings:** None yet, planning to pursue thoracic rads at time of AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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 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 8.3 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

A large irregular expansive nonhomogenous cavitated mass to possible masses involving the spleen were present with an example measuring 11.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Surrounding perisplenic nonhomogenous hyperechoic omentum.

Liver & Gallbladder

The liver revealed subjective mild generalized hepatomegaly. A mid liver nonhomogenous mass was visualized measuring 8.0 to 10.0 cm in diameter. Concurrent intermittent subjective indistinct to separate hepatic nodules were also visualized.

The gallbladder was non distended in size with mild to moderate hyperechoic nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach and small intestine were indistinctly visualized owing to splenic mass and increased omental artifact. No obvious evidence of gastrointestinal mechanical/metabolic ileus.

The colon at the level of the urinary bladder was sonographically normal containing subjective formed fecal matter.

Pancreas

The pancreas was not definitively visualized owing to increased omental artifact.

Free Abdomen

Unspecified spherical nonhomogenous mass was present in the caudal abdomen cranial to the urinary bladder measuring approximately 6.0 cm in diameter. Pockets of a mild volume of peritoneal effusion was present.

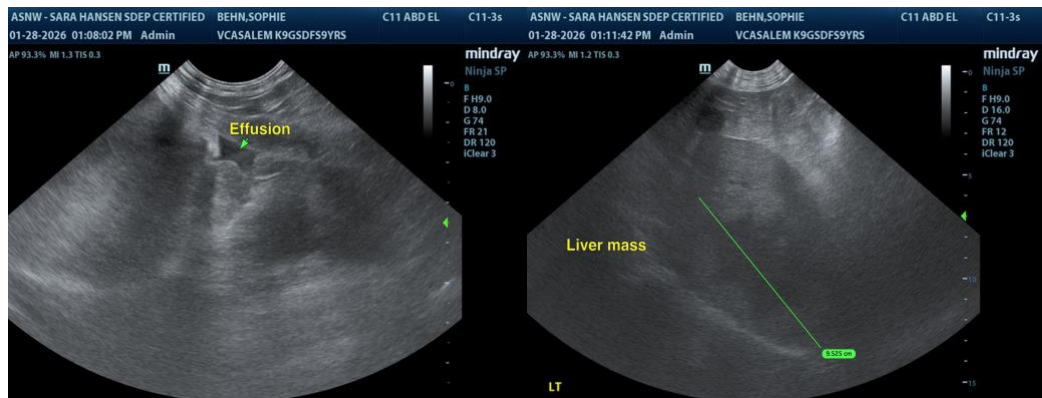
Rapid view of the heart revealed no overt pericardial effusion. Possible indistinct thickened right atrioventricular groove.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass/masses.
- Hepatic mass with concurrent indistinct parenchymal nodules.
- Unspecified caudal abdomen mass cranial to the urinary bladder.
- Perisplenic to generalized nonhomogenous hyperechoic omentum and mild volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multi-centric neoplastic criteria is met. Potential for early cardiac metastasis is not definitively excluded. Curative surgical options are precluded. Unfavorable prognosis is indicated.





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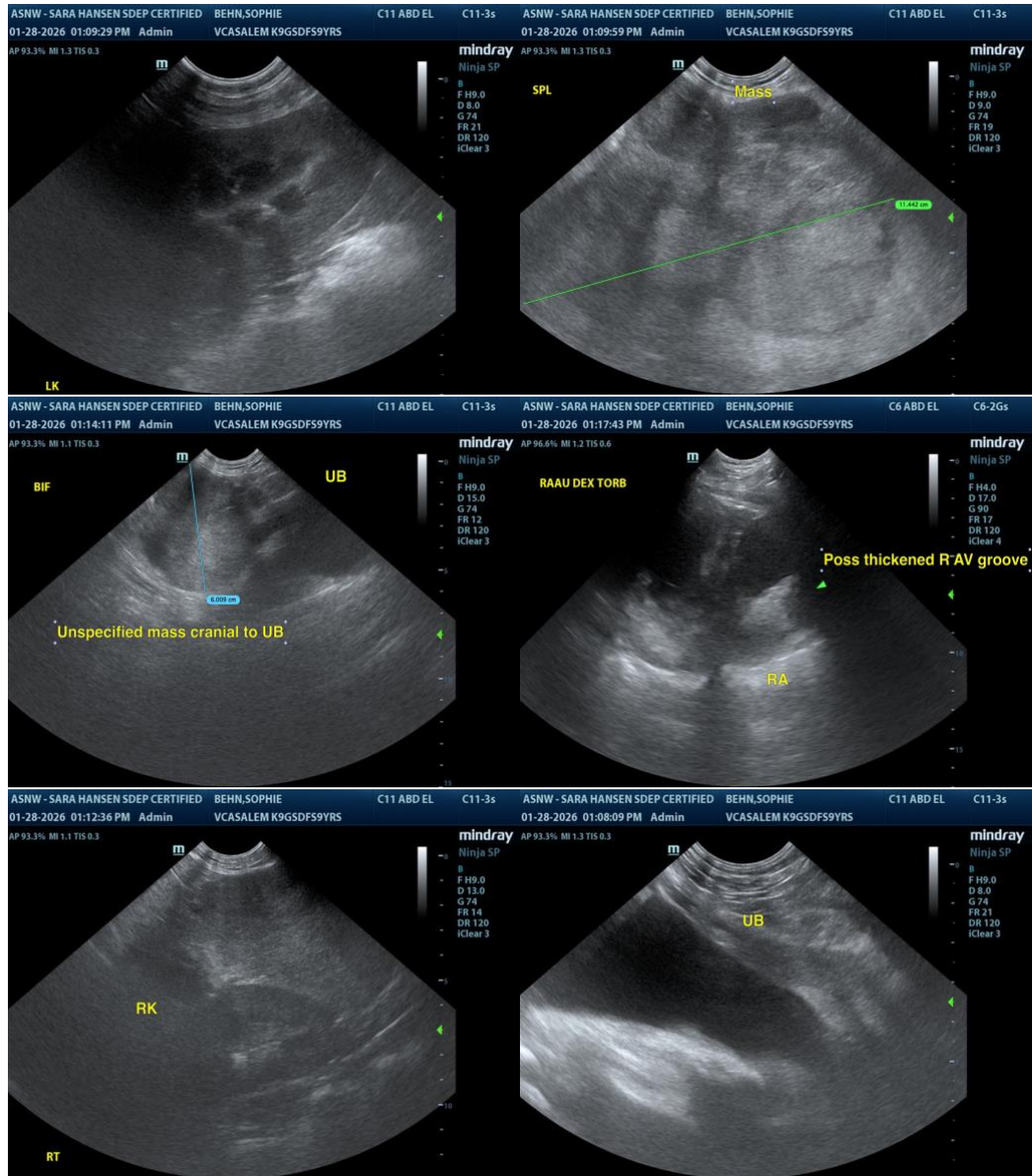
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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