



## PATIENT

Gus Kelly

## SPECIES

Canine

## BREED

Australian Shepard

## SEX

Male Neutered

## AGE

9y

## WEIGHT

55 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

John Lanier, DVM

## INVOICE

13155

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

History:

- Radiographs show possible heart base mass or cardiomegaly, hepatomegaly. Looking to further define what is happening.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate 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.

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

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 6.1 cm in length. The right kidney measured 6.1 cm in length.

### Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and.

### Spleen

The spleen was normal in size with capsule asymmetry and non-homogeneous parenchyma. Multifocal, variably sized to expansive non-homogeneous nodules were present.

### Liver

The liver exhibited asymmetrical hepatomegaly with diffuse non-homogeneous nodular parenchyma. Irregular to ill-defined caudate lobe mass was present measuring ~12.0 cm in diameter. The gallbladder was non distended in size with mild, non-organized, 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 was empty with no signs of ileus, obstruction or foreign material.

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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.



**PATIENT**

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

Gus Kelly

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Australian Shepard

Generalized non-uniform hyperechoic with mild volume peritoneal effusion present. Possible intermittent, ill-defined asymmetrical to swollen mesenteric lymph nodes vs omental nodules.

**SEX**

**Heart**

Male Neutered

Brief subjective echocardiogram revealed overall normal cardiac structure and function with normal chamber size and adequate LV contractility. No overt cardiac mass or pericardial effusion in the visible window.

**AGE**

9y

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

55 lbs

- Nodular spleen
- Enlarged non-homogeneous nodular liver with ill-defined caudate liver mass
- Generalized non-uniform hyperechoic omentum with potential indistinct irregular lymphadenopathy vs omental nodules
- Peritoneal effusion
- Subjective normal cardiac structure/function

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, multicentric abdominal neoplastic criteria is met with considerations including favored multicentric sarcoma, carcinoma, round cell neoplasia or other. Curative surgical options are precluded. Unfavorable prognosis indicated.

**IMAGING PERFORMED BY**

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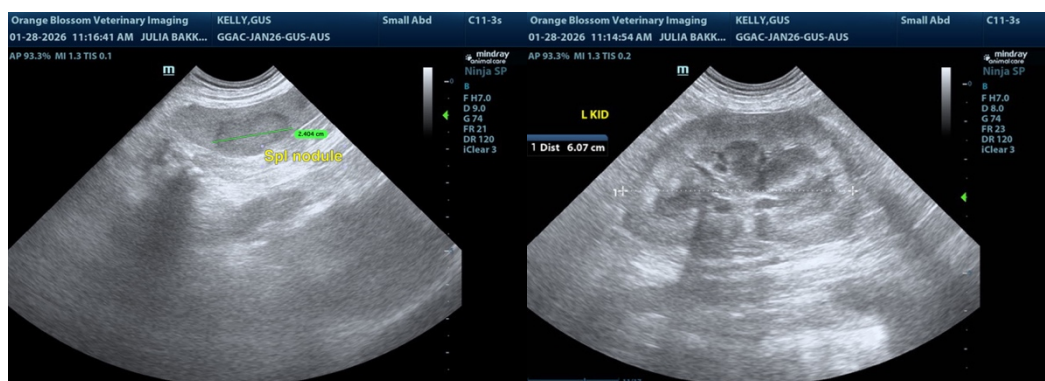
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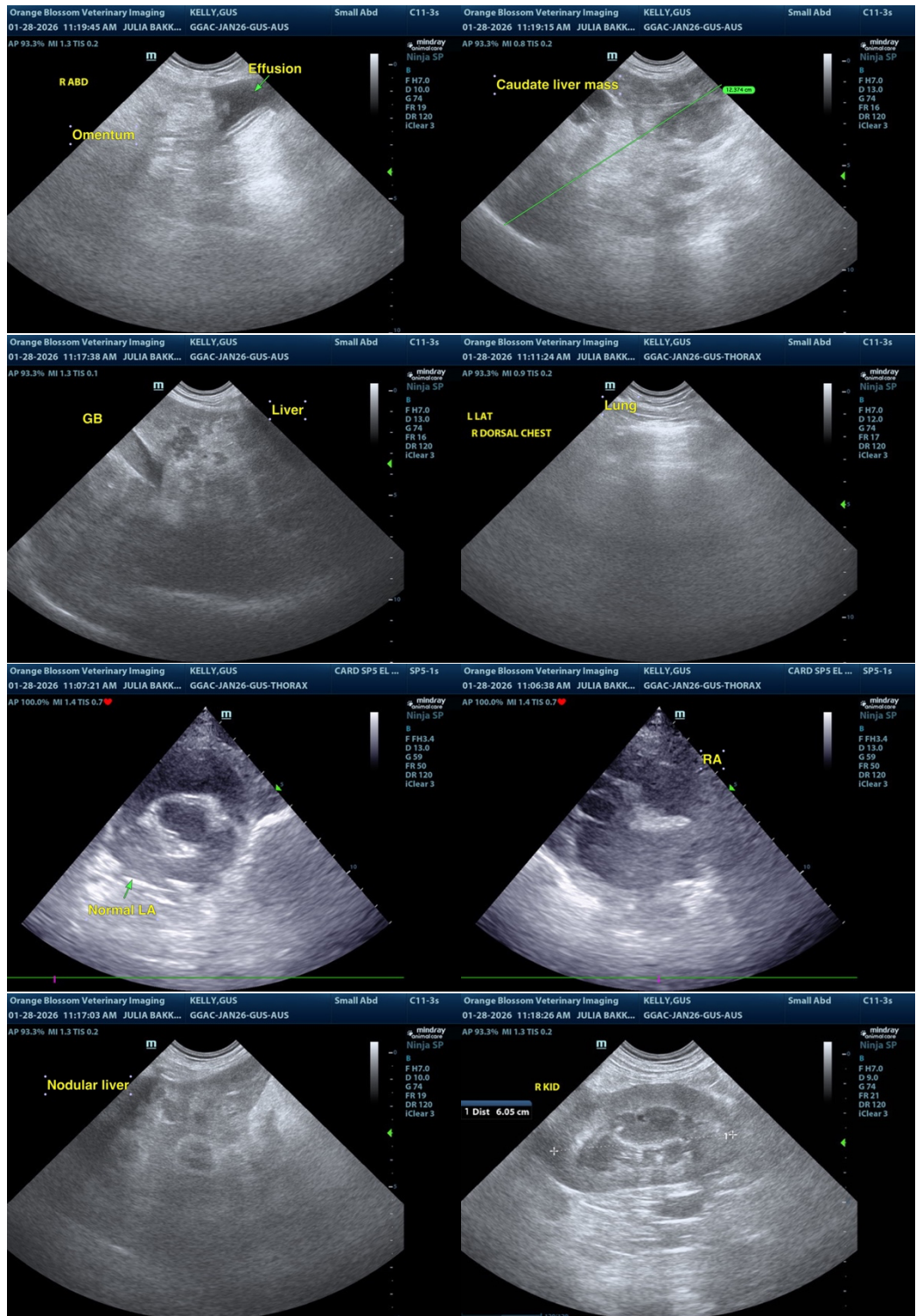
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)