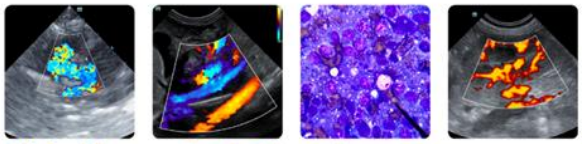


PATIENT
Huxley Negru

SPECIES
Canine

BREED
Jack Russel Mix

SEX
MN

AGE
15yr

WEIGHT
25lb

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

IMAGING PERFORMED BY
Saum Hadi

HOSPITAL NAME
Nimbus Pet Hospital

REFERRING VET
Saum Hadi

INVOICE
23708

DATE
01/28/2026

PRESENTING CLINICAL SIGNS

- P presented for an in house ultrasound screen prior to COHAT, history of increased ALT/ALKP. In house screen, a possible abdominal mass was seen. CXR clear of metastasis.

Abnormal PE/Chem/CBC/UA Results: ALT: 340 U/L ALKP: 1627 U/L

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 5.1 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

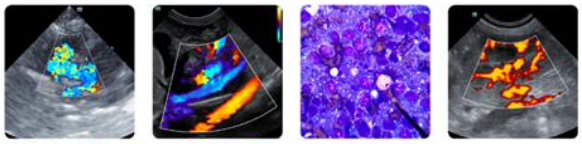
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 0.92 cm in diameter.

Liver/Gallbladder

The liver exhibited generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A caudally expanding asymmetrical non-homogenous hyperechoic nodular liver mass was present measuring ~ 10 cm x 6 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Huxley Negru

SPECIES

Canine

BREED

Jack Russel Mix

SEX

MN

AGE

15yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE
23708

DATE
01/28/2026

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. Suspect mild gastric displacement, secondary to the liver mass.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

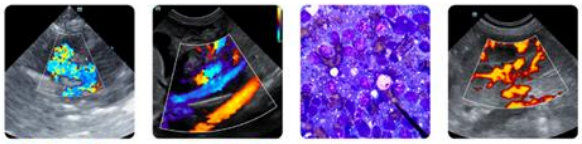
Primary

- Hepatomegaly with caudally expanding liver mass
- Hyperechoic splenic nodules -consistent with probable benign myelolipomas
- Mild chronic renal changes
- Normal gallbladder
- Mild left adrenomegaly - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is most suggestive of neoplastic criteria, i.e. carcinoma with significant hyperplasia, lipogranuloma, or other benign etiology thought less likely. FNA cytology of the liver mass could be considered for initial clarification. Given primarily caudal hepatic location of the mass with caudal expansion complete or partial mass resection may be possible. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Huxley Negru

SPECIES

Canine

BREED

Jack Russel Mix

SEX

MN

AGE

15yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

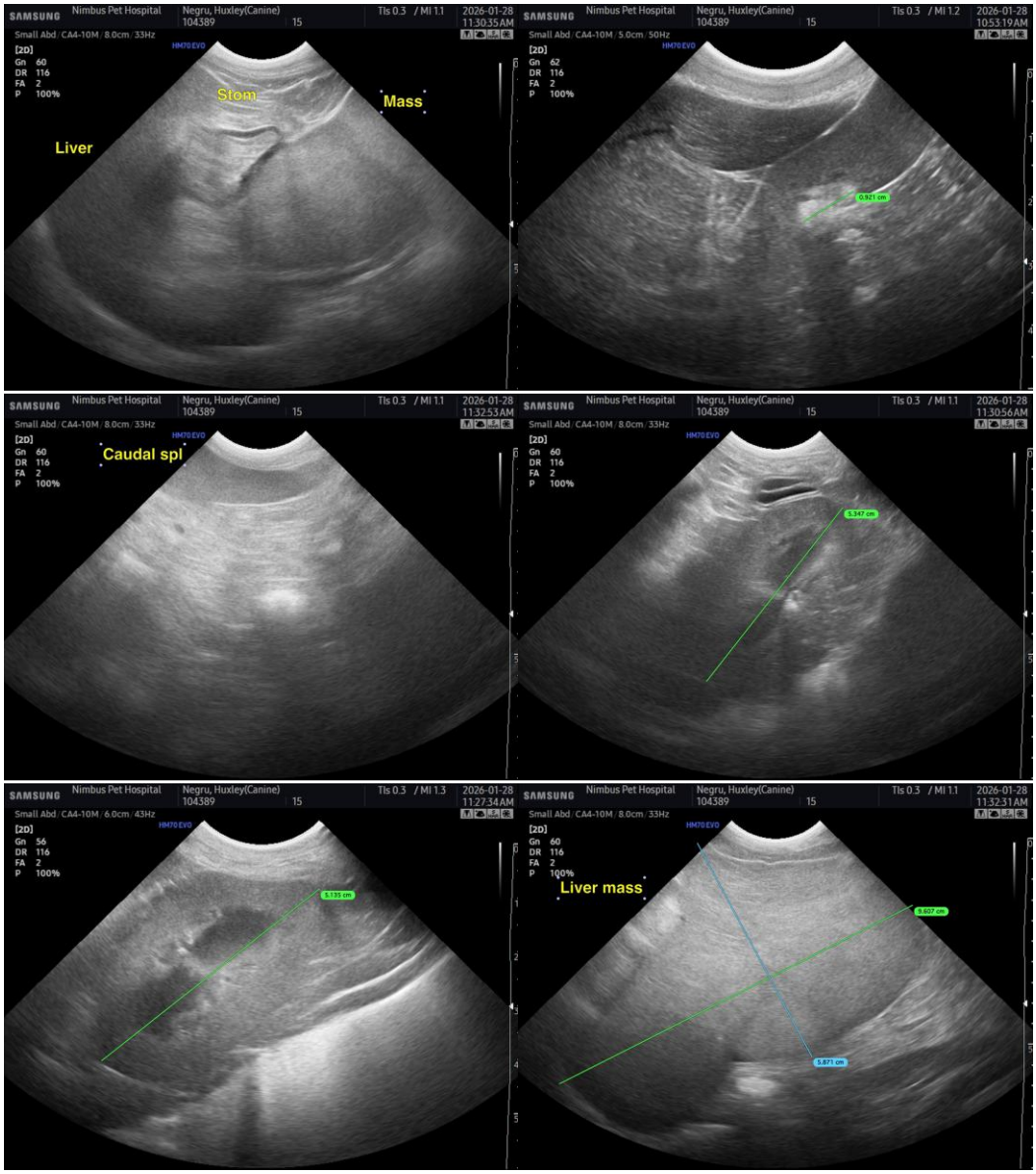
Nimbus Pet Hospital

REFERRING VET

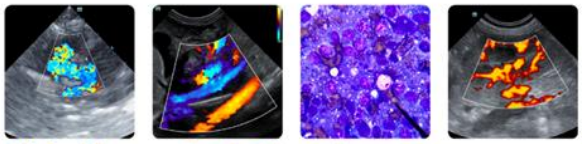
Saum Hadi

INVOICE
23708

DATE
01/28/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Huxley Negru

SPECIES

Canine

BREED

Jack Russel Mix

SEX

MN

AGE

15yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE
23708

DATE
01/28/2026

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