



**PATIENT**

Ruby McCall

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

90

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

North Saucon Animal  
Hospital

**REFERRING VET**

Dr. Harley

**INVOICE**

13457

**DATE**

01/29/26

**PRESENTING CLINICAL SIGNS**

- Lethargy, difficulty walking - obese, Lyme/anaplasma +, was on Rimadyl
- Medication: Denamarin, Omega 3 Nordic Naturals
- Labs: ALP 988 ALT 893 AST 82 GGT 23

**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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the iliac 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 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 8.6 cm in length. The right kidney measured 8.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.90 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was indistinctly visualized and measured 0.67 cm width at the caudal pole.

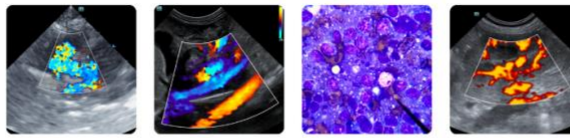
**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

**Liver & Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A caudally expanding spherical to mild irregular nonhomogenous cystic to cavitated mass was present extending past the level of the gastric access and appearing to connect through a small isthmus of tissue to the ventral caudal liver. The mass measured approximately 11.0 cm in diameter.

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



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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing mild nonshadowing ingesta.

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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

90

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with ventral to caudally expanding nonhomogenous cystic/cavitated liver mass.
- Gallbladder debris (non-mucocele).
- Normal spleen.
- Normal gastrointestinal tract with mild gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Mild chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass appears to connect to the main portion of the liver via a small isthmus of hepatic tissue. Potential for unspecified non-hepatic mass effacing a small portion of the ventral caudal liver thought less likely. The mass did not appear to involve the spleen. Benign versus neoplastic etiologies for the mass are possible.

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Further assessment may include (assuming normal clotting status) initial FNA cytology +/- fluid analysis if collected. The mass appears to be amenable to surgical resection given connection to the liver through a small portion of hepatic parenchyma and ventral caudal location. Hepatosupportive medications may prove beneficial. Urinalysis is recommended if not recently done.

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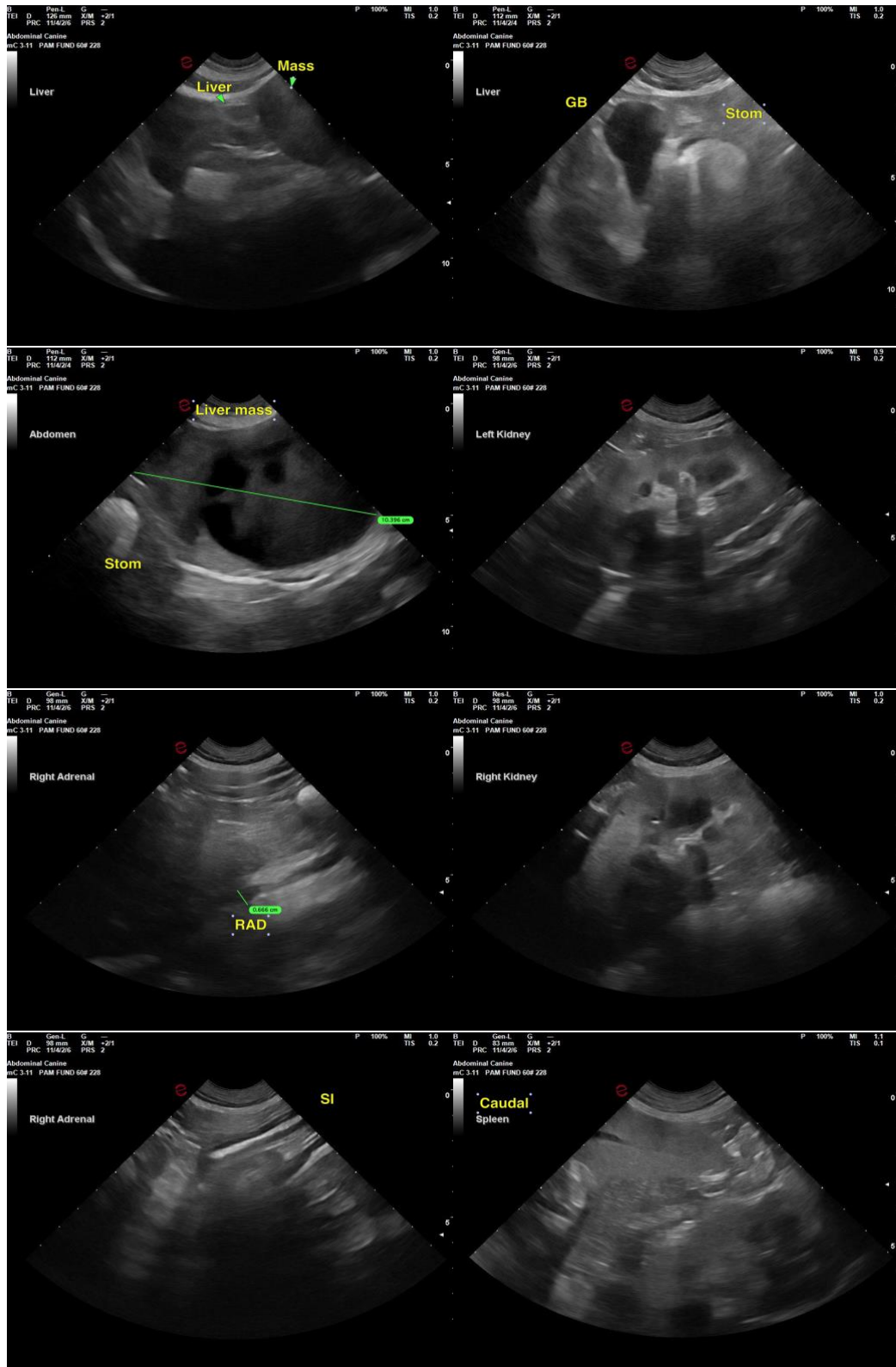
Dr. Harley

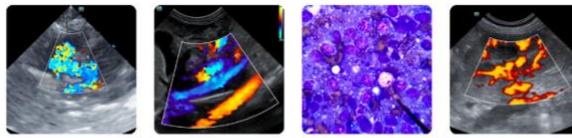
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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)

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[info@SonoPath.com](mailto:info@SonoPath.com)

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