



PATIENT

Heidi First

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

8y

WEIGHT

25.2 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13154

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History:

- Patient vomiting through the day 1/29 and was markedly lethargic. New treat given 1/28. Anorexic 1/29.
- PE- Tense and distended abdomen

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 3.8 (L), HCT 25.4 (L), Hgb 9.2 (L), Retic 127.3 (H), WBC 20.7 (H), Neut 16.29 (H), Monos 1.84 (H), Eos 0.02 (L), Plt 25k Chem: NSF POCUS: L/R kidneys identified, no obvious hepatic mass, scant peritoneal effusion throughout abdomen, unable to fully evaluate spleen, irregular cavitated structure noted mid-abdomen. Mesentery appears hyperechoic. Unable to retrieve sample. Rads: Retroperitoneal effusion (transudate, modified transudate, exudate, hemorrhage, neoplastic effusion). A cause for this is not identified on the images provided. Unable to visualize the spleen likely due to the spleen being obscured by abdominal viscera and loss of detail within the retroperitoneal space. 4am Recheck PCV/TS: 28/6 Recheck pocus: Intermittent peritoneal effusion, unable to obtain sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 8.0 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 0.8 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 measured 0.61 cm width at the caudal pole.

Spleen

The spleen exhibited asymmetrical contour with generalized non-homogeneous nodular parenchyma. Normal vascularity was present.



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Liver

The liver was normal in size with normal vascular volume and homogeneous parenchyma. Intermittent, mild, capsule distorting to non-homogeneous nodules were present with an example measuring 1.5 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. No evidence of gallbladder wall edema. The common bile duct was not visualized.

Gastrointestinal

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

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 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

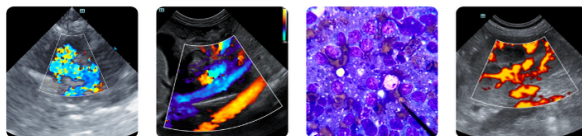
Ill-defined non-homogeneous micro cavitated mass was visualized in the left and right retroperitoneal space. Concurrent mild volume peritoneal and retroperitoneal effusion. Non-homogeneous hyperechoic omentum and no overt visualized significant omental lymphadenopathy present.

ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous nodular spleen
- Intermittent capsule deforming hepatic nodules
- Ill-defined retroperitoneal mass with concurrent peritoneal/retroperitoneal effusion
- Overtly normal gastrointestinal tract with mild gastric ingesta
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria involving the retroperitoneal space, spleen and liver is met. Multicentric sarcoma suspected. Surgical options appear precluded. Further assessment may include, assuming normal clotting status, hepatosplenic sampling as well as effusion analysis, however an unfavorable prognosis unfortunately indicated.



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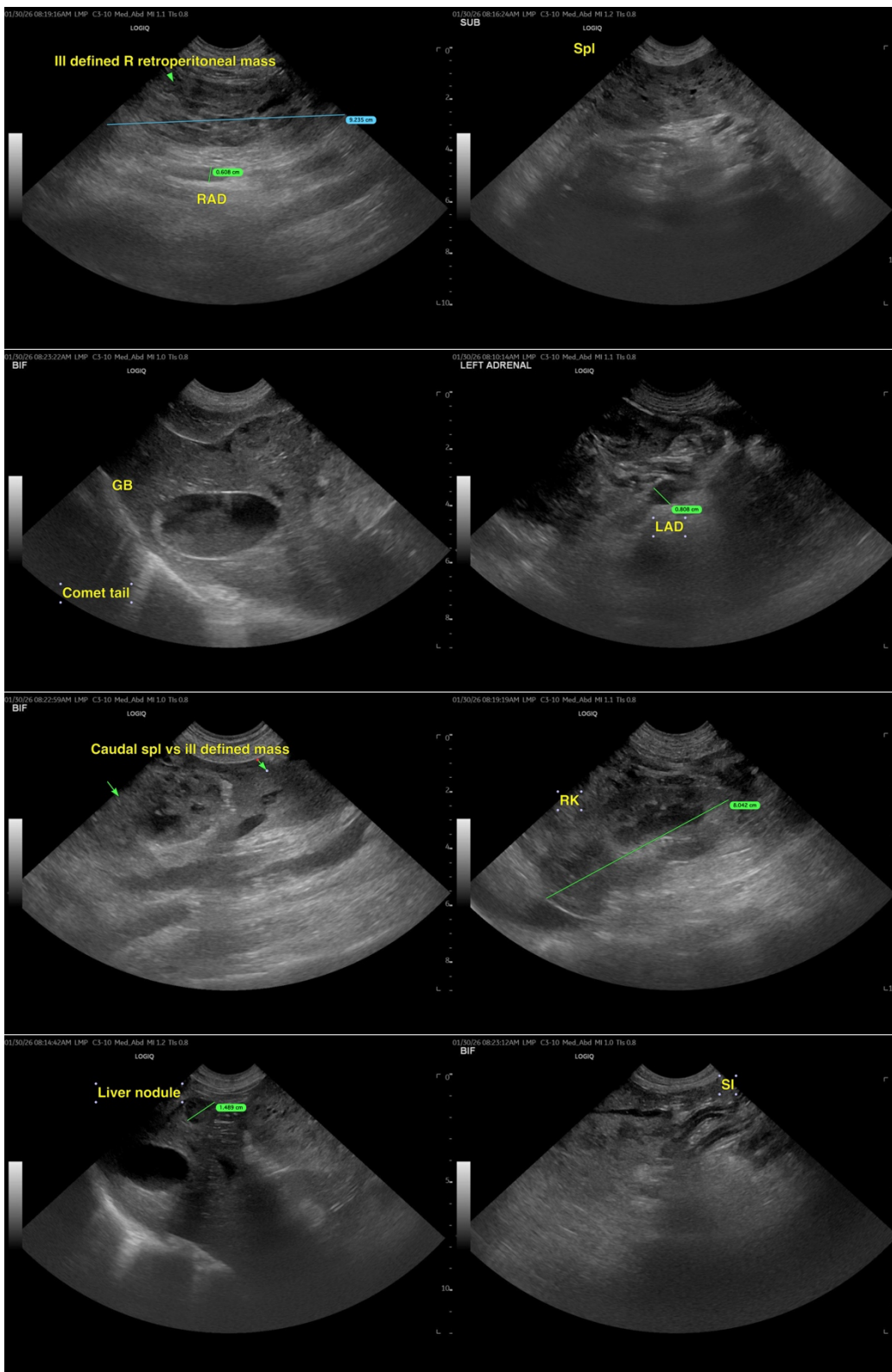
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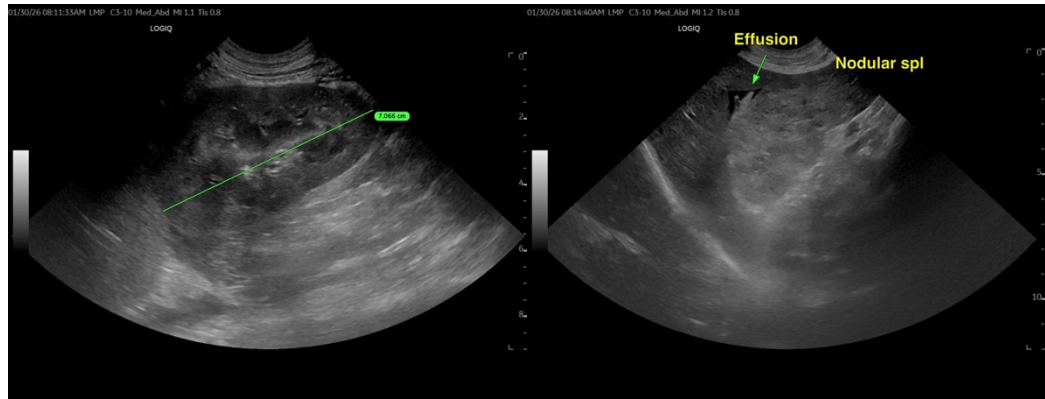
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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