



PATIENT

Bella Cicchetti

SPECIES

Canine

BREED

Retriever Mix

SEX

FS

AGE

12

WEIGHT

66.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

23433

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

anorexia , lethargy mass on liver?

Abnormal PE/Chem/CBC/UA Results: RBC 4.22 HCT 28.2 % ALT 496 ALP >2000 BUN >130 Creat 6.8 Phos 12.2 Ptt and Pt abnormal

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 minor non-dependent particulate sediment. 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.81 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 0.83 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A moderately sized to large subjective caudally expanding non-homogenous focally cystic liver mass was present measuring ~ 10 to 14 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach is potentially caudally displaced owing to hepatomegaly and liver mass. 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.



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The visualized segments of small intestine presented intact wall layering with normal 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.

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Pancreas

The pancreas was not definitively visualized owing to hepatomegaly.

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Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Liver mass.
- Normal gallbladder.
- Non-specific mild chronic renal changes.
- Normal bilateral adrenal glands.
- Absent spleen- previous splenectomy.
- Overtly normal visualized gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA cytology of the liver mass would be ideal although potentially precluded by current abnormal clotting status. The kidneys did not appear to be end stage potentially indicating acute nephropathy. Correlation with urinary workup +/- leptospirosis titer / PCR is recommended. Hepatogastrintestinal and renal support indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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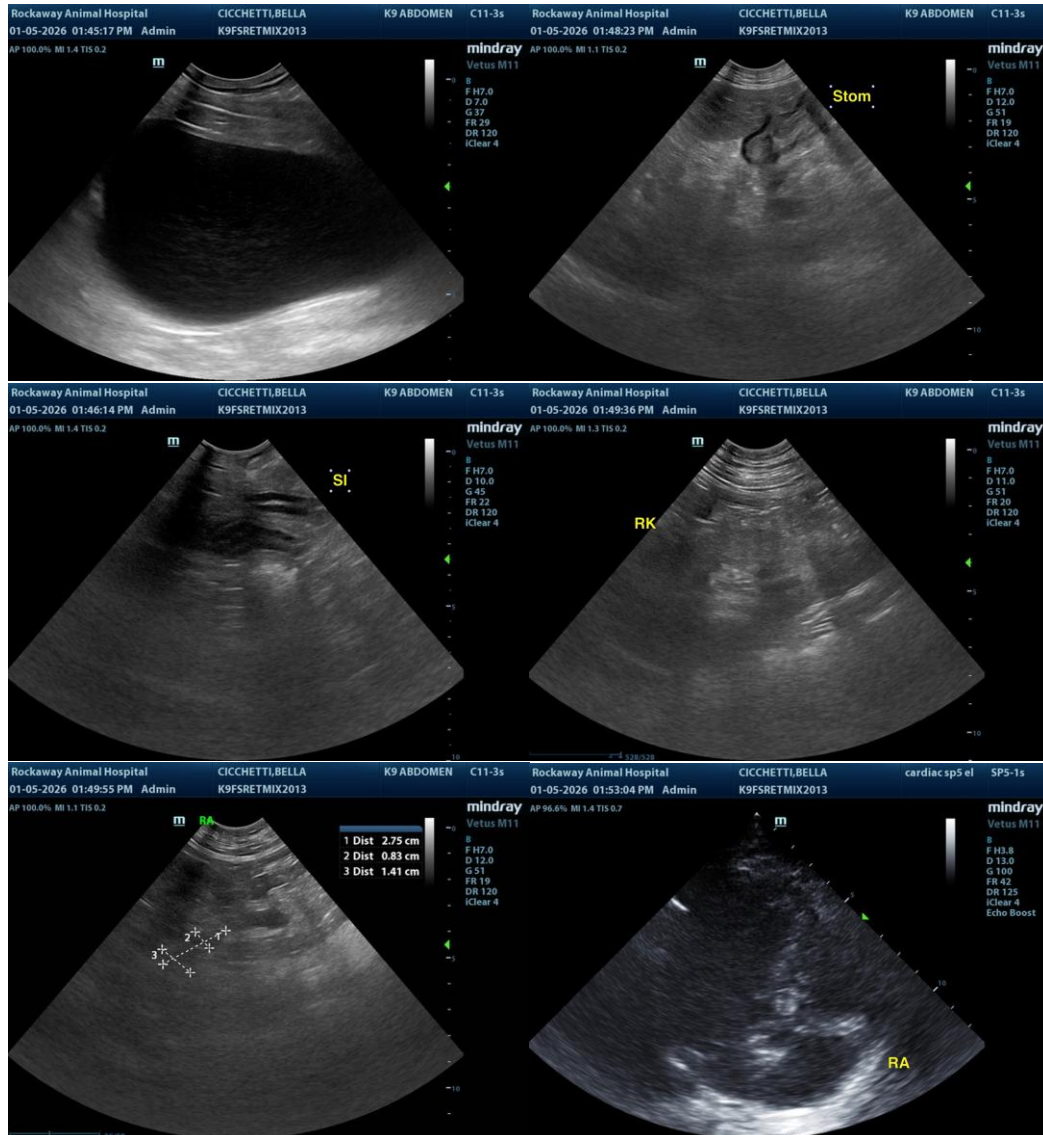
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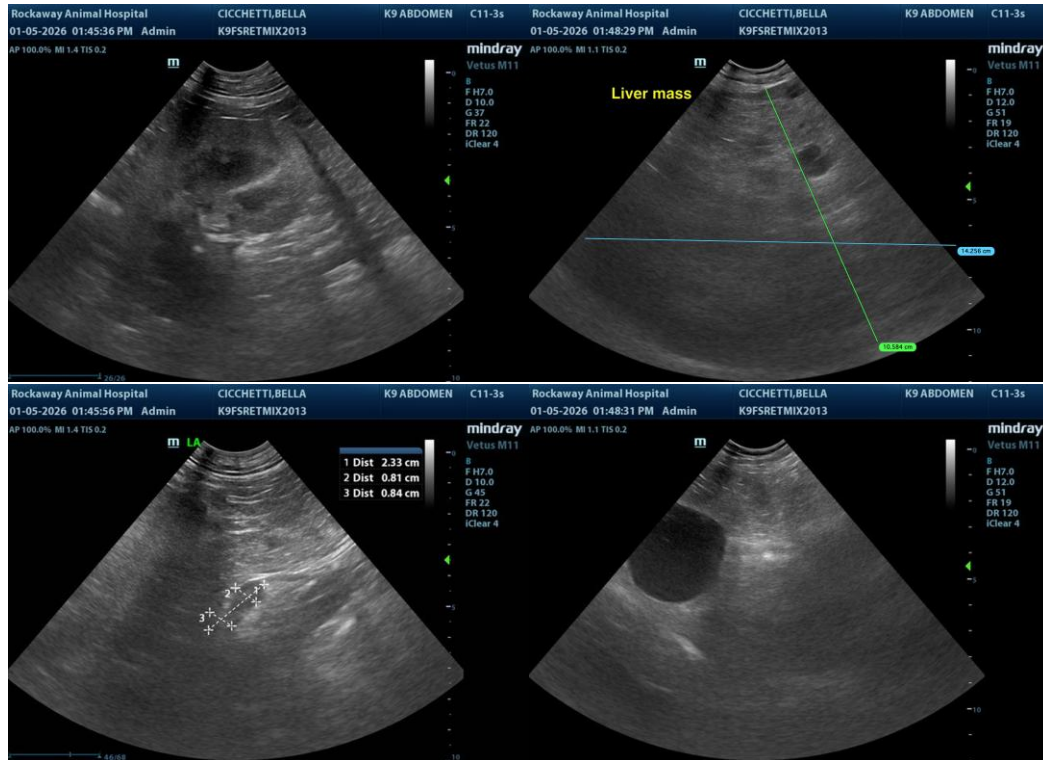
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com