

PATIENT

Kit Titcher

SPECIES

Canine

BREED

Mixed Breed

SEX

Female Spayed

AGE

2015

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Titcher

INVOICE

13037

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Currently having intermittent appetite, flatulence, soft/watery stool, recent pancreatitis, proteinuria (see extensive history attached)

Medication: Provable, glandex, maropitant, diclofenac OU, Hill's GI low fat and multiorgan wet

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 uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 5.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

No obvious visualized pathology in the area of the left and right adrenal glands.

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

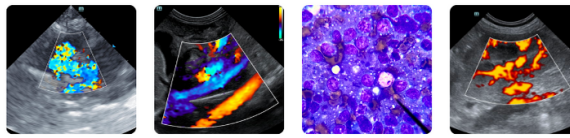
Moderately sized, caudally expansive, mixed echogenic liver mass was present appearing to derive from the majority of the mid liver and measuring ~10.0 cm in diameter. The remainder of the hepatic parenchyma was sonographically normal. The gallbladder was non-distended in size with possible mild dorsal gallbladder displacement secondary to the liver mass. The gallbladder contained mild, non-organized, congealed debris. 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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated generalized intact overall non-thickened wall exhibiting altered wall layer ratio owing to generalized propensity for prominent muscularis layer. Duodenum wall measured 0.46 cm and jejunum wall measured 0.45 cm.

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



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Pancreas

The area of the pancreas presented sonographically normal.

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Free Abdomen

No obvious visualized omental lymphadenopathy or peritoneal effusion was present.

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PRIMARY FINDINGS

- Liver mass
- Non-distended gallbladder with mild, congealed bile sediment (non-mucocele)
- Enteropathy exhibiting non-thickened wall with altered wall layer ratio
- Soft fecal matter in colon

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SECONDARY FINDINGS

- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification of the liver mass, highly suggestive of neoplastic criteria, i.e. carcinoma with significant hyperplasia, granuloma or other non-neoplastic etiology possible yet thought less likely. Hepatic mass FNA cytology could be considered for further clarification. Chronic IBD or other inflammatory enteropathy is suspected, although potential for concurrent intestinal neoplastic criteria, infectious disease, other enteropathy may present in a similar sonographic manner. Definitive diagnosis would require hepatic mass and intestinal biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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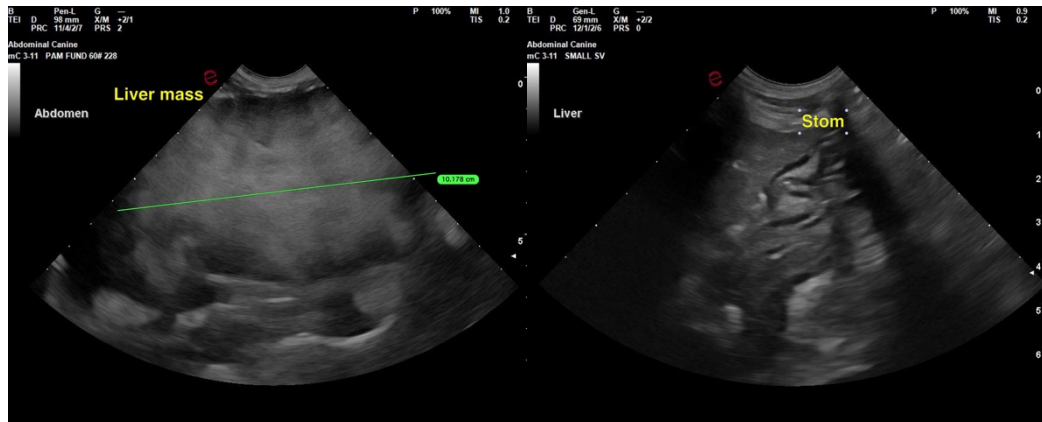
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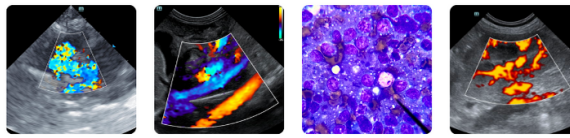
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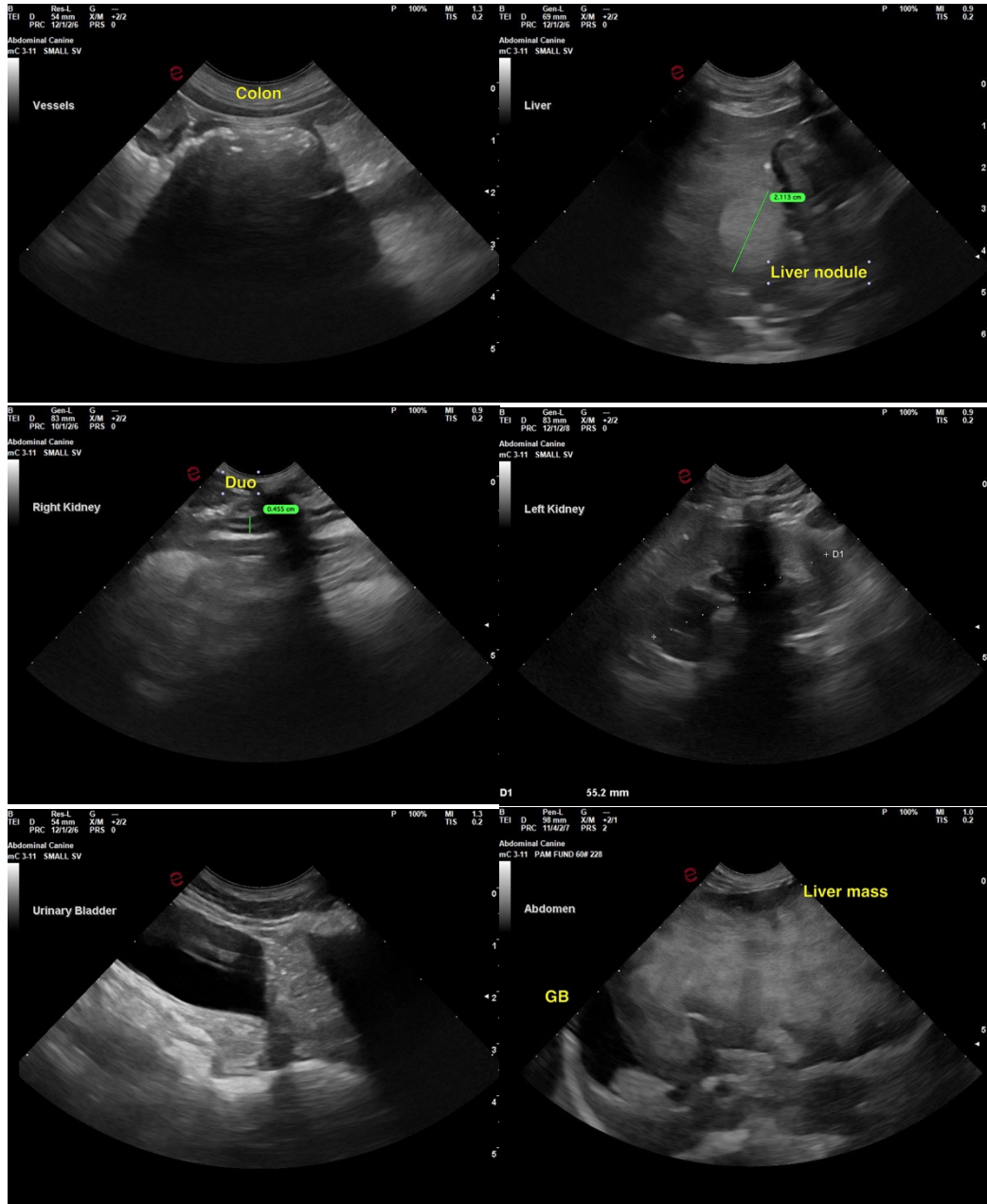
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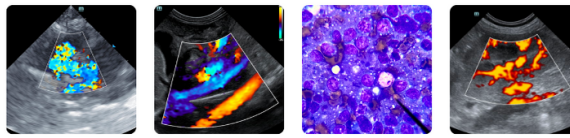
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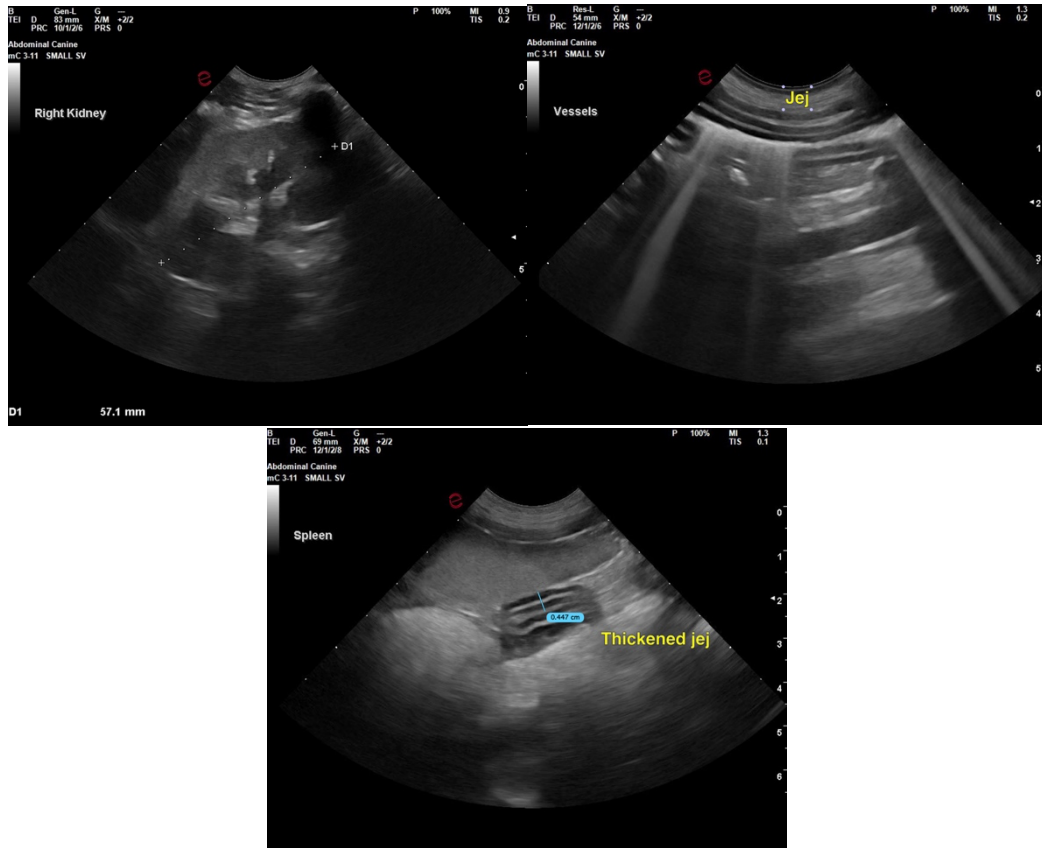
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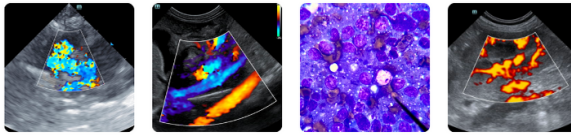


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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