



PATIENT

Griffin Baxter

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

30.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

12195

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Presented for evaluation of recent seizure-like activity and lethargy. The owner reports that in the last 2 weeks, on 3 separate occasions, he has had episodes characterized by disorientation, confusion, swaying, panting, and lip smacking. These episodes are followed by him hanging his head and tail, staring at the ground, and then lying down to sleep. He has become significantly more lethargic, to the point of not getting up at all yesterday. History of seizures, with a previous diagnosis of epilepsy made without diagnostic testing. He has not had a grand mal seizure in 1.5 years.

Abnormal PE/Chem/CBC/UA Results: Weight: 30.5 kilograms Temp: 37.4C HR: 98/bpm Respiratory Rate: 32 Mucous Membranes: pale CRT: 2sec BP: 126/82 (73) General Appearance/Attitude: QAR Pale MM. Moderate dental disease. The abdomen is rounded in appearance and painful on palpation Presented as quiet and lethargic. a grand mal seizure occurred, which was controlled with midazolam (0.2 mg/kg IV). Post-ictally, he is weak but able to lift his head, and his neurological function is returning. CBC: Mild to moderate regenerative anemia (↓RBC, ↓HCT, ↓HGB with ↑reticulocytes). Marked leukocytosis ($21.3 \times 10^9/L$) with neutrophilia and monocytosis, Severe thrombocytopenia ($62 \times 10^9/L$) BCHEM: Mild azotemia (↑BUN with normal creatinine, high BUN: creatinine ratio = 38) Liver enzymes (ALT, ALP, GGT) and bilirubin WNL

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

No obvious pathology in the area of the residual prostate.

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 7.5 cm in length. The right kidney measured 7.4 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 0.57 cm width at the caudal pole.

The right adrenal gland presented with borderline prominent caudal pole. The right adrenal gland measured 0.96 cm width at the caudal pole.

Spleen

The spleen presented normal in size, maintained symmetrical contour and mild parenchyma heterogeneity. A mildly expansive nonhomogenous splenic nodule was visualized measuring 1.2 cm in diameter.

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The liver revealed generalized hepatomegaly exhibiting several variably enlarged to expansive nonhomogenous hyperechoic masses with an example measuring 6.0 to 6.5 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

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

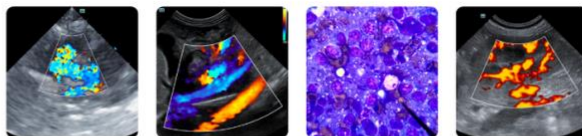
Focal to intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.8 cm x 0.73 cm. Moderate volume of peritoneal effusion was present. Mild nonuniform omental hyperechogenicity.

ULTRASONOGRAPHIC FINDINGS

- Multiple hepatic masses.
- Mildly expansive nonhomogenous splenic nodule.
- Peritoneal effusion with mild nonuniform hyperechoic omentum- consistent with reported hemoabdomen.
- Intermittent mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiple hepatic masses meet neoplastic criteria with multicentric carcinoma, hepatic carcinoma, sarcoma or other with highly suspected splenic metastasis. Further assessment may include clotting status given hemoabdomen and if normal, hepatic mass and splenic nodule FNA cytology, however, given multicentric intra-abdominal pathology in combination with patient's history, an unfavorable prognosis is indicated.



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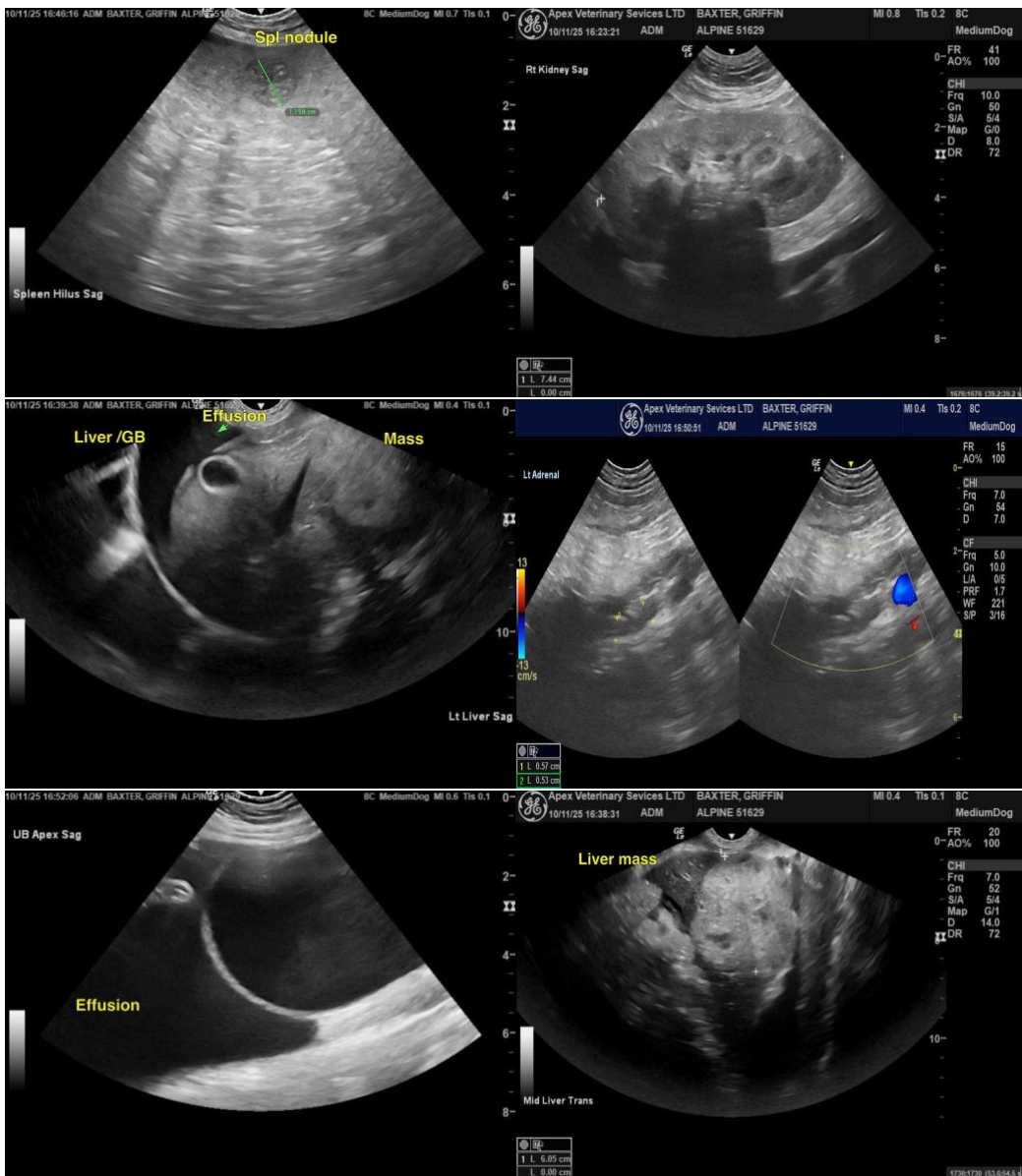
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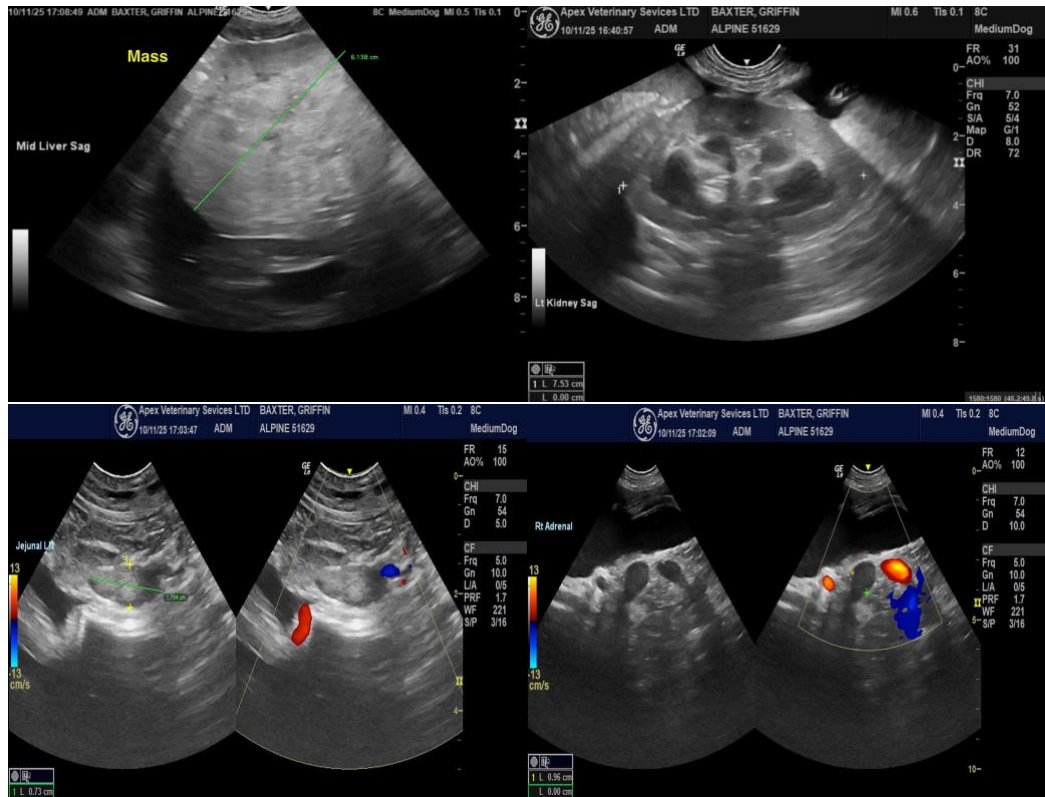
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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