



PATIENT

Lily Briney

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

22 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Maria Lara

INVOICE

12232

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Patient presents for a second opinion for mass removal on the right mandible, mass is ~6cm and it extends ventral to the tongue, unknown bone involvement. Mass will bleed if Lily eats anything that is not soft. Ultrasound is performed for metastatic survey and pre-op workup. Mass is a suspected Melanoma.

Abnormal PE/Chem/CBC/UA Results: WBC 66.1 K/mcL (5.05-17.76) H MON 2.52 k/MCI (0.16-1.12) H NEU 60.23 K/mcL (2.95-11.64) H EOS 0.05 K/mcL (0.06-1.23) L BASO 0.13 K/mcL (0.00-0.10) H HCT 32.4% (37.3-61.7) L RBC 5.42 M/mcL (5.65-8.87) L HGB 11.2 g/dL (13.1-20.5) L RETIC-HGB 19.4 pg (22.3-29.6) L MCV 59.8 fL (61.6-73.5) L MCH 20.7 pg (21.2-25.9) L PCT 0.61% (0.14-0.46) H ALKP 748 U/L (23-212) H CREA 0.4mg/dL (0.5-1.8) L GGT 12 U/L (0-11) H GLOB 5.2 g/dL (2.5-4.5) H PHOS 7.1 mg/dL (2.5-6.8) H

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. 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.

The area of the aortic 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 6.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The visualized left adrenal gland exhibited asymmetrical enlargement and nonhomogenous possibly mineralized parenchyma with left adrenal gland potentially measuring 1.8 cm.

The right adrenal gland was indistinctly visualized exhibiting subjective mild caudal pole enlargement. The right adrenal gland measured 0.83 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

The liver presented with generalized hepatomegaly, maintained symmetrical capsule contour and mild heterogeneous remodeled parenchyma with normal vascular volume. No visualized hepatic mass or nodules.



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of small intestine are normal.

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

No visualized omental lymphadenopathy, masses or peritoneal effusion was present.

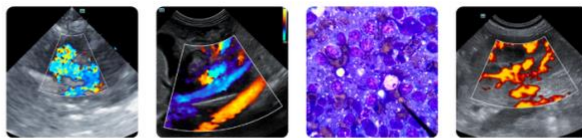
ULTRASONOGRAPHIC FINDINGS

- Enlarged mild nonhomogenous remodeled liver- chronic, vacuolar/nonobstructive cholestatic hepatopathy, inflammatory disease, mild fibrosis, hyperplasia or other with hepatic primary or metastatic neoplastic criteria thought less likely.
- Mild gallbladder debris (non-mucocele).
- Sonographically normal spleen.
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta- consistent with food/chyme.
- Age-related renal changes.
- Indistinct left adrenomegaly with possible parenchymal mineralization, subjective concurrent mild right adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include (assuming normal clotting status) screening hepatic FNA cytology and adrenal work up with LDDST if clinical signs are consistent with Cushing's syndrome and concurrent decreased urine specific gravity. Potential for left adrenal emerging mass given possible mineralization is of concern. Monitoring of systemic BP for evidence of hypertension going forward is advised.

Ideally, sonographic reassessment or monitoring of the bilateral adrenal glands for further clarification is recommended. Hepatosupportive medications may prove beneficial.



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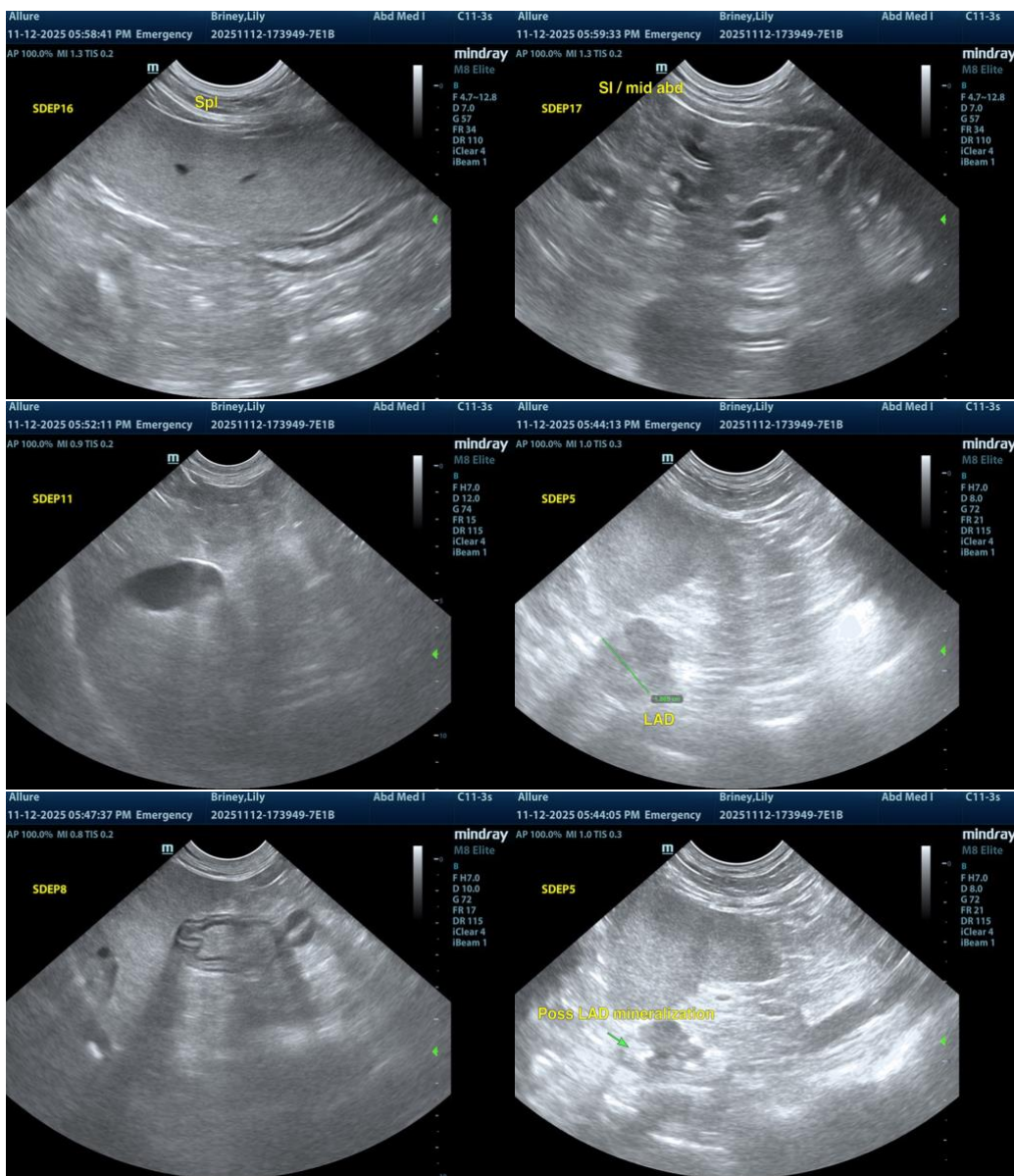
Dr. Maria Lara

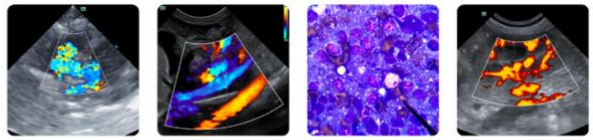
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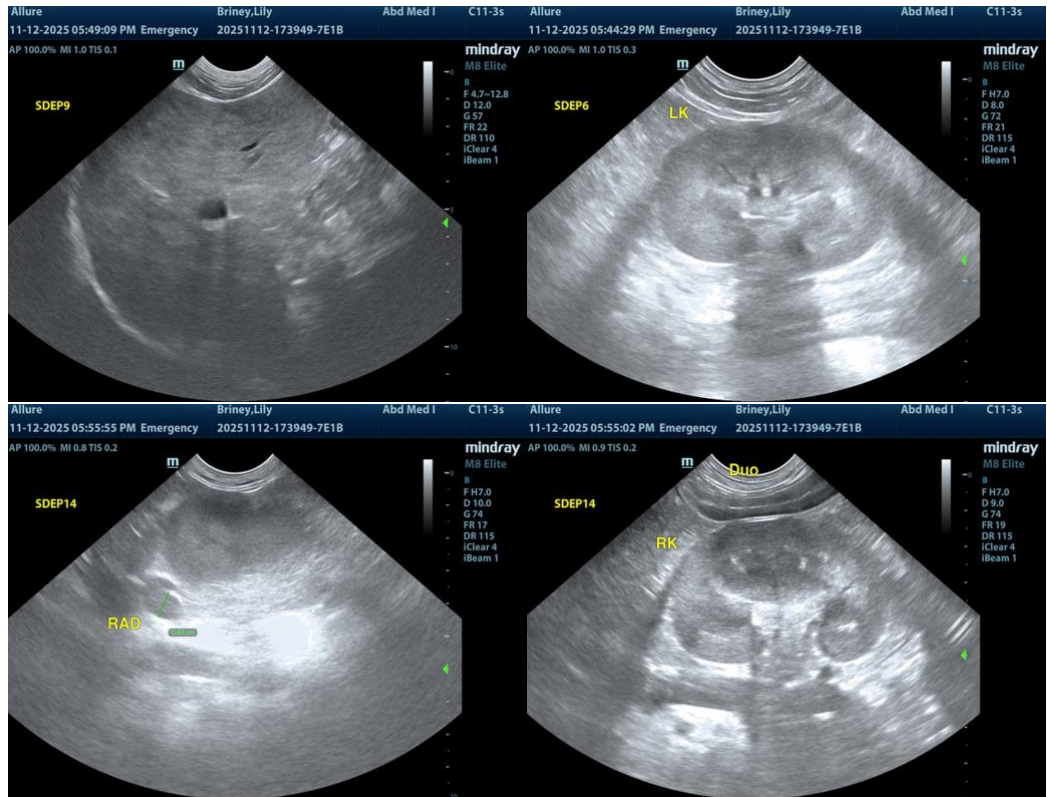
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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