



## PATIENT

Timber Morris

## SPECIES

Canine

## BREED

Labrador

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

74 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Desen Ertunc DVM

## HOSPITAL NAME

Humboldt Veterinary  
Medical Group

## REFERRING VET

Dr. Sarah Schroer  
DVM

## INVOICE

12346

## DATE

11/19/25

## PRESENTING CLINICAL SIGNS

Recent weight loss; abdominal mass; non-regenerative anemia

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: caudal abdominal mass, fixed dorsally  
CBC/Chem/UA/rads (& date obtained): Nov 18 2025 -- CBC/chem shows Hct=25.2%; brief  
ultrasound shows large solid mass in caudal abdomen, no free abdominal fluid

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsal apical urinary bladder wall measured 0.89 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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.

The left kidney was mildly enlarged compared to the right kidney. The left kidney exhibited moderate to significant hydronephrosis with minimal discernable medullary parenchyma. The left kidney measured 9.0 cm in length.

Normal size and margination was present in the right kidney. 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 pyelectasia or hydronephrosis was present. The right kidney measured 8.0 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The visualized spleen exhibited subjective normal size with several to possible multiple nondisruptive to mildly expansive nonhomogenous hypoechoic splenic nodules with an example measuring 2.5 cm in diameter.

### Liver

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Mildly congested to prominent hepatic vasculature, most notable in the area of the hepatic vein / caudal vena cava junction, without evidence of thrombosis.

The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not visualized.

### Gastrointestinal



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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 visualized segments of small intestine were sonographically 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**

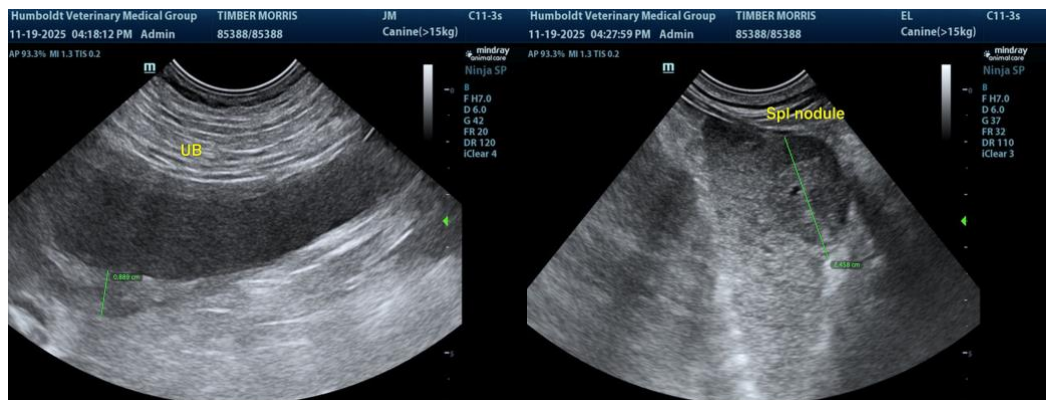
Mild volume peritoneal effusion was present. A large unspecified nonhomogenous cystic to cavitated mass was visualized occupying a majority of the mid to caudal abdomen measuring at least 15.0 cm in diameter. The mass was noted in the area (with potential effacement or encompassment) of the caudal abdomen to retroperitoneal major vasculature. The mass was noted in the area of the iliac trifurcation. Mild surround hyperechoic omentum/tissue.

**ULTRASONOGRAPHIC FINDINGS**

- Unspecified mid to caudal abdomen mass.
- Variably sized to expansive splenic nodules.
- Congested hepatomegaly with mild gallbladder edema.
- Moderate to severe left kidney hydronephrosis.
- Mild volume peritoneal effusion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unspecified mass is consistent with neoplastic criteria of unknown origin. The mass appears to be obstructing the left ureter with secondary left kidney hydronephrosis. Multicentric neoplasia is probable. The congested liver may suggest pericardial effusion or cardiac metastasis. Correlation with three view chest radiographs, brief sonographic assessment of the heart and if normal clotting status, consideration for screening mass and splenic nodule FNA cytology. Unfortunately, unfavorable prognosis is indicated.





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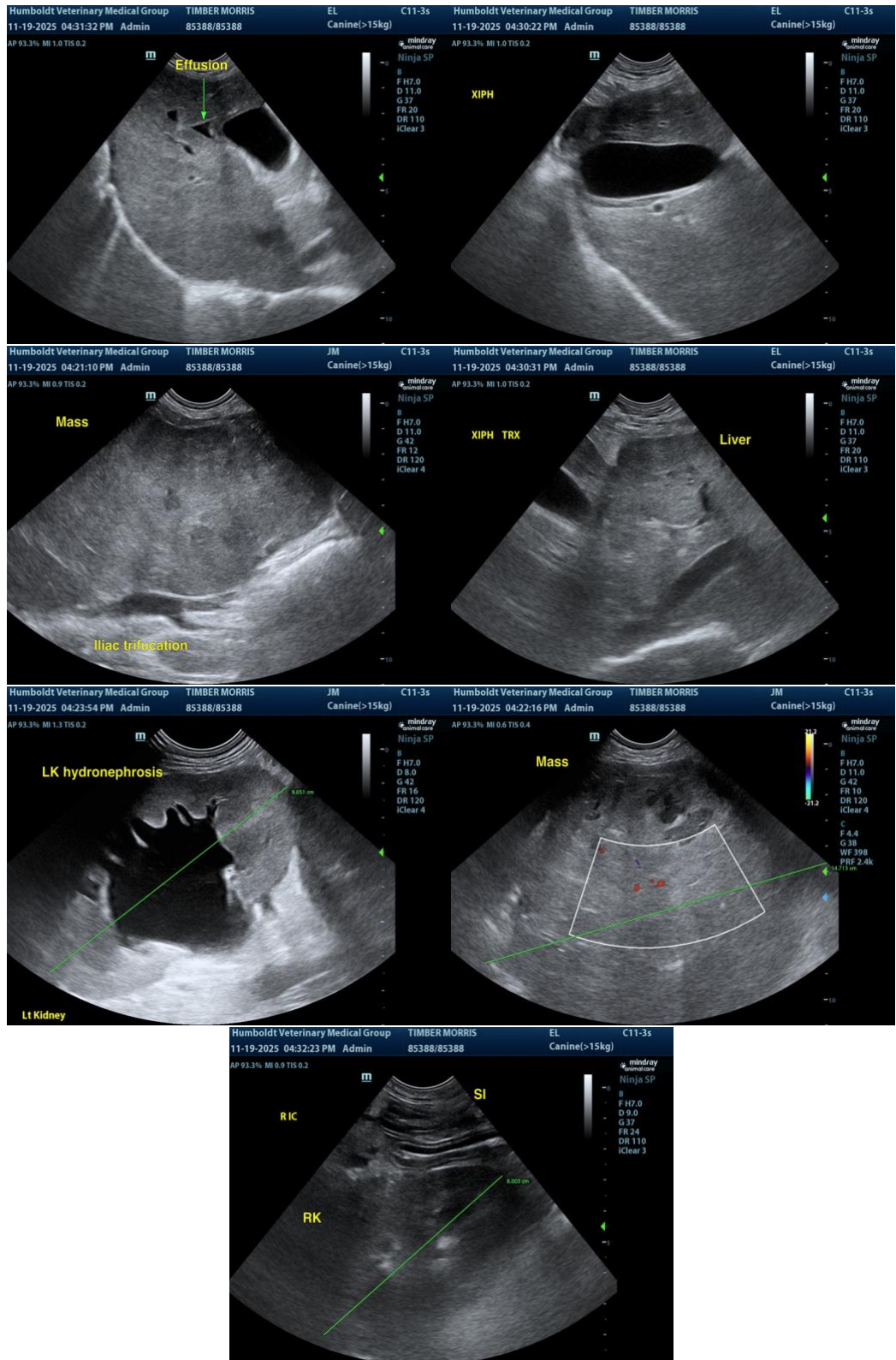
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)