



## PATIENT

Prince Halverson

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Neutered Male

## AGE

12 Years 8 Months

## WEIGHT

24.6 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dallas Reynolds LVT

## HOSPITAL NAME

Lone Mountain Animal  
Hospital

## REFERRING VET

Dr. Lindsay Geiger

## INVOICE

12432

## DATE

11/23/25

## PRESENTING CLINICAL SIGNS

P originally presented 11/5/25 for hyporexia over the previous week but P typically has a very good appetite. V+ a couple times as well - typically a little while after eating when he does eat. P had also been polydipsic. On 11/18/25 presented for continued anorexia, no improvement from previous visit. X-rays that day showed - "a focal ovoid thickened small intestinal segment with central gas opacity and suspected circumferential wall thickening in the right cranioventral abdomen. This is visible on the ventrodorsal and left lateral projections, though not clearly on the right lateral projection. The small intestines are otherwise within normal limits for size. The colon contains fecal material and gas. A few additional very small granular mineral opacities are present in the descending colon. The liver, spleen, kidneys, and urinary bladder are normal. An ovoid soft tissue opacity is present just caudal to the urinary bladder in the region of the prostate." Presented today with continued vomiting with little improvement.

Abnormal PE/Chem/CBC/UA Results: BW WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. Subjective mild thickened urinary bladder wall primarily noted in the ventro- to dorsal apical wall with minor asymmetrical luminal surface contour. Nondependent particulate mild to mobile sediment was present. Dorsal apical urinary bladder wall measured 0.76 cm.

The prostate was nonenlarged with mild nonhomogenous focally hyperechoic parenchyma with small nondisruptive prostatic cystic lesion measuring 1.2 cm in diameter. The overall prostate measured 3.0 cm in diameter.

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 6.5 cm in length. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.80 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in 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



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 with mildly thickened wall layering. The stomach was overall nondistended containing a mild amount of gas and retained anechoic fluid.

Several intestinal masses exhibiting thickened to hypoechoic wall and loss of mural detail present in the duodenum and segmental jejunum. Concurrent segmental jejunal segments exhibiting variably thickened wall, hypoechoic mural echogenicity and indistinct jejunal wall layer detail with concurrent sonographically normal jejunal segments. Example of normal jejunal segment measured 0.31 cm wall width. Thickened jejunum wall measured 0.64 cm wall width. Example of intestinal mass measured approximately 5.0 cm in length with 1.3 cm wall width. Mild ileus noted within intact intestinal segments as well as associated with the intestinal masses.

Segmental empty colon lumen with segmental semi formed to possible soft fecal matter.

### **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**

Intermittent mildly enlarged asymmetrically marginated primarily homogenous mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Scant peri-intestinal free fluid and mild hyperechoic omentum.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Thickened mildly hypomotile stomach.
- Intestinal masses involving the duodenum and jejunum with associated mild ileus.
- Intermittent mildly enlarged hypoechoic mesenteric lymph nodes, peri-intestinal hyperechoic omentum and minor effusion.

### **Secondary Findings**

- Age-related renal changes.
- Nonorganized gallbladder debris (non-mucocele).
- Nondistended mildly thickened urinary bladder with mild urine sediment.
- Nonenlarged focally hyperechoic prostate with small prostatic cysts.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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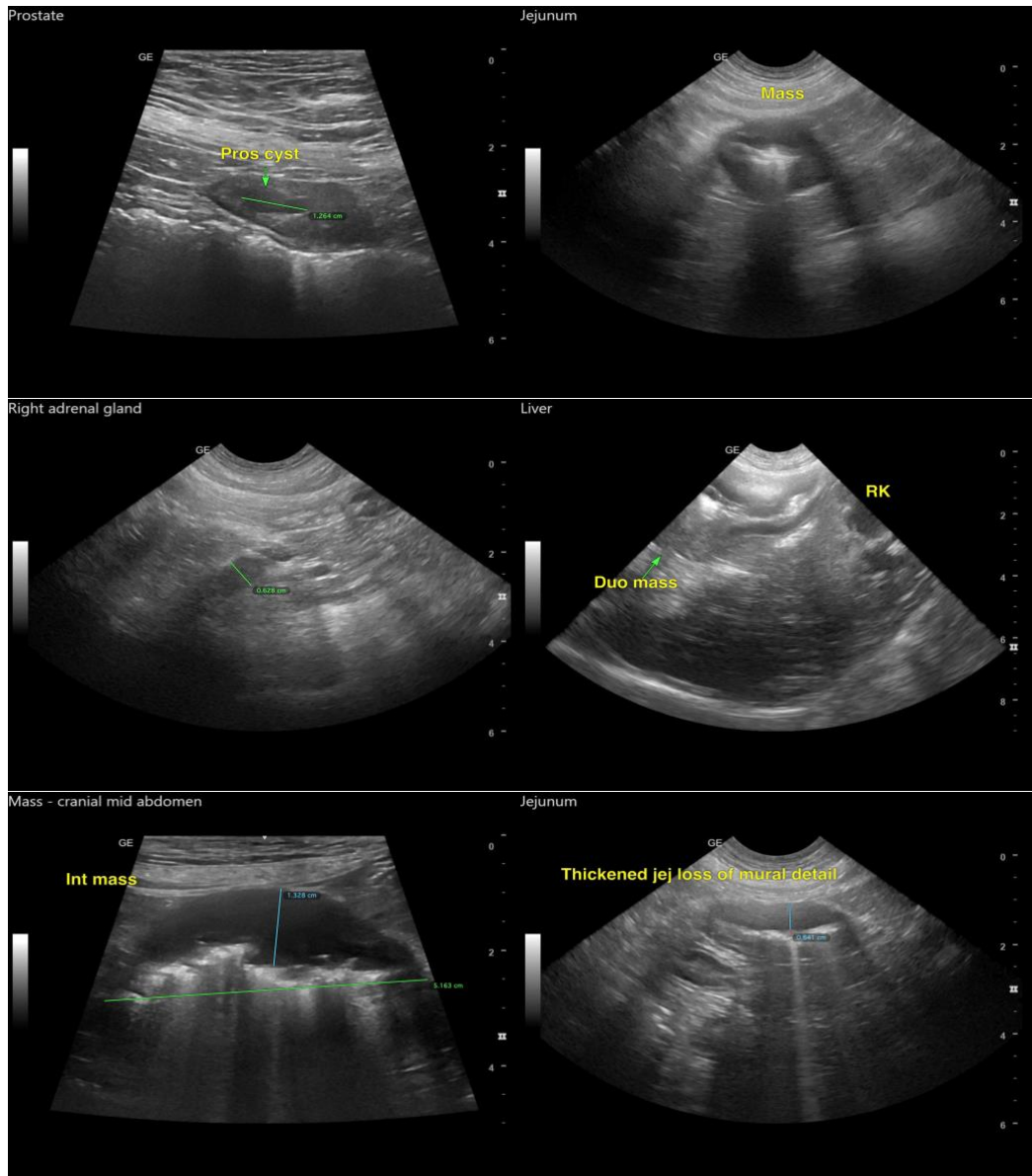
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The intestinal masses are consistent with neoplastic criteria i.e. carcinoma, round cell neoplasia, stromal tumor, etc. with potential gastric involvement and suspect early metastatic mesenteric lymphadenopathy. No overt current gastrointestinal obstructive pattern. Gastrointestinal biopsies are required for a definitive diagnosis. The urinary bladder and residual prostate are of unclear clinical significance. Monitoring for lower urinary tract signs and consideration for concurrent screening BRAF assay is recommended. Three view chest radiographs and an oncology consult are recommended.





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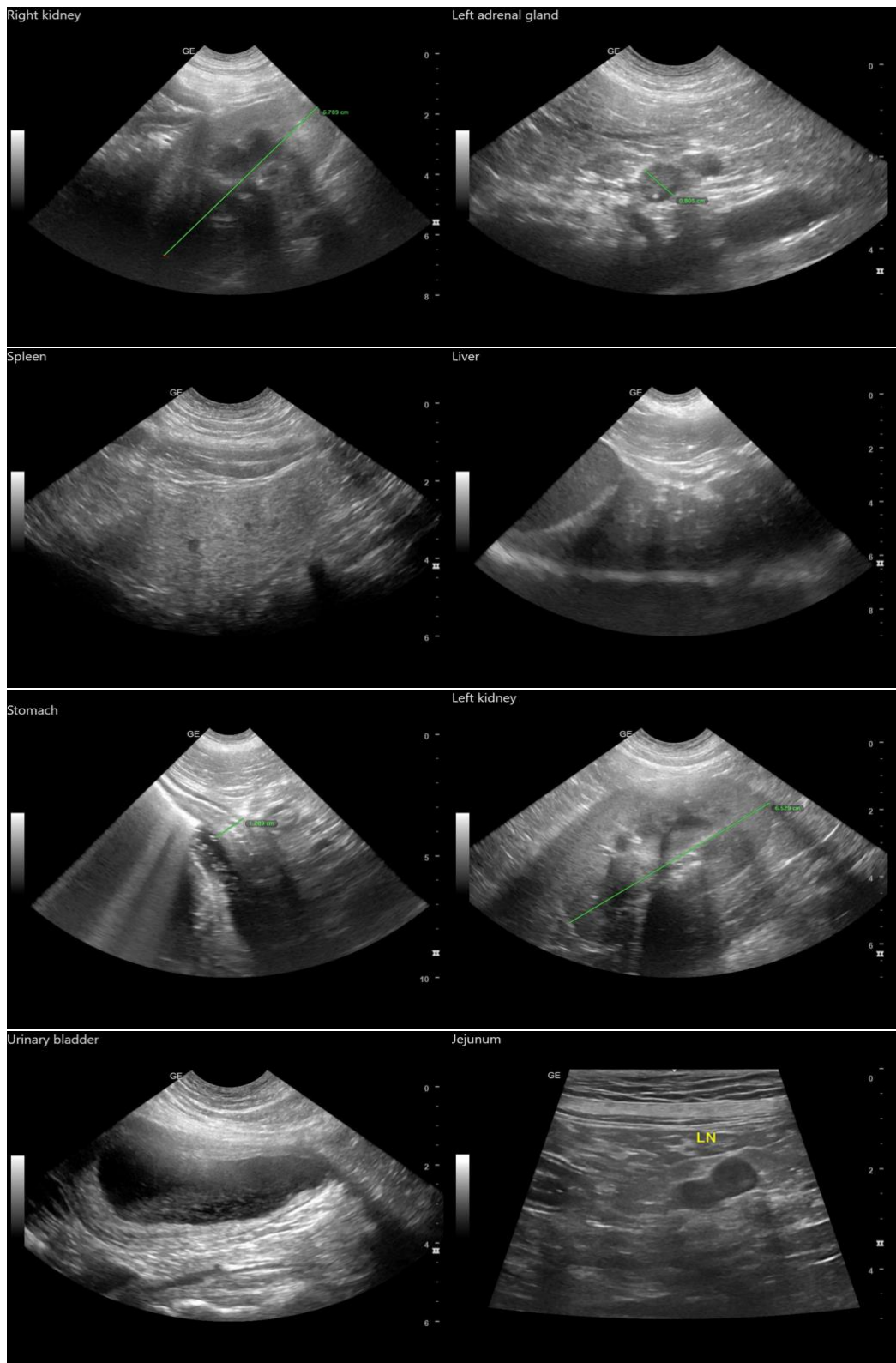
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)