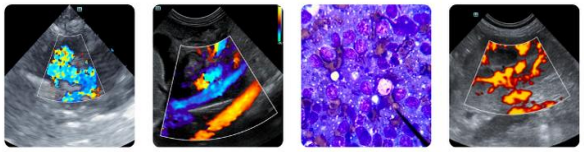


PATIENT
Gracie Velazquez

SPECIES
Canine

BREED
Cockapoo

SEX
FS

AGE
15yr

WEIGHT
14.2lb

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

IMAGING PERFORMED BY
Meghan Morse

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr Hickenbottom

INVOICE
23059

DATE
11/24/2025

PRESENTING CLINICAL SIGNS

Quick onset of distended abdomen. Concern for ascites. *1,215ml of abdominal fluid removed prior to AUS*

Abnormal PE/Chem/CBC/UA Results: Increased liver enzymes, ALP 2955, NEuts 11929

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size with non-homogenous parenchyma and possible parenchymal expansion in the area of the right phrenicoabdominal vein. The right adrenal gland measured 0.81 cm at the caudal pole.

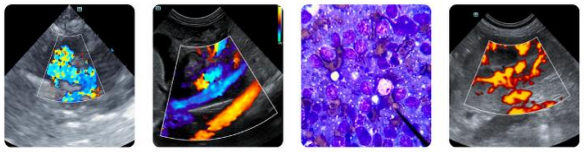
Spleen

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/Gallbladder

The liver was asymmetrically enlarged with non-homogenous parenchyma exhibiting indistinctly marginated isoechoic non-homogenous intraparenchymal mass to masses. An example of a liver mass measured ~ 7.2 cm in diameter, The gallbladder was non-distended in size with thin walls and mild congealed non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The right pancreas was normal to mildly prominent in size with asymmetrical margination and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy was present.

Moderate to significant volume mildly echogenic peritoneal effusion and generalized non-homogenous mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Asymmetrically enlarged, non-homogenous liver with indistinct intraparenchymal masses
- Sonographically normal spleen.
- Normal gastrointestinal tract
- Non-edematous gallbladder with non-organized bile debris (non-mucocele)
- Moderate to significant volume peritoneal effusion and non-homogenous mesentery
- Pancreatic remodeling
- Mild right adrenomegaly with possible early vascular invasion

Secondary

- Chronic renal changes exhibiting mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of hepatic congestion, significant gastrointestinal mural pathology or reported hypoalbuminemia as contributing factors to the effusion, hepatic neoplasia with potential for carcinomatosis or similar is a primary concern. Non-specific peritonitis is not definitively excluded. Further assessment may include assuming normal clotting status, hepatic FNA cytology and effusion analysis cytospin cytology +/- C/S if evidence of effusion inflammatory component. Three view chest radiographs are recommended if not done.

New Jersey Mobile
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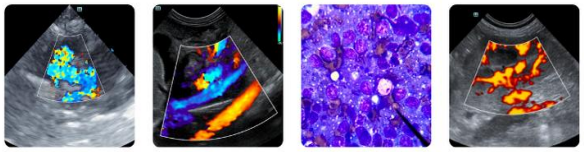

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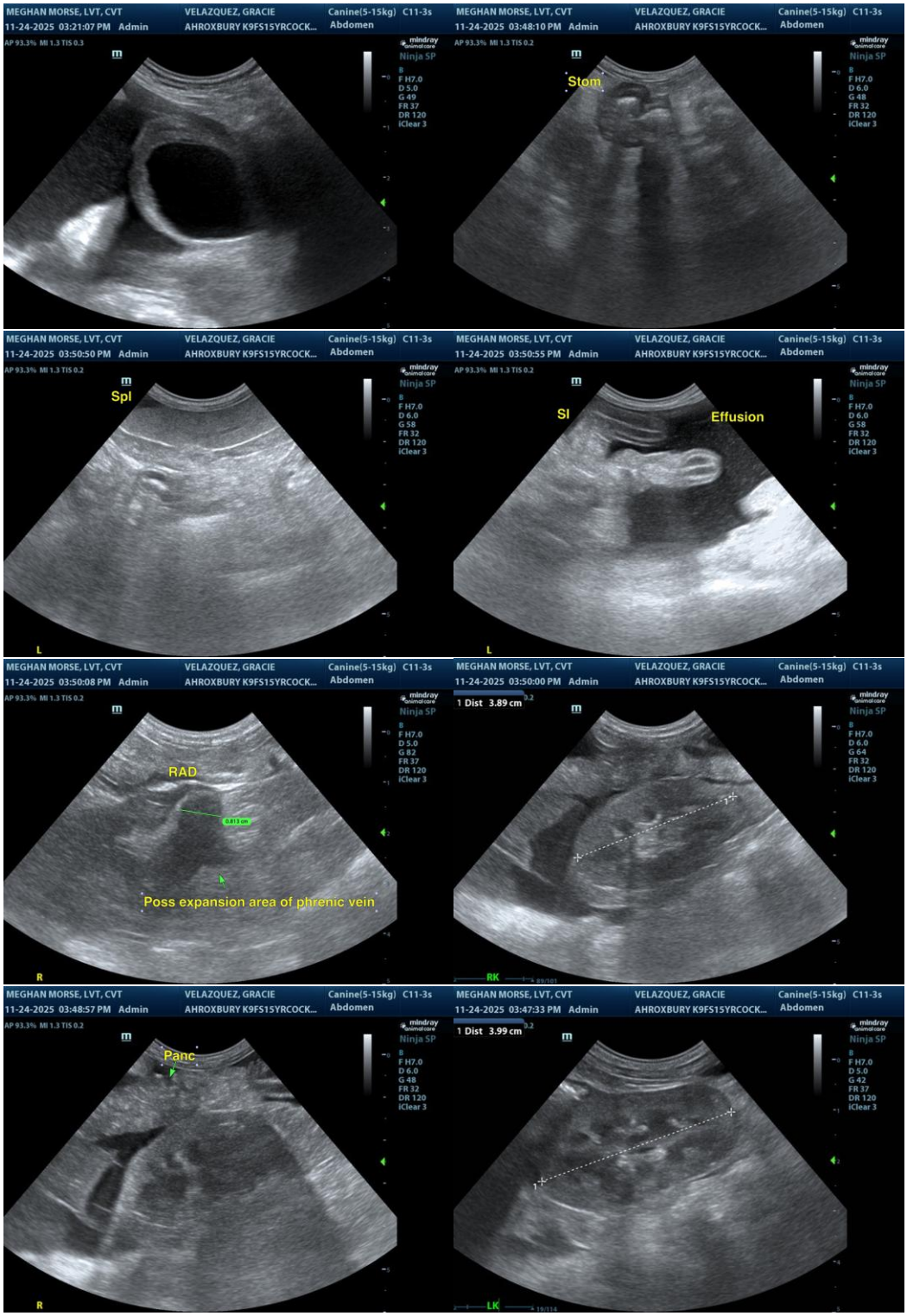

New Jersey Mobile
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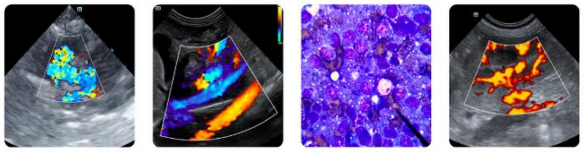

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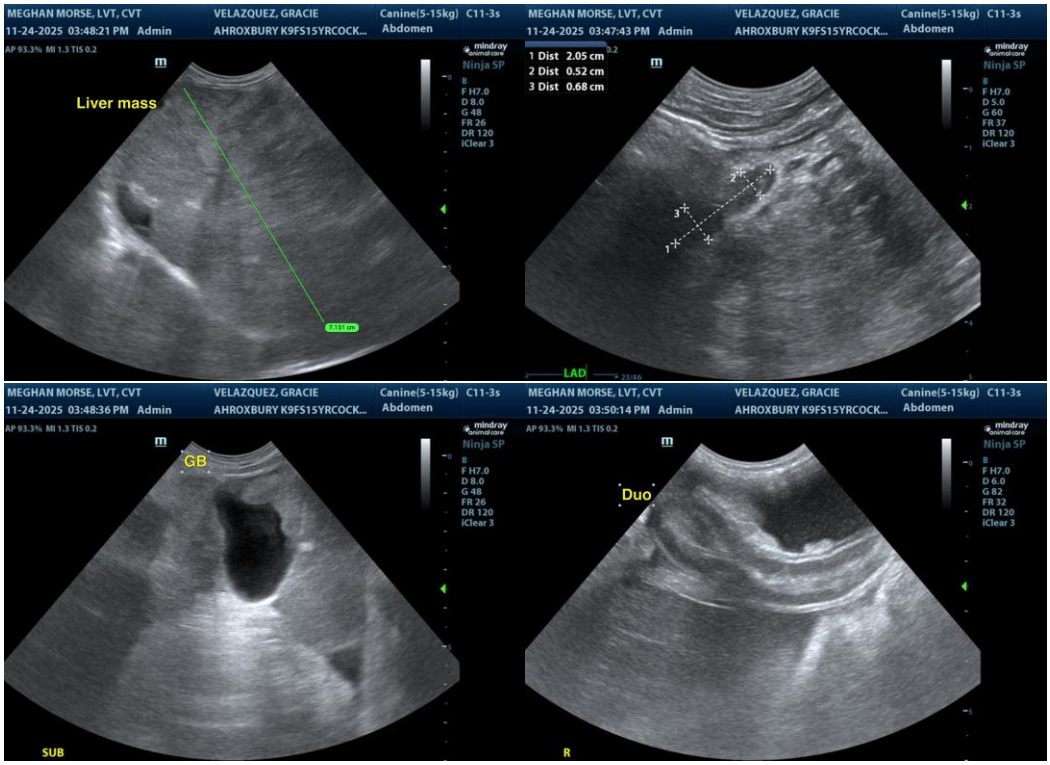

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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