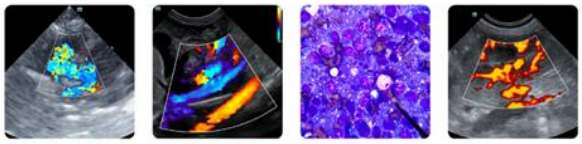


PATIENT

Daisy Burnett

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

8yr

WEIGHT

31.65kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr Brian Barnes

INVOICE
23067

DATE
11/25/2025

PRESENTING CLINICAL SIGNS

Anorexia, distended abdomen. lethargic, , declimning last 10 daysss

Abnormal PE/Chem/CBC/UA Results: Xrays 1. Large right-sided abdominal mass. This could be originating from the spleen, pancreas or GI tract. Regardless neoplasia is the primary differential. 2. High suspicion of neoplastic effusion. 3. Pleural effusion. This is also likely due to neoplastic effusion Mild anemia HCT 27.5 (N 37.3-61.7) ALP 775 (N 23-212) Amy and Lip High cPL 1855 (N 0-200)

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 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 6.3 cm in length. The right kidney measured 7.8 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 and right adrenal glands were not definitively visualized.

Spleen

The spleen was overtly normal in size with primarily symmetrical contour and subtle parenchyma heterogeneity, including a discrete non-disruptive non-homogenous to hypoechoic cranial splenic nodule. The nodule measured 1.2 cm in diameter.

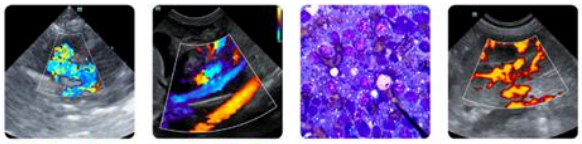
Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, non-organized non-dependent variably congealed debris. 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 minor non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

The visualized 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.



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

Pancreas

The pancreas was not definitively visualized.

Free Abdomen

An expansive unspecified non-homogenous mass occupying the majority of the mid to cranial abdomen visualized caudal to the liver, medial to the spleen, and somewhat surrounding the right kidney. The mass measured at least 15 cm in diameter, but possibly larger as the entire mass would not fit into a single viewing window.

Regional to generalized non-homogenous nodular omentum was present which may indicate variable mesenteric lymphadenopathy or omentum nodules with concurrent non-homogenous omental echogenicity and mild volume lateral abdomen free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary

- Unspecified to expansive mid to cranial abdomen mass
- Regional to generalized non-uniform nodular omentum and mild volume peritoneal effusion
- Subtle splenic nodule.
- Mild non-congested hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met including the unspecified mass along with regional to generalized nodular omental changes consistent with carcinomatosis or similar. Definitive origin of the mass cannot be ascertained without definitive connection to or involvement from the caudal liver or spleen. Regardless, given multicentric mass and omental neoplastic to metastatic criteria, curative surgical options appear to be precluded. An unfavorable prognosis is indicated.

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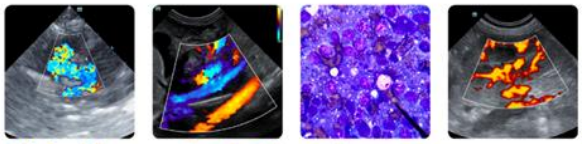

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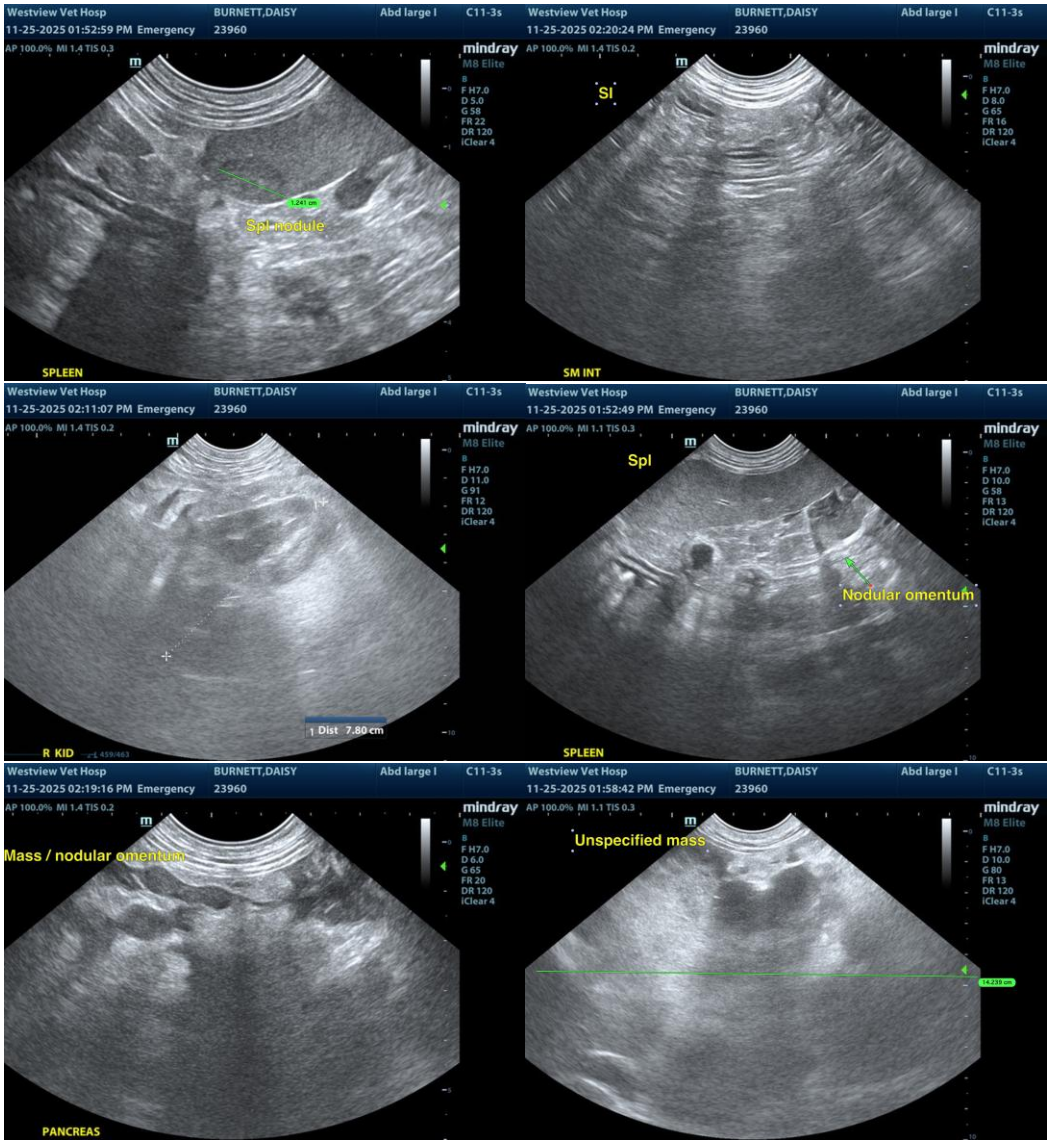

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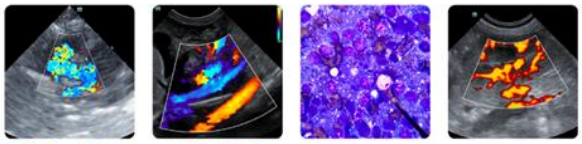

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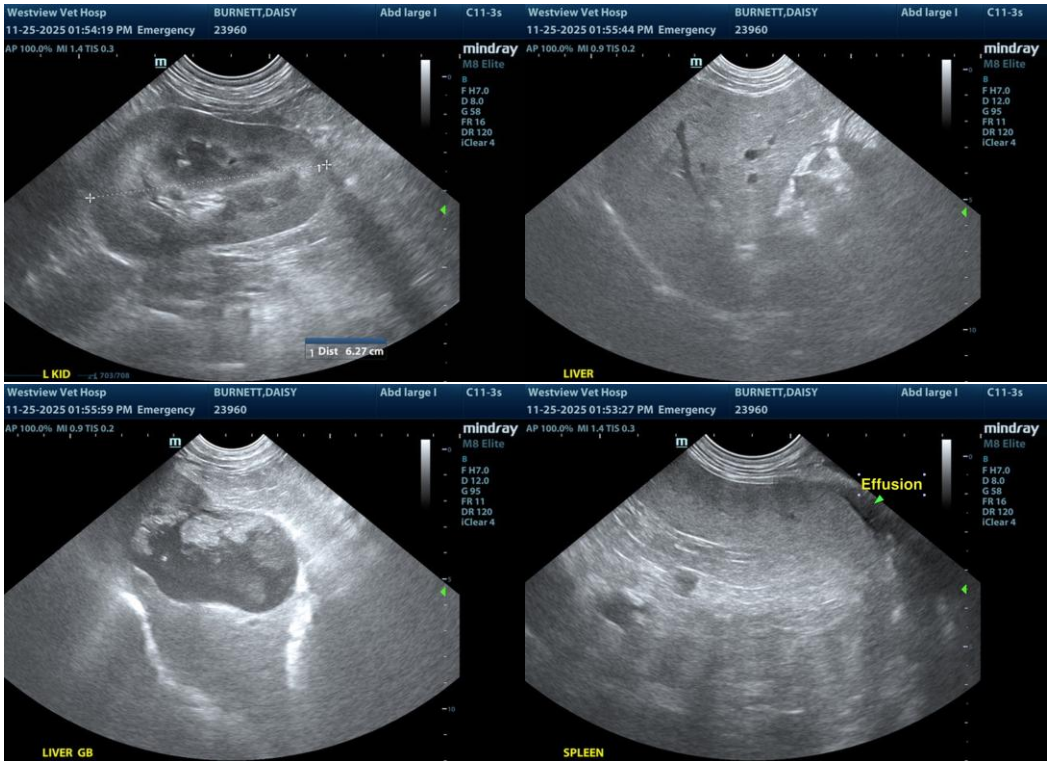

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com