



## PATIENT

Thor Carota

## SPECIES

Canine

## BREED

Husky

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

70 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Nicole Hession

## HOSPITAL NAME

Atlantic Animal  
Hospital Port Orange

## REFERRING VET

Dr. DeBiasio

## INVOICE

12474

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

Organomegaly on radiographs.

Abnormal PE/Chem/CBC/UA Results: BW 11/15/25- CBC: MCH 21.5 (22.1-26.7), RETIC 21.8 (23.8-28.3), PLT 563 (120-410), otherwise NSF. Chem: K 5.9 (4.0-5.4), Na:K ratio 25 (28-37), TP 8.5 (5.5-7.5), ALB 4.2 (2.7-3.9), GLOB 4.3 (2.4-4.0), ALT 396 (18-121), ALKP 1098 (5-160). Rest WNL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, urine mineral, calculi 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 residual prostate appeared normal and 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 7.2 cm in length. The right kidney measured 7.1 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 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 revealed generalized hepatomegaly with subjective caudally expanding homogenous liver mass appearing to derive from the ventrocaudal liver measuring approximately 12.0 cm in diameter. The mass exhibited similar echogenicity and echotexture compared to the adjacent intact liver. The mass appeared to extend approximate level of the mid abdomen adjacent to the cranial spleen. Overall, homogenous hepatic parenchyma exhibiting mild coarse echotexture. No additional intraparenchymal masses or nodules visualized. Normal hepatic vascular volume.

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



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The stomach presented intact wall layering. The stomach contained progressive to strongly shadowing ingesta and mild nonshadowing chyme.

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 ileus, obstruction or foreign material.

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

**Pancreas**

The pancreas exhibited normal size, capsule asymmetry and mild heterogeneous remodeled parenchyma with mildly prominent pancreatic duct.

**Free Abdomen**

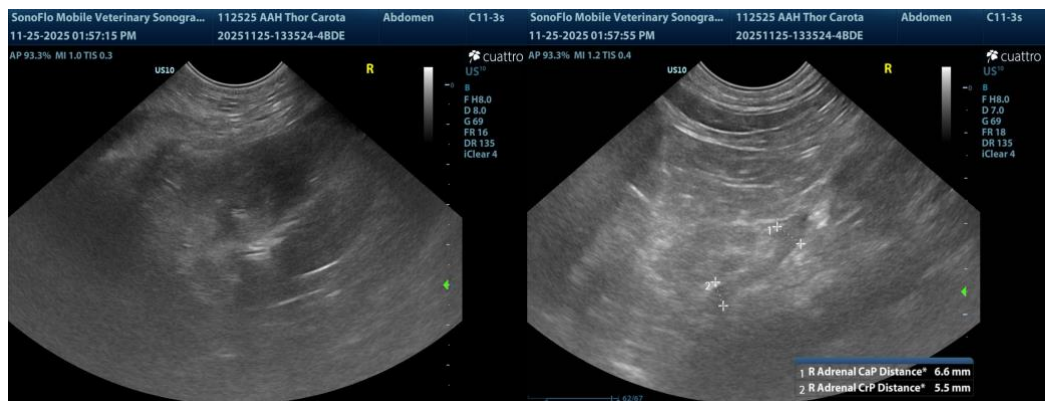
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly exhibiting caudally expansive homogenous liver mass.
- Mild gallbladder debris (non-mucocele).
- Normal spleen.
- Age-related renal changes.
- Shadowing nonobstructive gastric ingesta.
- Mild asymmetrical nonhomogenous pancreas with mildly prominent pancreatic duct.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall hepatopathy and hepatic mass are nonspecific with benign, inflammatory, cholestatic, hyperplastic or neoplastic etiologies possible. Further assessment may include (assuming normal clotting status) hepatic parenchyma and mass FNA cytology. Subjectively, the mass appears likely amendable to surgical resection given probable ventrocaudal hepatic origin extending into the subjective mid abdomen. Assuming no pathology on three view chest radiographs, abdominal CT is likely ideal for further assessment and surgical planning. Otherwise, largely geriatric abdomen without evidence of additional visceral pathology. Chronic pancreatitis may be suspected if previous history of pancreatitis if gastrointestinal signs. Correlation with a spec cPL is suggested if clinically indicated.





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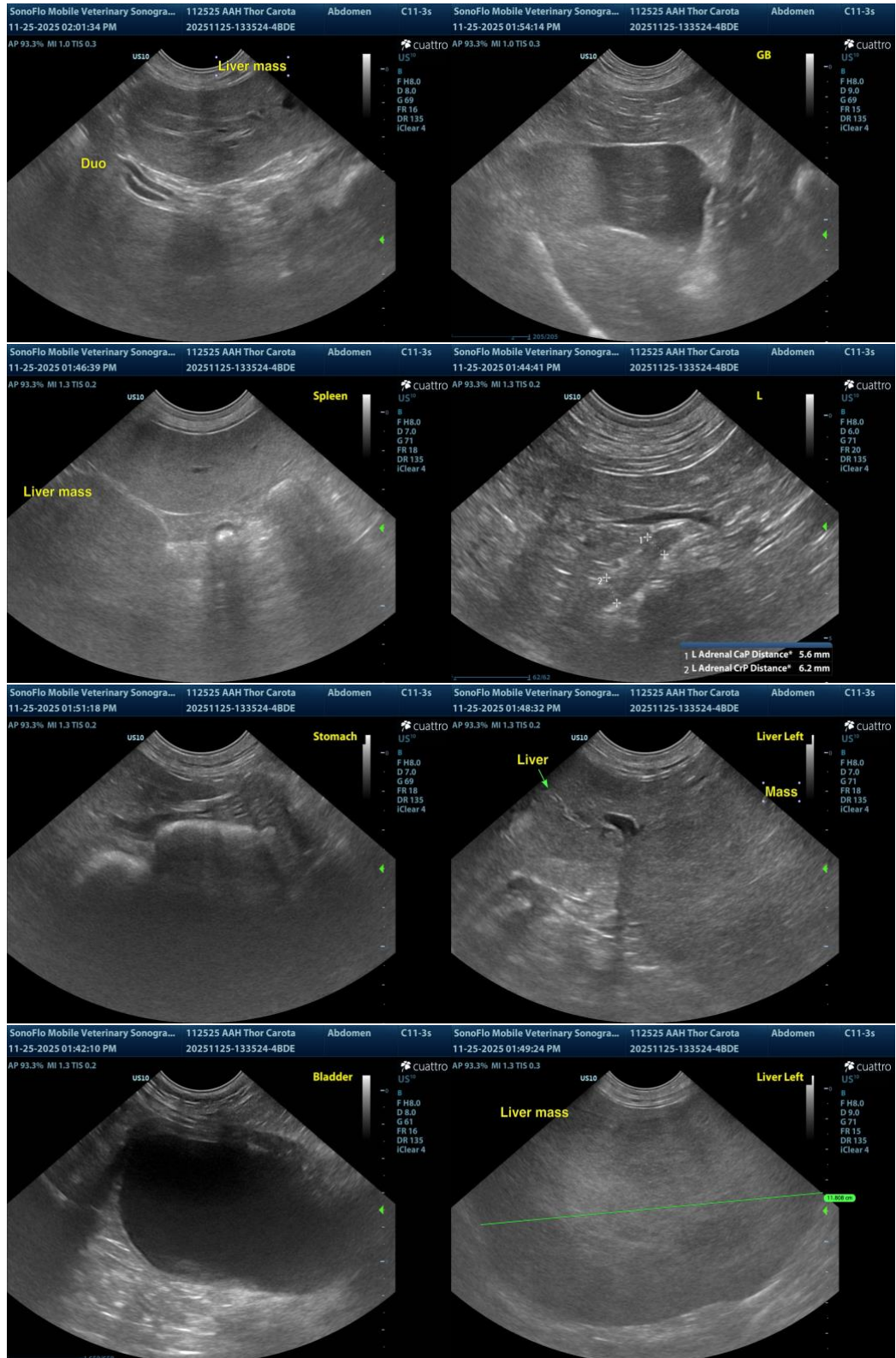
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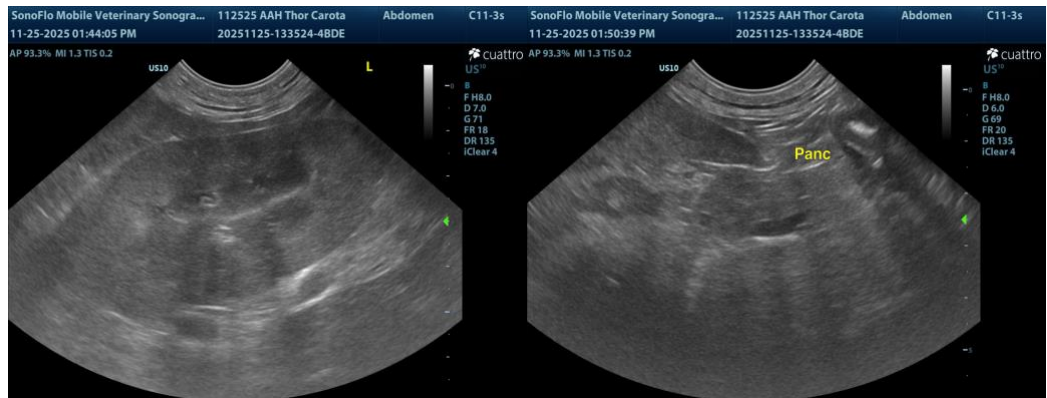
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)