



PATIENT

Gibson McHill

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

75 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Paws Animal Hospital

REFERRING VET

Dr. Johnson

INVOICE

12069

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Painful upon palpation of the cranial abdomen. Owner reports that P has been lethargic since yesterday and has needed help getting up. Vomiting more than his usual the last 2 days. ABNORMAL Labwork Values HCT 26.8 low HGB 10.2 low RBC 4.05 low PLT 106 low

Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and 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. No evidence of inflammatory or neoplastic change were noted.

The definitive residual prostate was not overtly visualized. Within the area of the residual prostate, a nonhomogenous irregular lymph node or mass in the area of the residual prostate was present measuring approximately 2.6 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present bilaterally. The left kidney measured 7.8 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to mass in the area of the left retroperitoneal space and left kidney.

The right adrenal gland was asymmetrically enlarged exhibiting nonhomogenous nonmineralized parenchyma. The right adrenal gland measured 3.4 cm x 1.1 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A mild to moderately expansive nonhomogenous ventral intraparenchymal liver mass was visualized measuring approximately 6.0 cm in diameter.



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The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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 ileus, obstruction or foreign material.

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

A nonhomogenous mass was visualized in the area of the left retroperitoneal space and left kidney measuring approximately 9.0 cm to 10.0 cm in diameter. Associated hyperechoic retroperitoneal echogenicity and mild volume retroperitoneal effusion present. No visualized overt mid abdomen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Retroperitoneal mass in the area of the left kidney with associated retro-peritonitis.
- Liver mass.
- Nonhomogenous lymph node versus mass in the area of the residual prostate gland.
- Age-related spleen.
- Sonographically unremarkable visualized gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met with considerations including favored multicentric sarcoma, carcinoma or other. Assuming normal clotting status, FNA cytology of the left retroperitoneal or hepatic mass with potential for oncology consult may be considered, however, curative surgical options appear precluded. An unfavorable prognosis is indicated.



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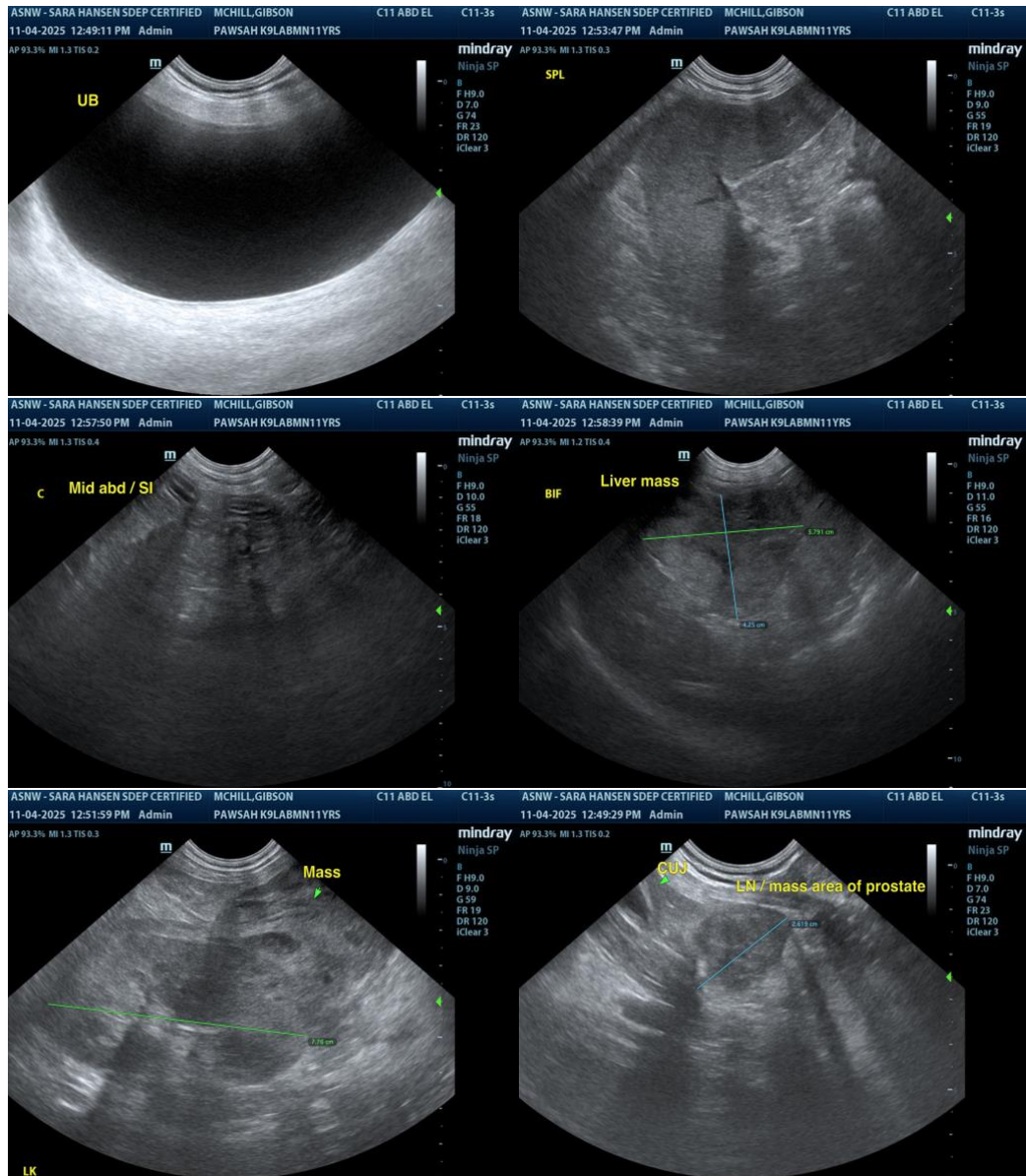
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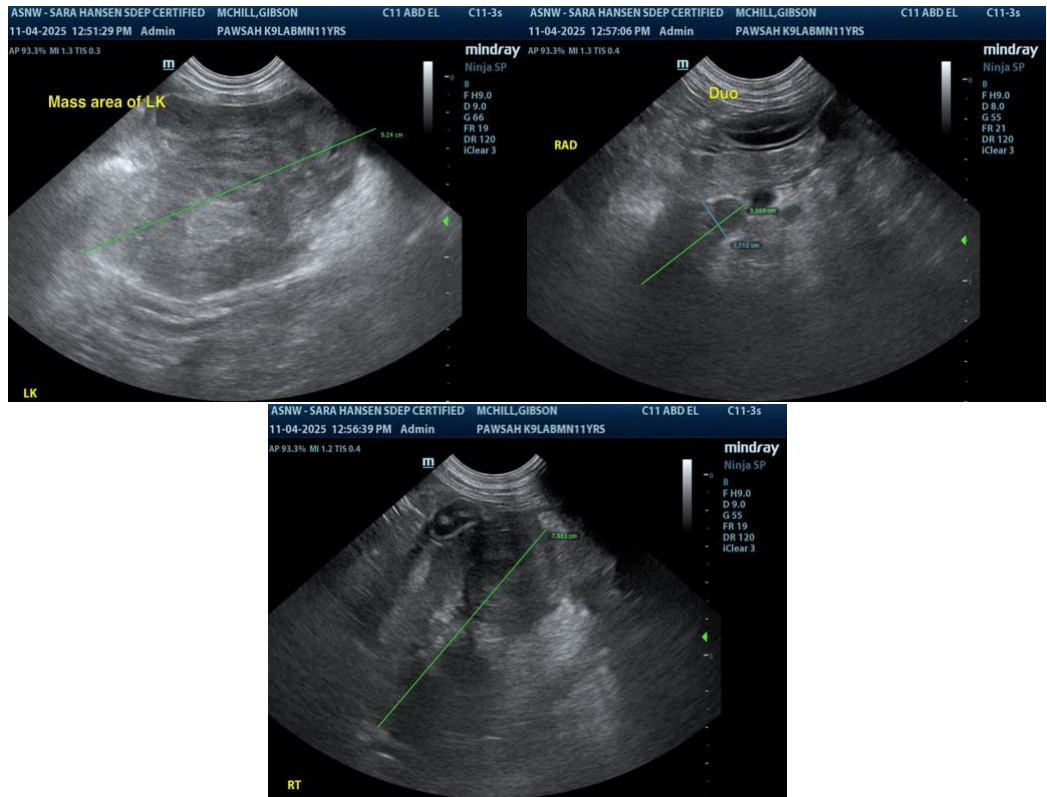
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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