



PATIENT

Lucy Slager

SPECIES

Canine

BREED

Pointer Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

36.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Larsen

INVOICE

12701

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Currently on gabapentin - History of elevated liver enzymes on multiple blood works - Previously on rimadyl (discontinued) - Episode of colitis several months ago, resolved - Scheduled for dental cleaning in January due to suspected oral discomfort - Recent onset of signs over the past week - Decreased appetite - acts interested in food initially but stops eating, seeks water or goes outside - Polydipsia and polyuria - Abdominal breathing pattern noted by client - Excessive licking - Client reports mild diarrhea, no vomiting - Appears uncomfortable with generalized panting

Abnormal PE/Chem/CBC/UA Results: CBC: Unremarkable, adequate red blood cell and platelet counts, neutrophils mildly elevated 13.79 (likely stress response) - Chemistry panel: ALKP 527 (elevated), ALT 702 (elevated), glucose mildly elevated (118), sodium slightly low (137), other electrolytes normal -Cytology/fluid analysis of abdominal fluid: The fluid has low cellularity and contains neutrophils and macrophages consistent with a modified transudate. A low cellular exudate is the primary consideration (can develop secondary to poorly exfoliating inflammatory tissues, systemic vasculitis, or with mixed effusions. However similar fluid can also develop secondary to a mildly inflamed transudate secondary to increased plasma hydraulic pressure (CHF Entyce, Cerenia, gabapentin, codeine

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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland subjectively measured 0.72 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent perihilar nondisruptive to small hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver

The liver revealed marked generalized hepatomegaly. A large nonhomogenous hyperechoic mass was visualized occupying a majority of the mid liver measuring approximately 10.0 cm in diameter. The mass potentially extended into the area of the right liver and porta hepatis.

The gallbladder was not definitively visualized potentially owing to gallbladder displacement.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

Overtly normal visible small intestine without evidence of mechanical/metabolic ileus to the level of the colon.

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

Pancreas

The area of the pancreas was indistinctly visualized owing to increased peri-adrenal omental artifact.

Free Abdomen

A significant volume of mildly echogenic peritoneal effusion was present. Nonhomogenous hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Significant hepatomegaly with large intraparenchymal mass.
- Nonenlarged spleen with intermittent small hyperechoic splenic nodules- nodules suggestive of benign criteria i.e. myelolipomas.
- Age-related renal changes.
- Normal visualized gastrointestinal tract with mild gastric ingesta.
- Significant volume peritoneal effusion, mild nonhomogenous hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is most consistent with neoplastic criteria i.e. carcinoma or other. Effusion secondary to hepatopathy/portal hypertension, nonobvious hepatic congestion or diffuse abdominal neoplastic process i.e. carcinomatosis or similar are all potentials. Correlation with thoracic radiographs to assess for evidence of cardiomegaly or intrathoracic pathology as a contributing factor, is suggested. Assuming normal clotting status and if possible, hepatic mass FNA cytology could be considered for further clarification.



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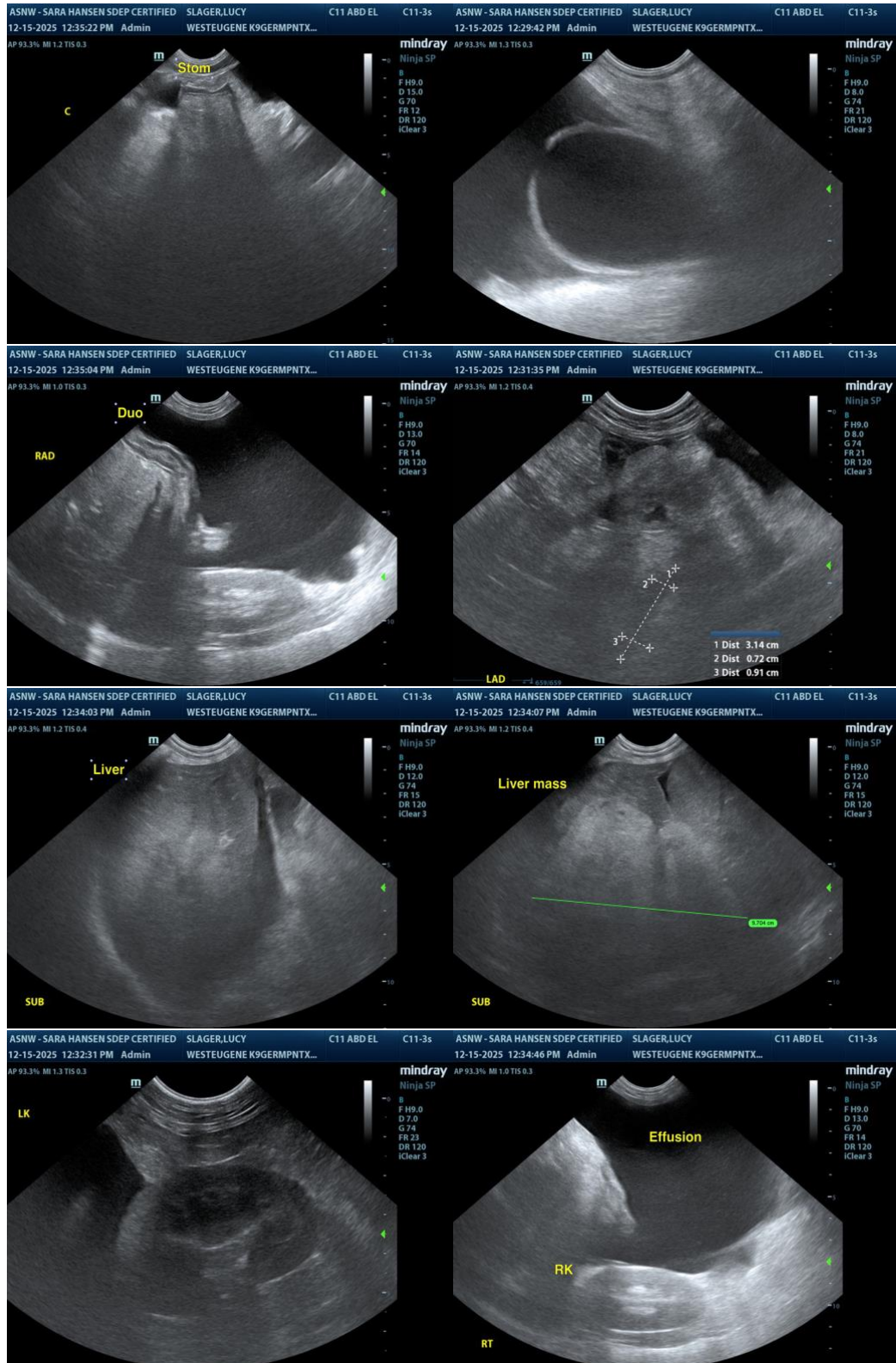
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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