



PATIENT

Iris Liken

SPECIES

Canine

BREED

American Eskimo

SEX

FS

AGE

15yr

WEIGHT

19.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Stranzl, DVM

HOSPITAL NAME

Dakota Veterinary
Center

REFERRING VET

Cassidy Stranzl, DVM

INVOICE

23260

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

History of splenectomy 10/8/25, histopathology confirmed hemangiosarcoma, metastasis to local lymph node. Patient has had intermittent anorexia and lethargy since surgery. Started chemotherapy November 2025. Mildly elevated ALT and ALP noted this past weekend after worsening anorexia.

The submitted study contained 19 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 mild to 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 4.6 cm in length. The right kidney measured 4.9 cm in length.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.47 cm width at the caudal pole. The right adrenal gland was not overtly visualized.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver/Gallbladder

Irregular hepatomegaly, non-homogenous parenchyma was present. Multicentric variably sized non-homogenous intraparenchymal nodules to target type lesions as well as intermittent non-homogenous masses were present. An example of a mass measured 7.1 cm in diameter. The gallbladder was non-distended in size with thin walls and moderate non-organized hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

No overt visualized gastrointestinal or colon pathology.

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

Non-uniform hyperechoic omentum was present with moderate volume peritoneal effusion.



PATIENT

Iris Liken

SPECIES

Canine

BREED

American Eskimo

SEX

FS

AGE

15yr

WEIGHT

19.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Stranzl, DVM

HOSPITAL NAME

Dakota Veterinary
Center

REFERRING VET

Cassidy Stranzl, DVM

INVOICE

23260

DATE

12/17/2025

ULTRASONOGRAPHIC FINDINGS

Primary

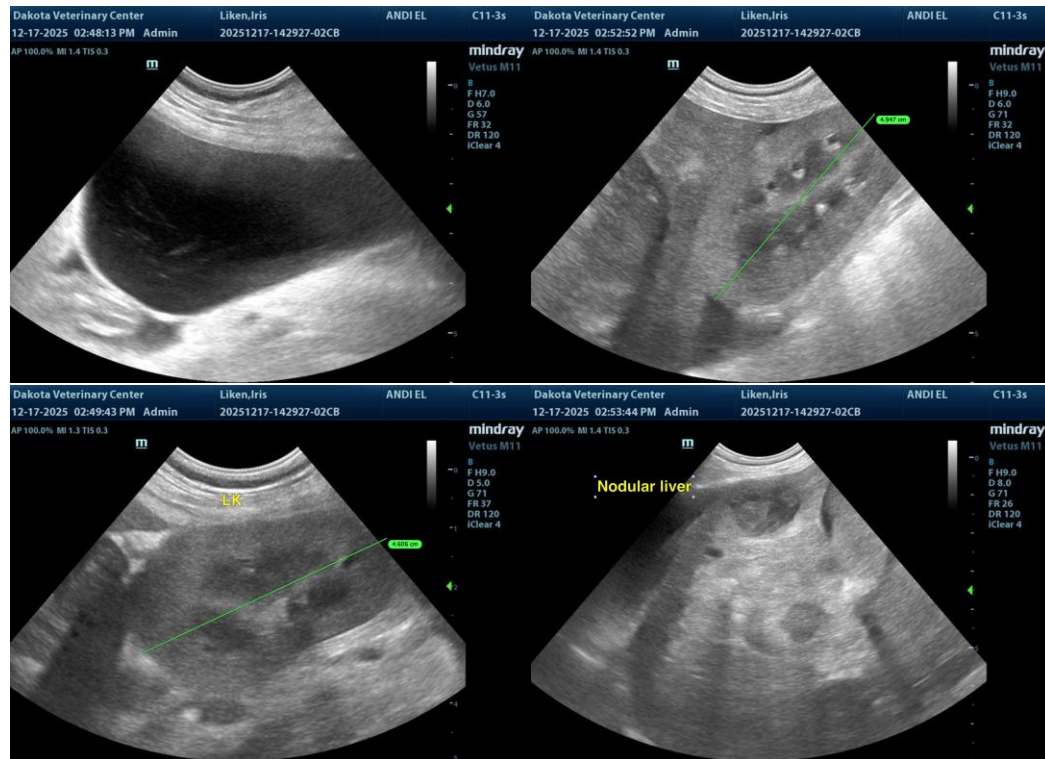
- Multicentric hepatic neoplastic /metastatic pattern
- Peritoneal effusion and non-homogenous hyperechoic mesentery

Secondary

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, diffuse hepatic neoplastic to metastatic criteria is present. An unfavorable prognosis is indicated.





PATIENT

Iris Liken

SPECIES

Canine

BREED

American Eskimo

SEX

FS

AGE

15yr

WEIGHT

19.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Stranzl, DVM

HOSPITAL NAME

Dakota Veterinary
Center

REFERRING VET

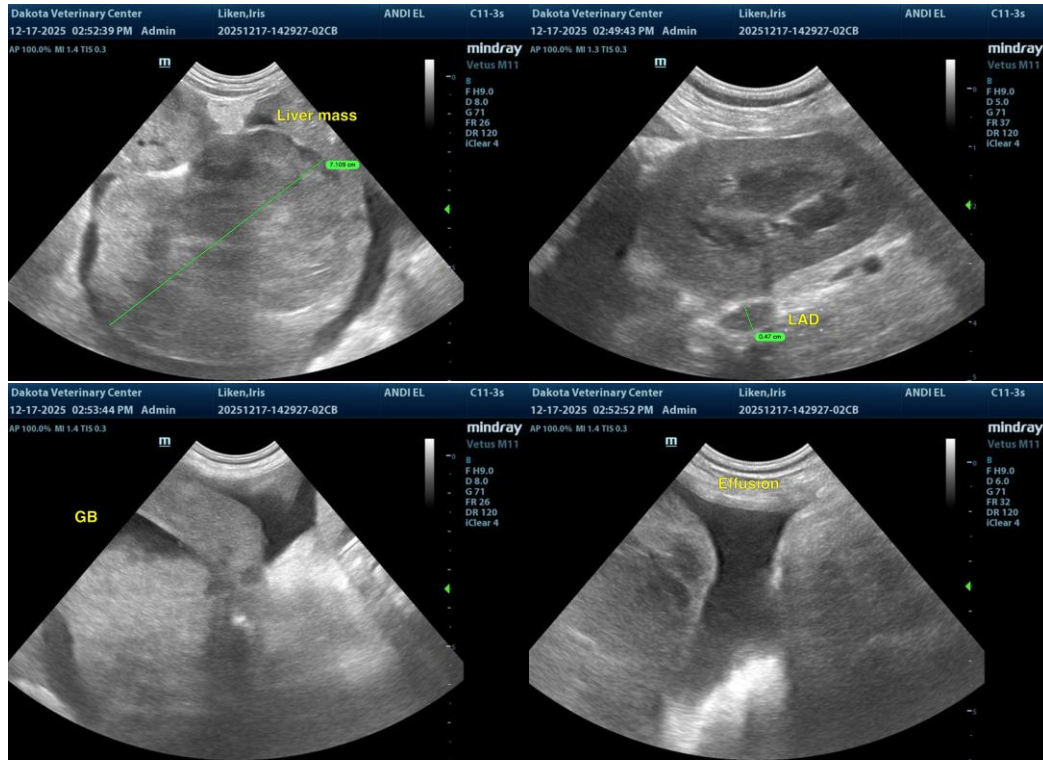
Cassidy Stranzl, DVM

INVOICE

23260

DATE

12/17/2025



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