



## PATIENT

Keylo Griffiths

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male Neutered

## AGE

14y 6m

## WEIGHT

5.80 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Anne Todd

## INVOICE

12979

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: Pt started coughing for the past year, progressively worsening over the past 2 weeks. Cardiac murmur 4/6 left systolic.

Current Medications: Hydrocodone

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): Mildly elevated ALT.

Radiographic Findings (if applicable): Enlarged cardiac silhouette.

## 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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was sonographically normal.

The area of the aortic trifurcation was 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 2.8 cm in length. The right kidney measured 3.2 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.39 cm width in the caudal pole. The right adrenal gland measured 0.39 cm width in 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 exhibited a homogeneous, hypoechoic caudal mid to left liver mass measuring 5 - 6 cm in diameter. The remainder of the hepatic parenchyma exhibited homogeneous mild increased echogenicity. Normal hepatic vascular volume without overt congestion noted. The gallbladder was non distended in size with mild to moderate, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**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**

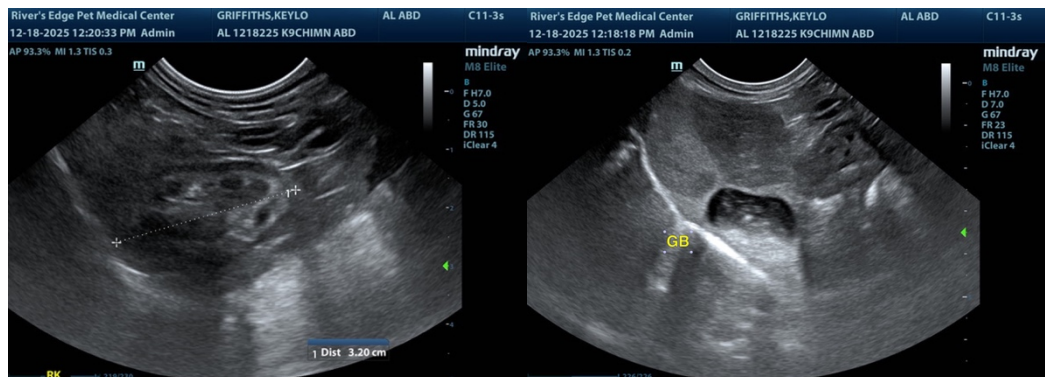
No evidence of ascites, no evidence of significant omental lymphadenopathy or peritoneal effusion was present.

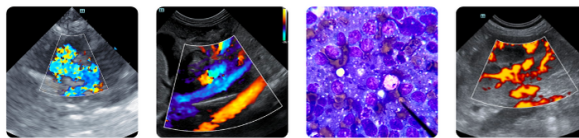
**ULTRASONOGRAPHIC FINDINGS**

- Liver mass
- Non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver mass may include hyperplasia, hepatoma, neoplasia, i.e. carcinoma or other. Pending echocardiogram and assessment of anesthetic risk, hepatic mass FNA cytology using 25-gauge needle and assuming normal clotting status could be considered for further clarification. No overt evidence of passive hepatic congestion.





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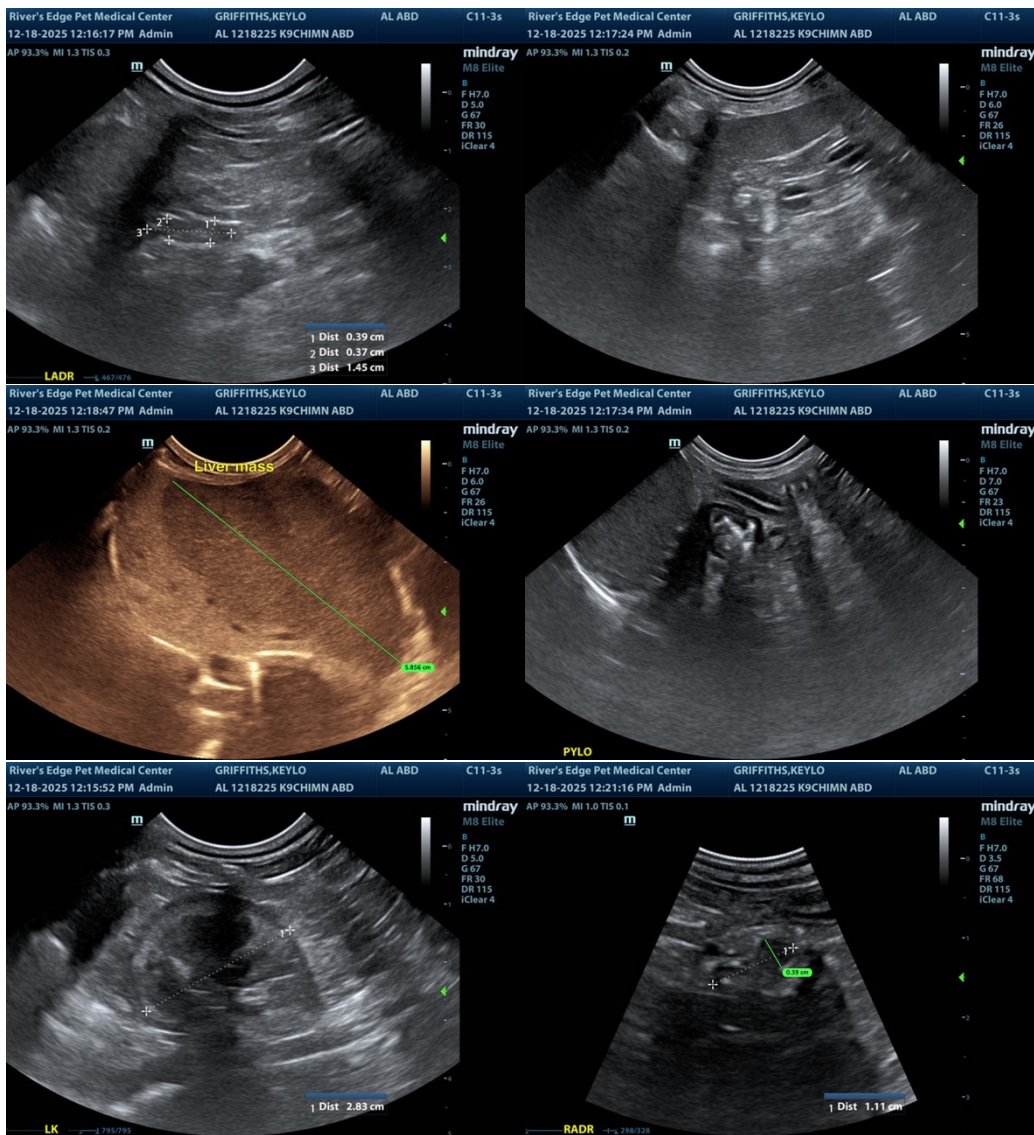
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)