



PATIENT

Bacchus Hawkins-Weltz

SPECIES

Canine

BREED

Bull Mastiff X

SEX

Neutered Male

AGE

12 Years

WEIGHT

104 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Angstrom

INVOICE

12768

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented for decreased appetite x3wks. No improvement on antiemetics given at home. Exam showed significant weight loss, BCS 4/9. Ventral throat latch edema w/ susp. mass effect Susp. enlarged spleen/liver on abdominal palpation ABNORMAL Labwork Values E-mailed most recent labs.

Current Medications Mirtazapine 30mg PO SID, Maropitant 80mg PO SID

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 area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Subnormal left kidney size compared to the right kidney. 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 5.6 cm in length. The right kidney measured 7.1 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 0.94 cm width in the caudal pole. The right adrenal gland measured 0.62 cm width in the caudal pole.

Spleen

The spleen presented overall normal in size with maintained symmetrical contour. Multiple mildly expansive hypoechoic splenic nodules were present with an example measuring 1.2 cm in diameter.

Liver

The liver revealed generalized hepatomegaly exhibiting nonhomogenous subtle nodular parenchyma. Indistinctly marginated mixed echogenic to nodular mass present in the right lateral to caudate liver measuring approximately 10.0 cm in diameter.

The gallbladder was indistinctly visualized without obvious evidence of gallbladder overdistention or posthepatic obstruction.

Gastrointestinal

The stomach presented intact mildly thickened hypoechoic wall with indistinct mural detail. The stomach lumen was empty with mild lumen gas. The stomach measured 0.84 cm wall width.



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The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with an empty intestinal lumen.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

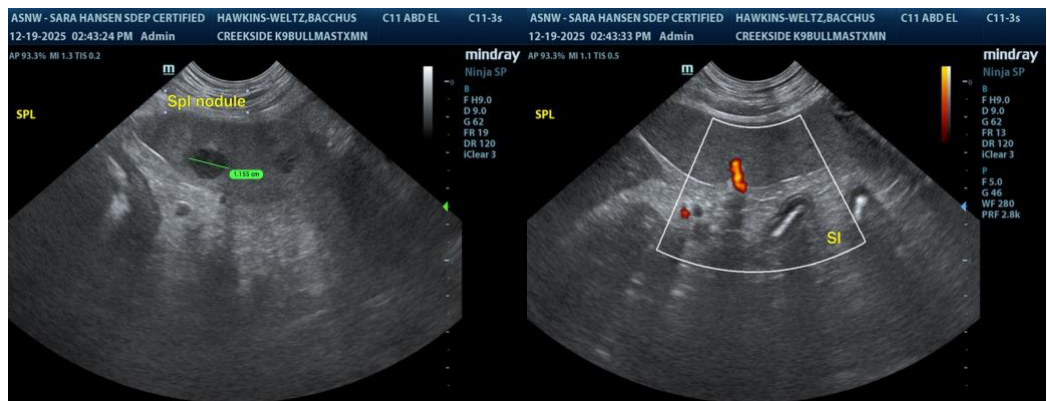
Intermittent mildly enlarged cranial mesenteric lymph nodes were visualized with an example measuring 3.0 cm x 1.4 cm in diameter. No evidence of peritoneal effusion with mild increased perisplenic, perigastric and perihepatic omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic splenic nodules.
- Enlarged nonhomogenous liver with indistinct nonhomogenous/nodular right lateral to caudate liver mass.
- Mildly thickened empty stomach, sonographically normal empty small intestine.
- Intermittent mild enlarged cranial mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric hepatosplenic neoplastic criteria is met with probable lymphatic metastasis and potential involvement of the stomach. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered for further clarification and potential for oncology consult. Gastrointestinal support is indicated.





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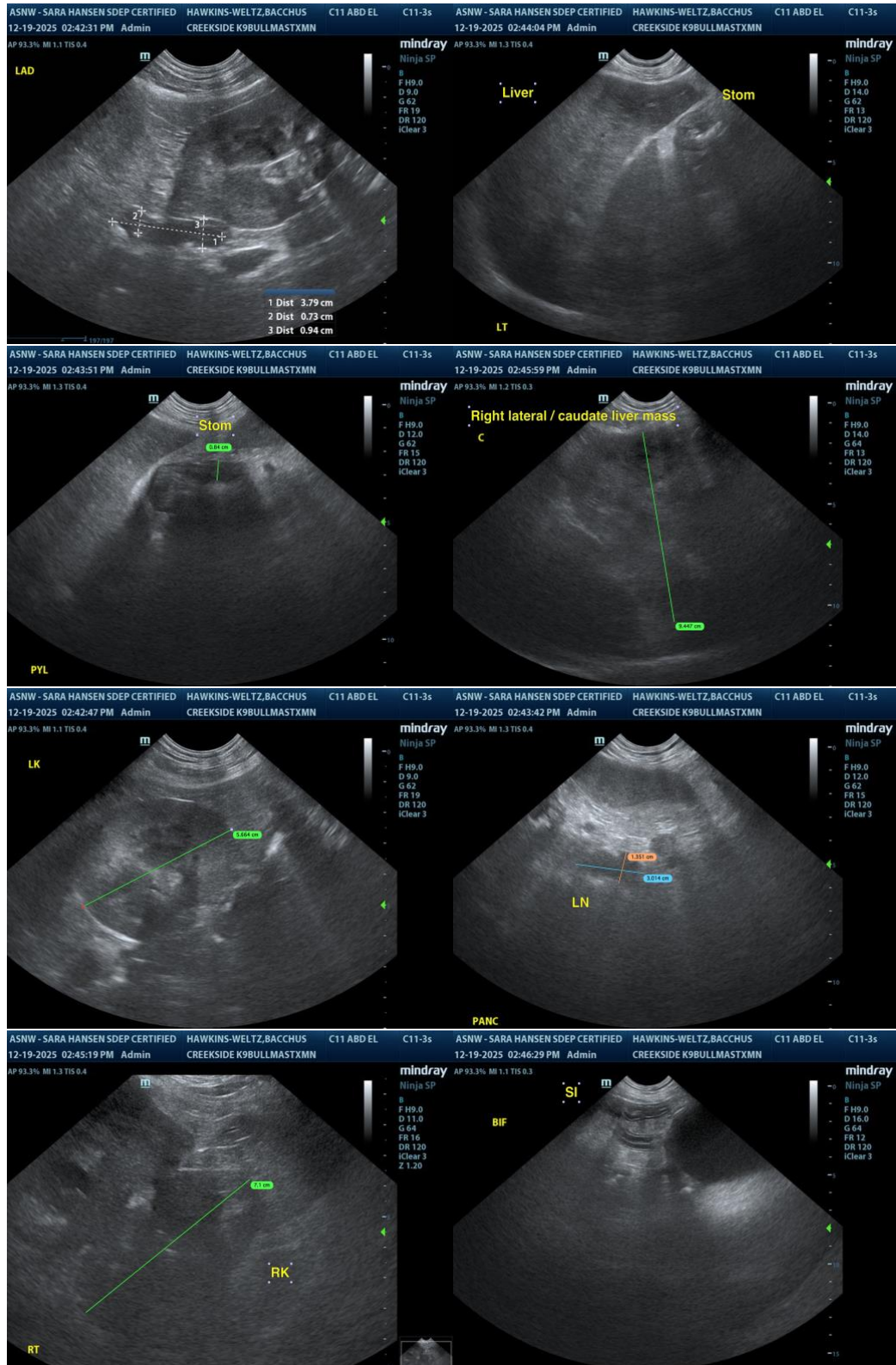
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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