



PATIENT

Dixie Wicks

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

12750

DATE

12/19/25

PRESENTING CLINICAL SIGNS

rDVM found mass on X-ray 3 days ago. rDVM suspecting liver or spleen. P presents for abdominal ultrasound. Dietary issues since September. P will have a couple days of good eating then p won't eat until noon and will occasionally vomit. No vomiting or diarrhea today. Has not had food 9pm last night. Drinking normally.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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. Pinpoint medullary mineral was visualized. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 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 0.76 cm width in the caudal pole. The right adrenal gland measured 0.69 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 revealed generalized hepatomegaly with areas of rounded asymmetrical hepatic capsule contour and marked heterogeneous parenchyma. Indistinct portal vascular borders. A nonhomogenous intraparenchymal mass occupying a majority of the left, mid and right hepatic parenchyma was visualized measuring approximately 11.0 cm in diameter (possibly larger as the entire mass would not fit into a single viewing window). The mass contained focal to intermittent cystic component. The mass appeared to extend into the area of the portohepatis.

The gallbladder was displaced caudally secondary to the liver mass with moderate primarily congealed peripheral lumen biliary sludge. The common bile duct was not definitively visualized.

Gastrointestinal



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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 prominent yet nonthickened duodenum wall exhibiting mild duodenal corrugation and nonobstructive duodenal ileus. Areas of mild increased duodenal mucosa echogenicity. The duodenum wall measured approximately 0.50 cm width. The jejunum exhibited intact subjective mild prominent wall layering exhibiting propensity for prominent to hyperechoic submucosa and concurrent areas of increased jejunal mucosa echogenicity. The jejunum wall measured 0.38 cm width.

Normal visible colon wall layers were present with soft to nonformed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Perihepatic to peri-intestinal mild hyperechoic omentum. No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous liver with mixed echogenic to cystic liver mass.
- Caudally displaced gallbladder with nonorganized congealed bile sediment (non-mucocele).
- Sonographically normal spleen.
- Nonspecific enteropathy with soft to nonformed fecal matter in colon.
- Normal empty stomach.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is consistent with neoplastic criteria i.e. carcinoma or other. Concurrent IBD or other inflammatory enteropathy, infectious disease or intestinal neoplasia are possible. Further assessment may include (assuming normal clotting status) hepatic mass/parenchyma FNA cytology and consideration for a GI panel to include PLI, TLI, cobalamin and folate.





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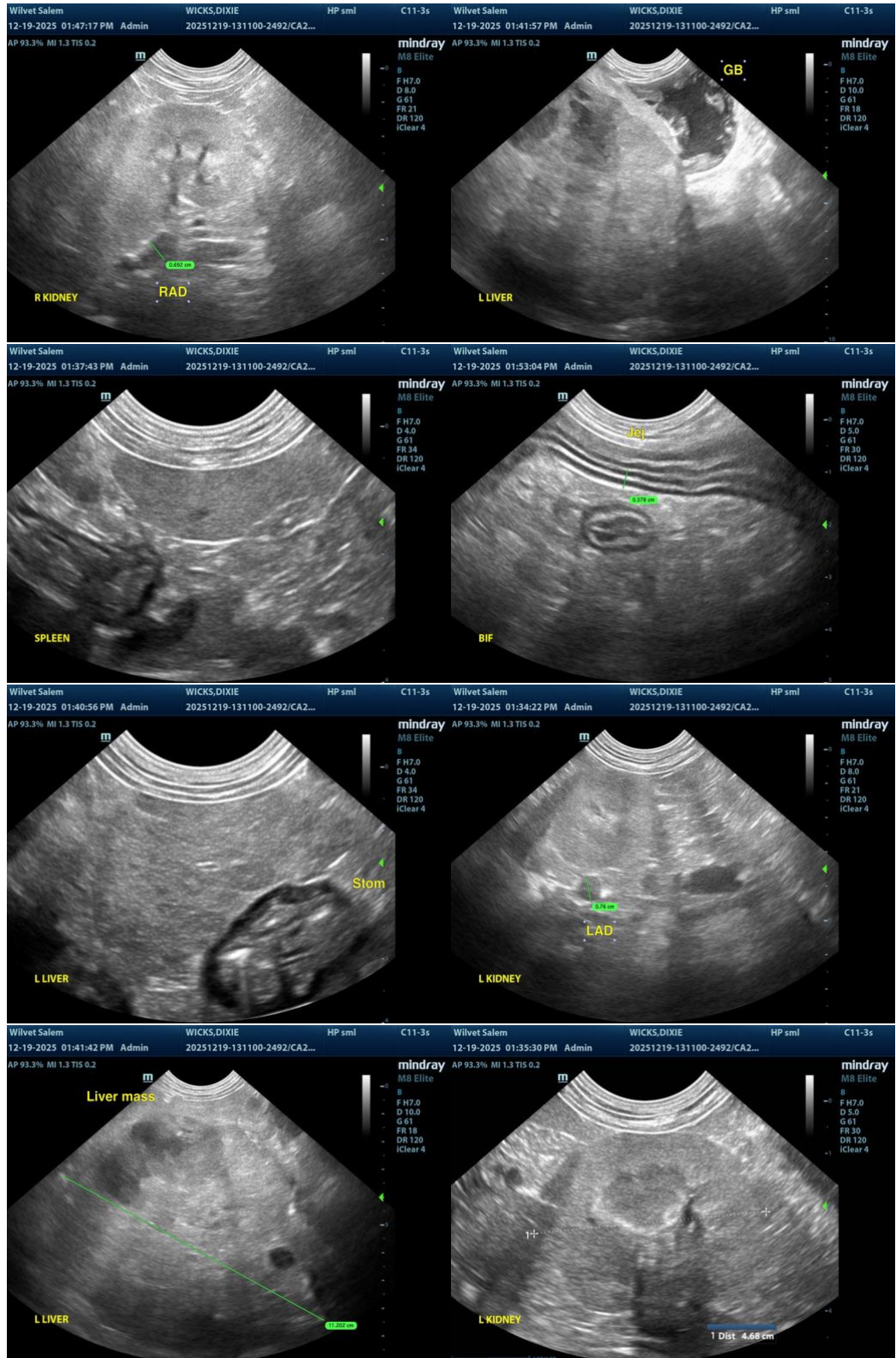
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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