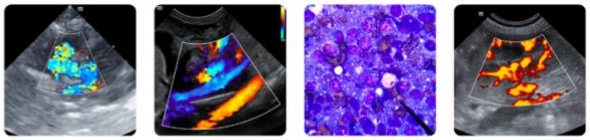

PATIENT

Zeek Kohler

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

76.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12532

DATE

12/02/25

PRESENTING CLINICAL SIGNS

Diarrhea for several days, vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Indistinctly visualized nonhomogenous possible focal hyperechoic polyp versus small mass was visualized in the area of the dorsal trigone possibly measuring approximately 1.8 cm in diameter. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

The residual prostate was sonographically normal.

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 7.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole with normal contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.94 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.84 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size, symmetrical contour and subtle heterogeneous parenchyma.

Liver

The visualized discernable liver exhibited homogenous parenchyma and primarily symmetrical capsule contour.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach was indistinctly visualized exhibiting normal intact visible wall. The stomach was nondistended containing minor nonshadowing chyme.

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

The visible descending to distal colon adjacent to and dorsal to the urinary bladder exhibited overtly normal wall layering and nondistended in appearance containing lumen gas and soft fecal matter.

Pancreas

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The pancreas was not definitively visualized.

Free Abdomen

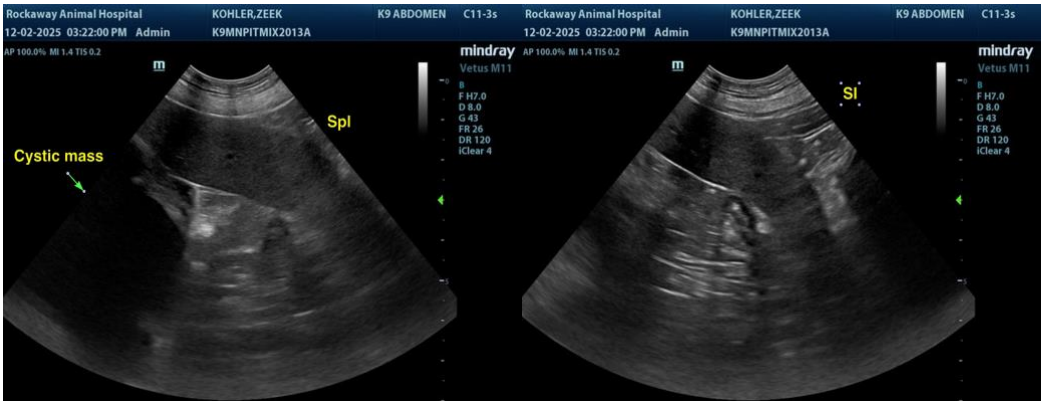
Previously noted large nonhomogenous nodular cystic to cavitated mass effacing the caudal liver extending into the area of the cranial to craniomedial spleen was visualized. Cavitated sections of the mass contained mildly echogenic fluid. The mass measured approximately 13.0 cm in diameter, possibly mildly larger as the entire mass would not fit into a single viewing window. No obvious visualized peritoneal effusion or significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Previously noted nonhomogenous nodular cystic to cavitated mass- probable caudally expanding hepatic mass favored.
- Sonographically unremarkable gastrointestinal tract/colon with mild descending colon soft fecal matter.
- Age-related renal changes.
- Nonorganized gallbladder debris.
- Mild caudal left adrenomegaly- nonspecific, no overt neoplastic criteria.
- Possible nonhomogenous dorsal trigone polyp versus emerging mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology of the mass parenchyma as well as cystic to cavitated fluid analysis cytology +/- culture/sensitivity if clinically indicated could be considered for further clarification. Abdominal CT is required for further assessment. Some degree of gastric irritation or displacement secondary to the mass may be possible. Gastrointestinal support is indicated. Screening BRAF assay with sonographic monitoring or reassessment of the urinary bladder is recommended.



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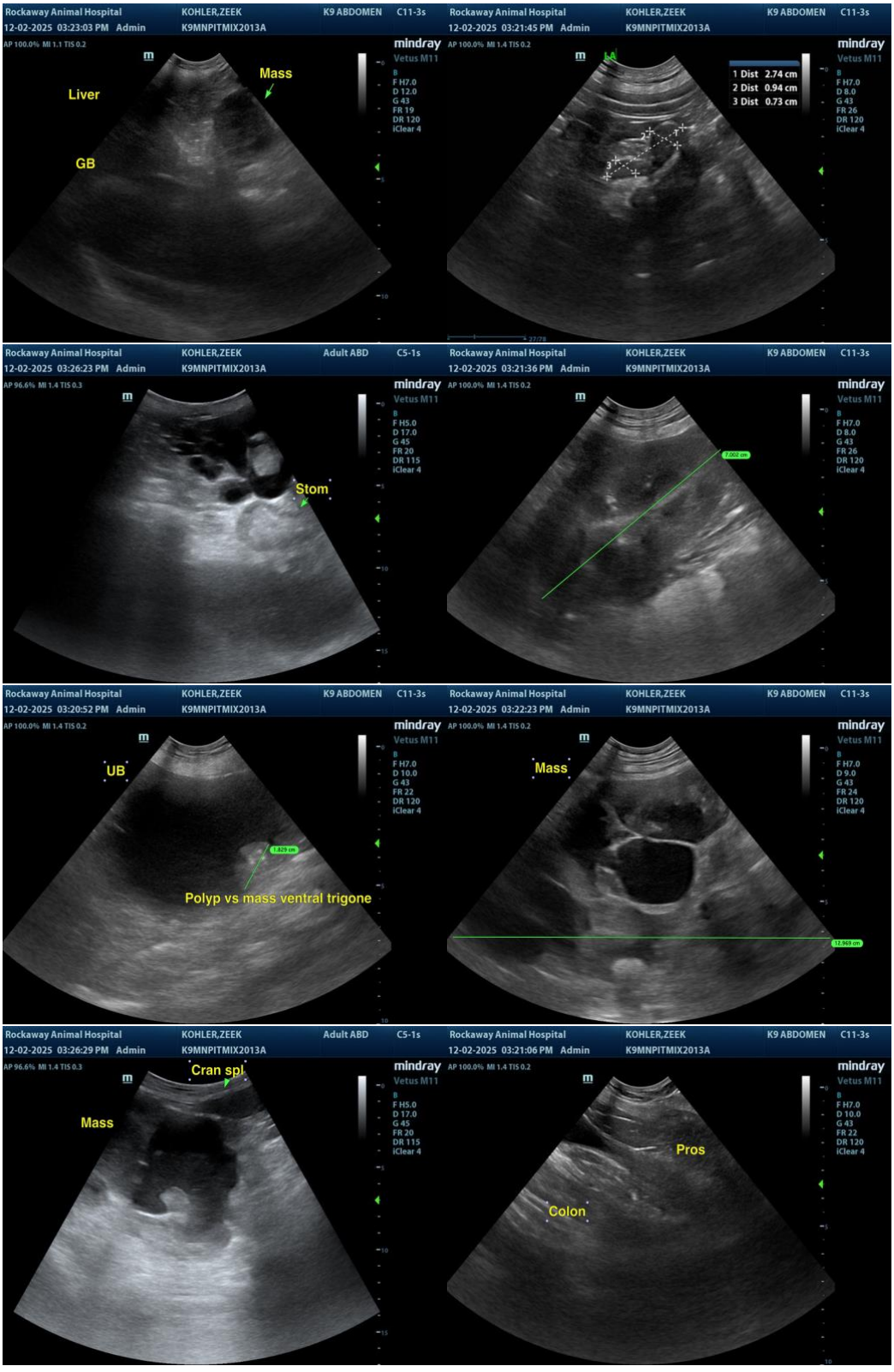

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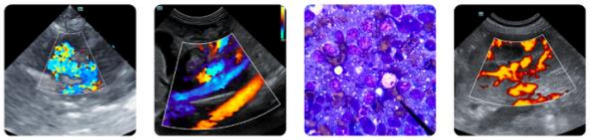

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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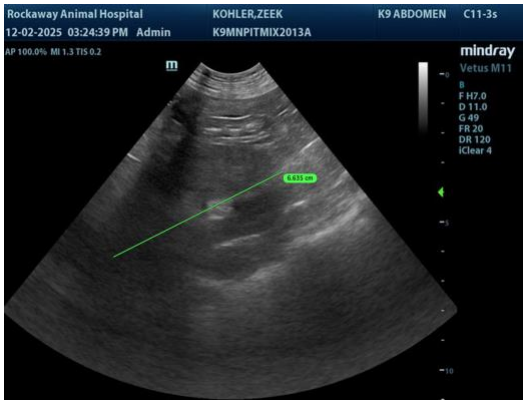

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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