



## PATIENT

Shelby Snyder

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Neutered Male

## AGE

12 Years 2 Months

## WEIGHT

15

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Brittany Gogluizza

## HOSPITAL NAME

Evendale- Blue Ash Pet  
Hospital

## REFERRING VET

Dr. Brittany Gogluizza

## INVOICE

12838

## DATE

12/26/25

## PRESENTING CLINICAL SIGNS

History of decreased appetite for the past few days - Free fluid hemorrhagic - Patient did eat this morning

Abnormal PE/Chem/CBC/UA Results: Attached

## 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 change were noted.

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

No visualized significant medial iliac or sublumbar lymphadenopathy or masses.

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. Mild pyelectasia was present in the left kidney. The left kidney measured 4.4 cm in length. The right kidney measured 3.9 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.37 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

### *Spleen*

The definitive spleen was not overtly visualized potentially secondary to displacement owing to hepatomegaly, peritoneal effusion or volume contraction.

### *Liver*

The liver revealed generalized hepatomegaly primarily owing to expansive nonhomogenous cystic to cavitated appearing liver mass occupying a subjective majority of the hepatic parenchyma and potentially measuring 7.0 cm to 8.0 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window. The mass appeared to be caudally expansive. The hepatic parenchyma not involved with the mass exhibited normal echogenicity with mild to moderate coarse architecture. Concurrent small separate nondisruptive thinly walled hepatic intraparenchymal cyst was visualized measuring 1.2 cm in diameter.

The gallbladder was non distended in size with moderate congealed primarily mid to cranial lumen and gallbladder neck debris. The common bile duct was not visualized.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta without signs of 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 semi formed fecal matter 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**

Mild volume peritoneal effusion was present. No overt visualized significant omental lymphadenopathy.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Large echogenic cystic/cavitated liver mass, concurrent separate small liver cyst.
- Congealed nonorganized gallbladder debris- not consistent with mature mucocele.
- Nonvisualized spleen.
- Peritoneal effusion.
- Overtly normal gastrointestinal tract with gastrointestinal ingesta- ingesta suggestive of food echogenicity.

### **Secondary Findings**

- Age-related renal changes,

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass is consistent with neoplastic criteria. Potential for concurrent nonobvious or visualized splenic pathology cannot be definitively excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic mass FNA cytology in conjunction with effusion analysis. Regardless if nonvisualized or nonobvious splenic pathology is present or absent, the extent of the liver mass subjectively involving more than one liver lobe likely precludes complete surgical resection.



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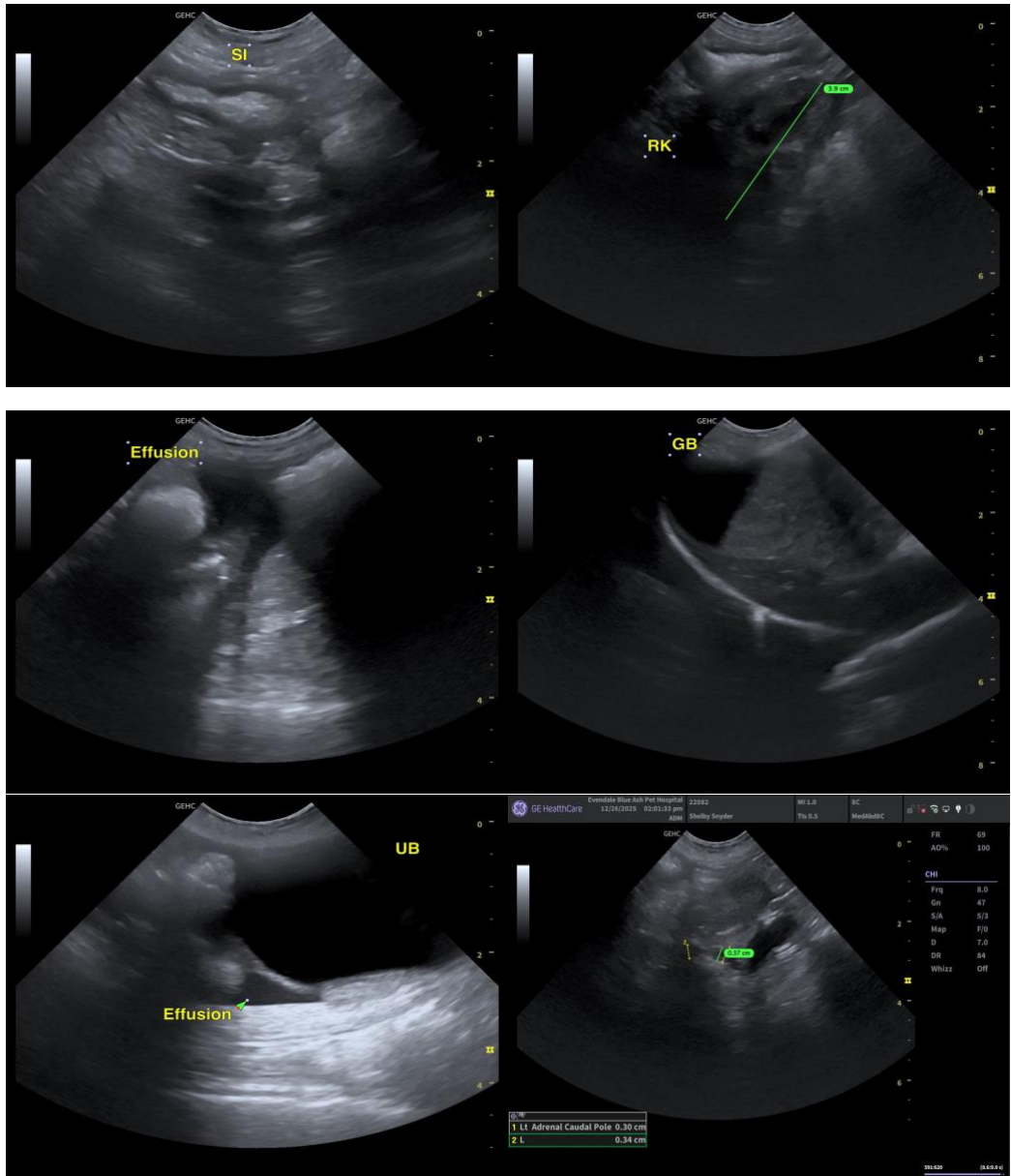
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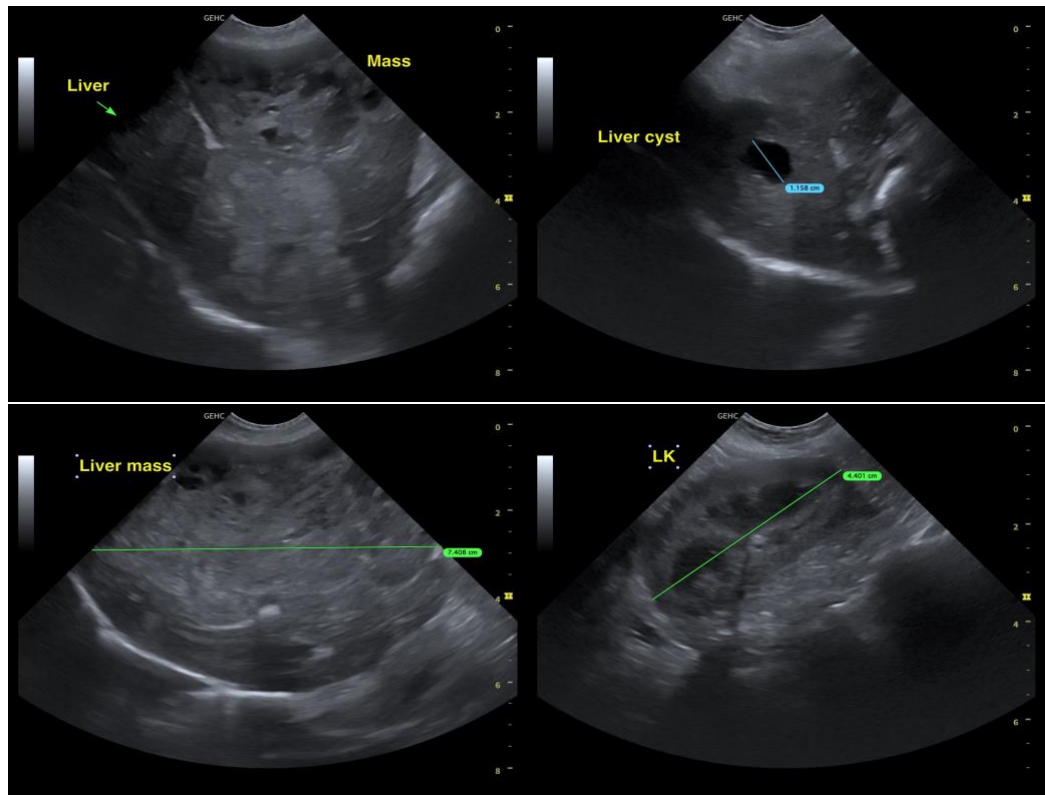
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)