



PATIENT

Chase Schmidt

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

13 Years 11 Months

WEIGHT

59.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Brittney Beigel
DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Brittney Beigel
DVM

INVOICE

12892

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Mild anemia, thrombocytosis, elevated calcium, elevated ALP; recent FNA of SQ mass concerning for sarcoma; O opts for US to screen for co-morbidities; hx of splenectomy; P fasted for US scan, no sedation needed

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 residual prostate was sonographically normal.

No evidence of 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. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.89 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. No evidence of pathology in the area of the previous spleen.

Liver

The liver was normal in size and overall contour with normal vascular volume. A solitary noncapsule deforming mixed echogenic intraparenchymal mass was visualized in the subjective mid to left liver measuring approximately 4.0 cm in diameter.

The gallbladder was non distended in size with mild to moderate nonorganized primarily gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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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

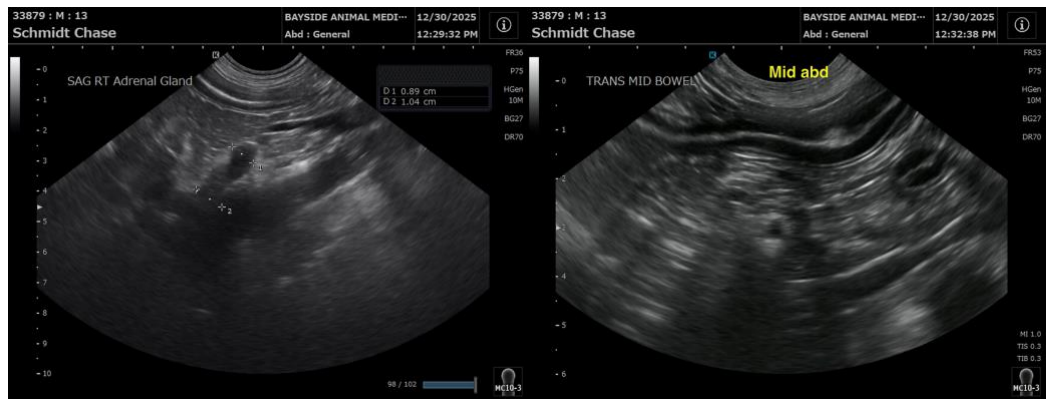
No significant omental lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Noncapsule deforming liver mass.
- Nonorganized gallbladder debris (non-mucocele).
- Absent spleen- previous splenectomy.
- Age-related renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is concerning for primary or metastatic neoplastic criteria although benign etiologies such as lipogranuloma, nodular hyperplasia or other cannot be definitively excluded. Given the depth of the liver mass, FNA cytology may be precluded. A definitive diagnosis would likely require biopsy for histopathology. Aside from the liver mass, no evidence of additional visceral pathology or primary/metastatic intra-abdominal neoplastic criteria with largely mild geriatric changes. Hepatosupportive medications may be considered.





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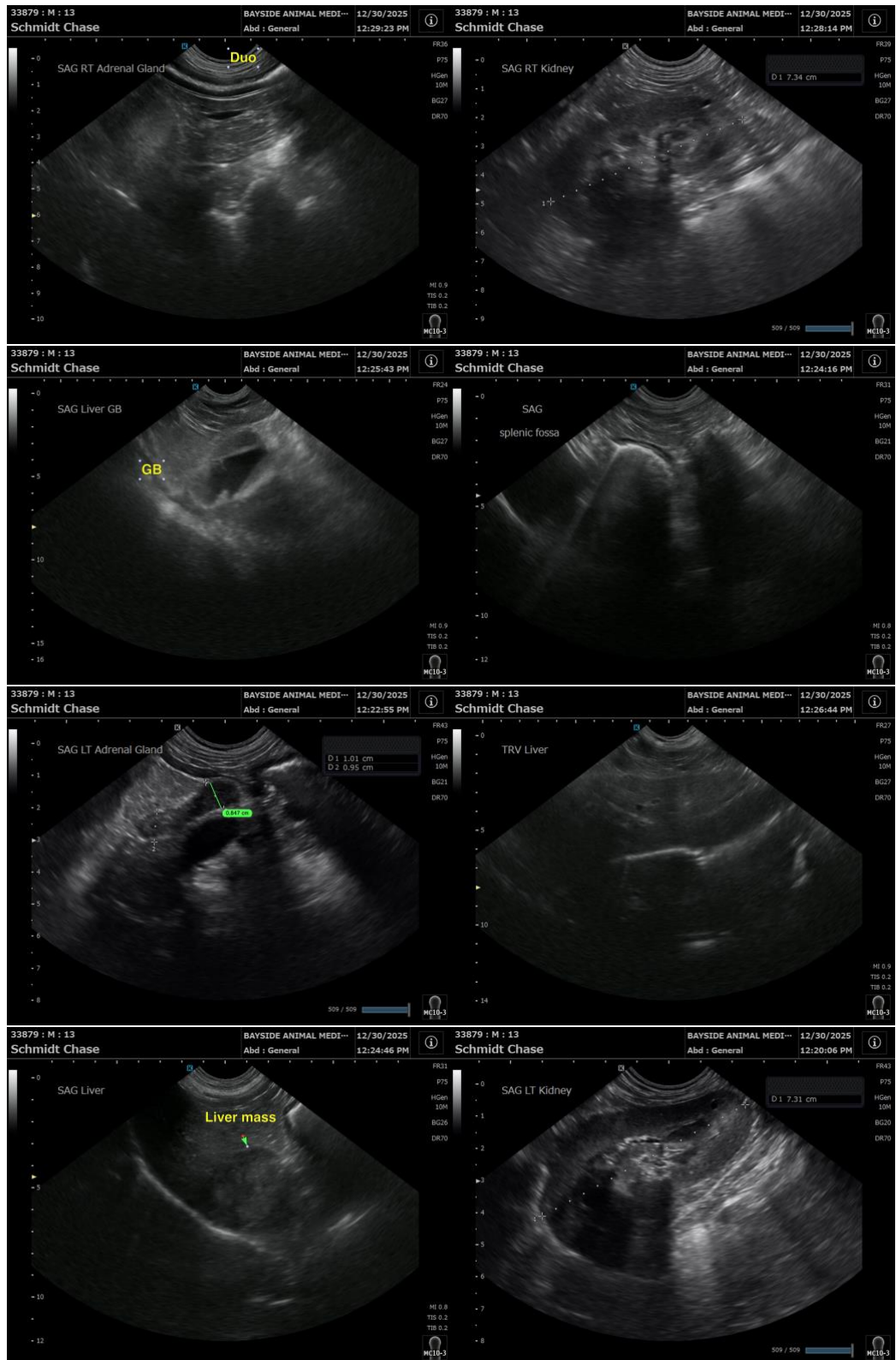
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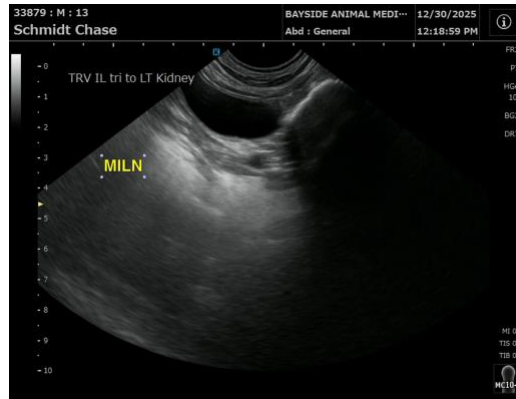
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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