



PATIENT

Kingley Burgess

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

9 Years

WEIGHT

57 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal
Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

12894

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Initially presented late October 2025 for owner concerns of weight loss without any other symptoms. Pet had lost ~5lbs since 12/2024. PE was unremarkable other than salivary staining of carpus bilaterally. Bloodwork showed mild liver value elevations. Bile acids and lepto antibody panel was performed mid-November. BA was normal, lepto ab panel negative. Weight was steady at that time. Pet was given 1 month trial of Denamarin and recheck bloodwork mid-December showed mildly worsening liver enzymes. Ultrasound was recommended. Pet has lost another 3lbs since November. Still asymptomatic other than weight loss.

Abnormal PE/Chem/CBC/UA Results: ALT 245 U/L (was 205 in October) ALP 240 U/L (was 164 in October) Chol 347 mg/dl (was 335 in October)

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 urine mineral or calculi. 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 5.9 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 0.43 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 0.43 cm width at 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. A moderately sized to expansive mixed echogenic liver mass was present occupying a majority of the subjective mild to left liver. The mass measured approximately 10.0 cm in diameter but possibly larger.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized potentially owing to mild caudal displacement. The stomach was empty in appearance without evidence of gastric distention with retained ingesta or fluid.

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 area of the pancreas was sonographically normal.

Free Abdomen

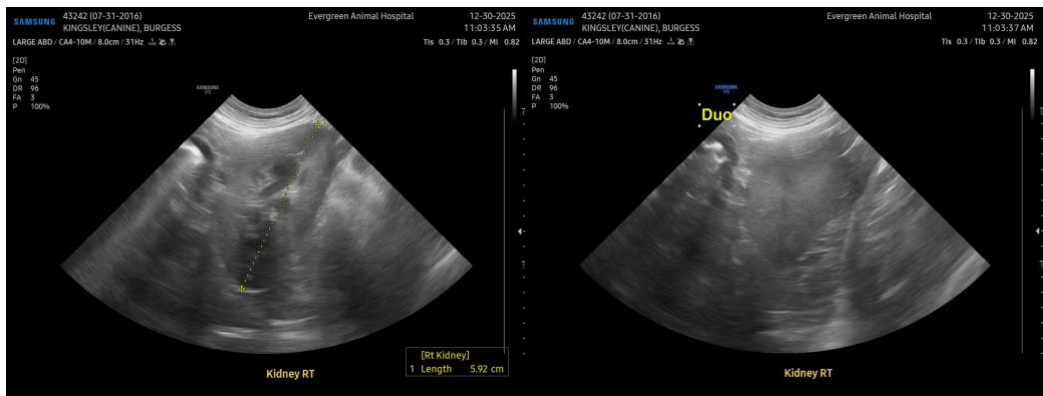
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Liver mass.
- Normal gallbladder.
- Sonographically normal spleen.
- Normal gastrointestinal tract.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, hepatic neoplasia i.e. carcinoma or other is favored with significant hyperplasia or granuloma is thought less likely. Assuming normal clotting status, initial hepatic mass FNA cytology could be considered whereas biopsy would be required for a definitive diagnosis. Surgical resectability of the liver mass is questionable given suspected involvement of more than one liver lobe. No evidence of concurrent gastrointestinal pathology. Three view chest radiographs are recommended if not done.





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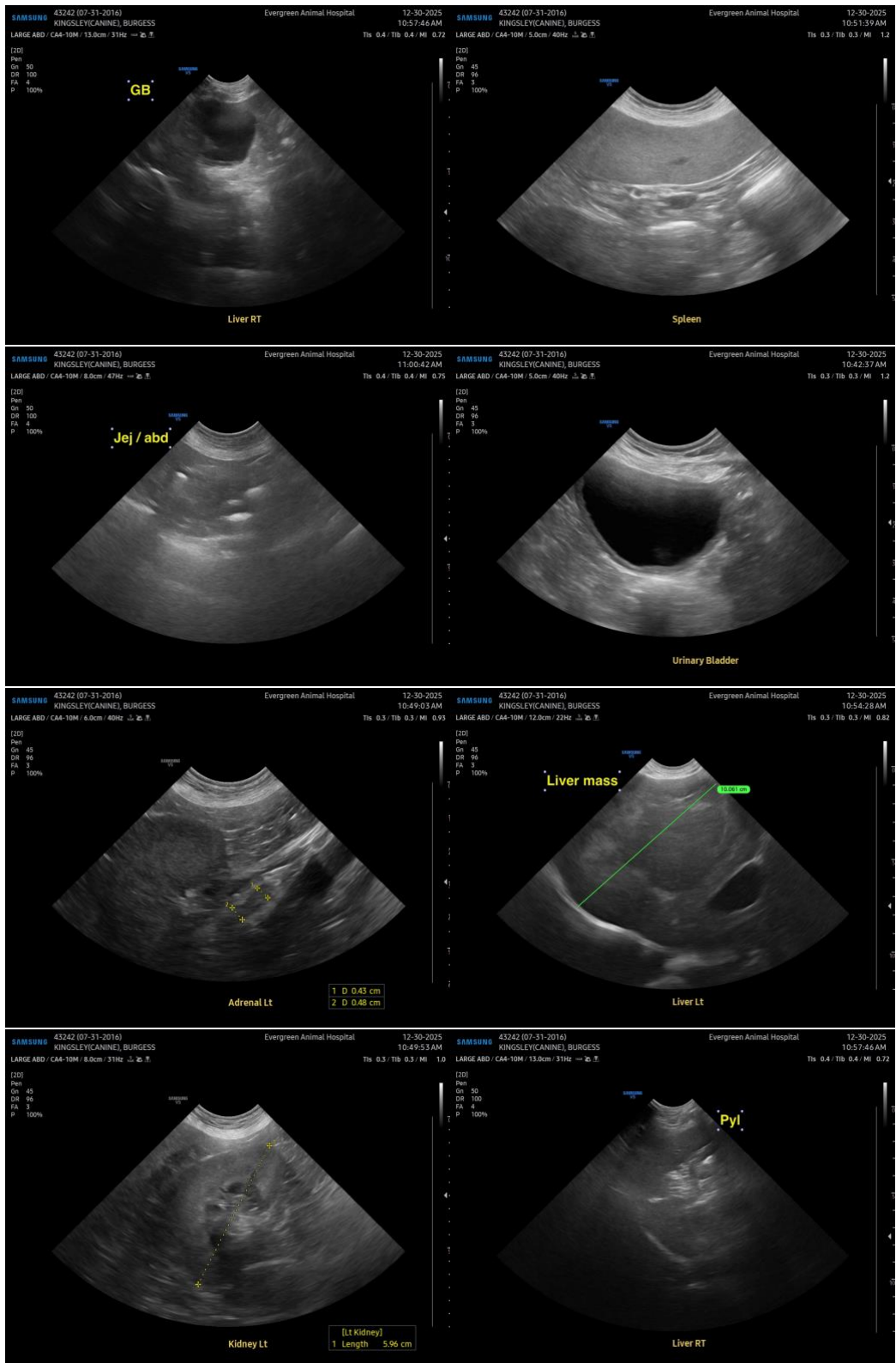
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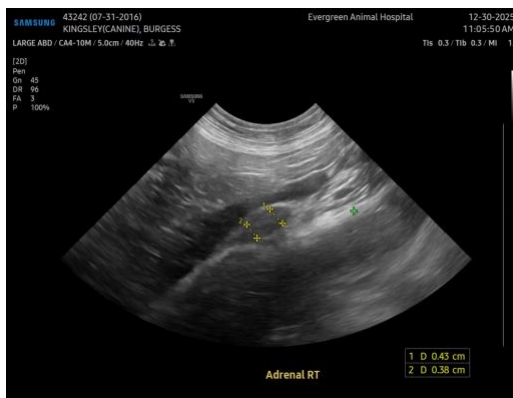
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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