

PATIENT

Bijou Heller

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

12 yr 2 mos

WEIGHT

43 lbs.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME
 Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

10415

DATE

12/4/25

PRESENTING CLINICAL SIGNS

P presented for recheck US to check size of liver mass. Previous elevations in ALT, ALP, and GGT. Previous forelimb amputation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 5.3 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

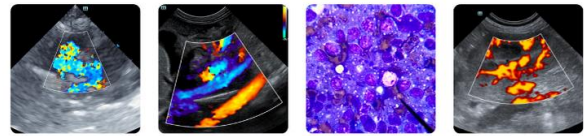
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

The spleen was normal in size, exhibiting a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited borderline hepatomegaly with symmetrical contour and primarily homogeneous parenchyma. Previously noted, nonhomogeneous, hyperechoic mass was present in the mid-left deep liver, measuring ~5.7 cm x 4.0 cm. Small, thinly-walled cysts were noted within the mass and adjacent hepatic parenchyma, containing anechoic fluid. An example of the cysts measured 1.1 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

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Sheperd Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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43 lbs.

ULTRASONOGRAPHIC FINDINGS

- Static hepatic mass with small mass to hepatic intraparenchymal cysts
- Mild nonorganized gallbladder debris (non mucocele)
- Mild chronic renal changes
- Age-related spleen - benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of progressive hepatic mass with previous potential etiologies still applicable. If not done and assuming normal clotting status, hepatic parenchyma and mass FNA cytology are warranted for further clarification. Assuming no evidence of pathology on three view chest radiographs, a surgical consultation vs. continued sonographic monitoring is recommended. Hepatosupportive medications may prove beneficial.

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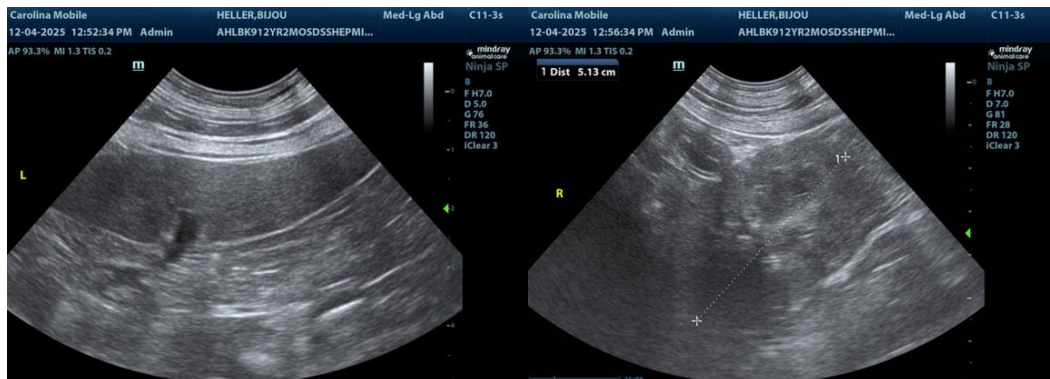
Dr. Wallace

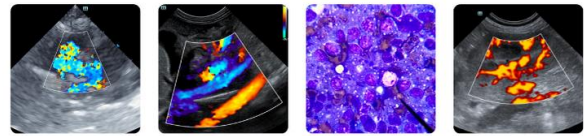
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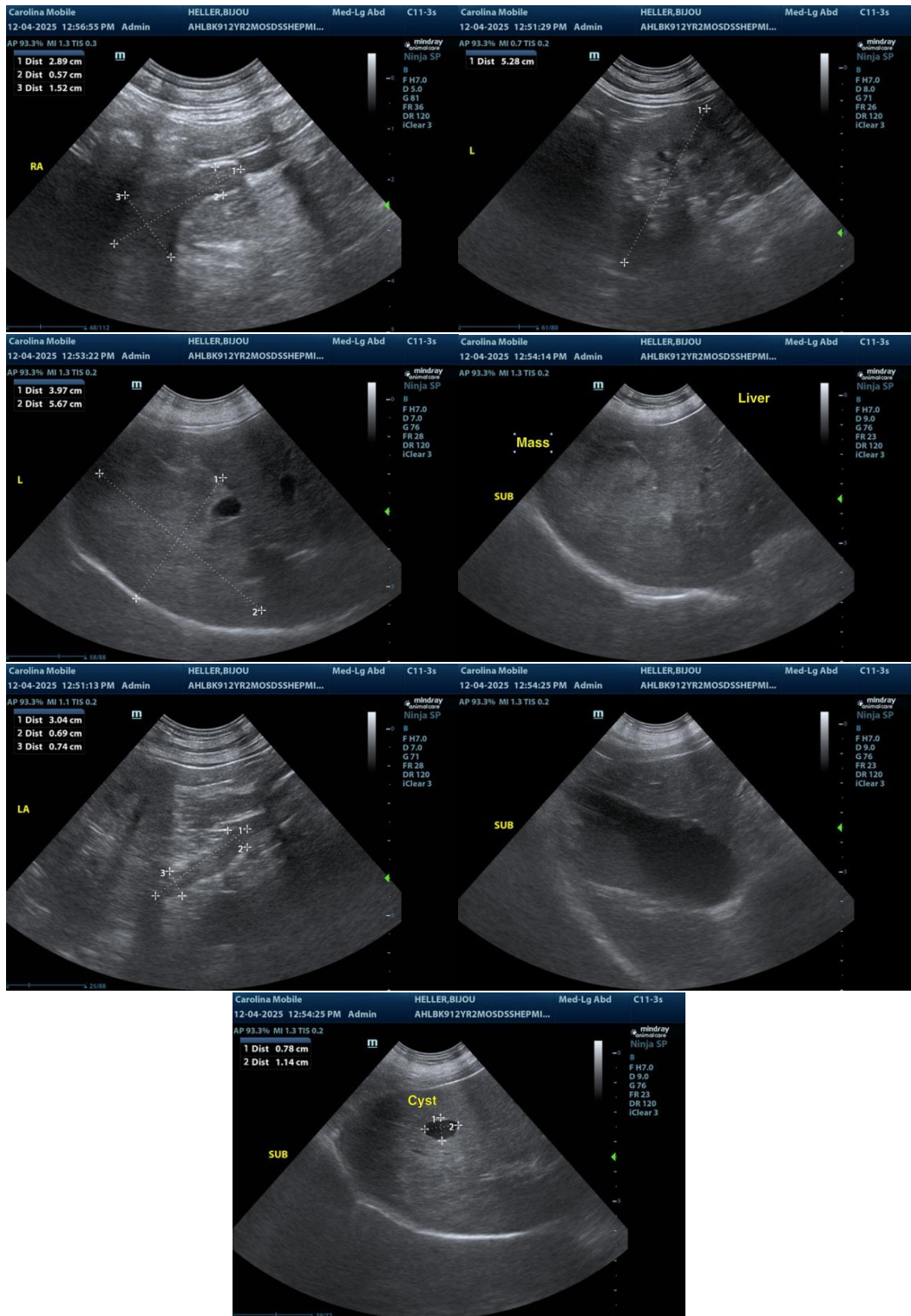
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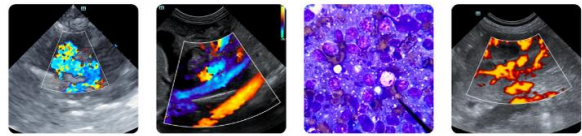
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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