



PATIENT

Jade Williams

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

17.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Pinel

INVOICE

12558

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Scan is done following the recent surgical removal and diagnosis of a SQ hemangiosarcoma. A SQ mass was surgically removed from the patient's sternal area. Prior to surgery, chest radiographs were performed, but the owner declined a pre-operative ultrasound. A subsequent biopsy of the mass confirmed a diagnosis of SQ hemangiosarcoma. Following this diagnosis, an ultrasound is now being performed to screen for metastasis, with a primary focus on the liver and spleen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented with normal size and tone with anechoic urine. No mineral or calculi was visualized. A solitary mid ventral urinary bladder primarily homogenous nonmineralized mural lesion was visualized measuring 1.3 cm x 0.33 cm. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 2.0 cm.

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. Pinpoint to focal areas of medullary mineral were present. The right kidney measured 5.6 cm in length. The left kidney measured 5.1 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 0.46 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 0.45 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. Mild caudal medial folding was visualized.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 overt lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver/spleen.
- Mild age-related renal changes.
- Small ventral urinary bladder lesion- focal to emerging hyperplasia, cystitis, emerging tumor possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the small ventral urinary bladder lesion, no evidence of visceral pathology or primary/metastatic neoplastic criteria. Screening BRAF assay and correlation with urinalysis is recommended. Sonographic monitoring of the urinary bladder lesion for evidence of progression with initial recheck in 4-6 weeks would be ideal.





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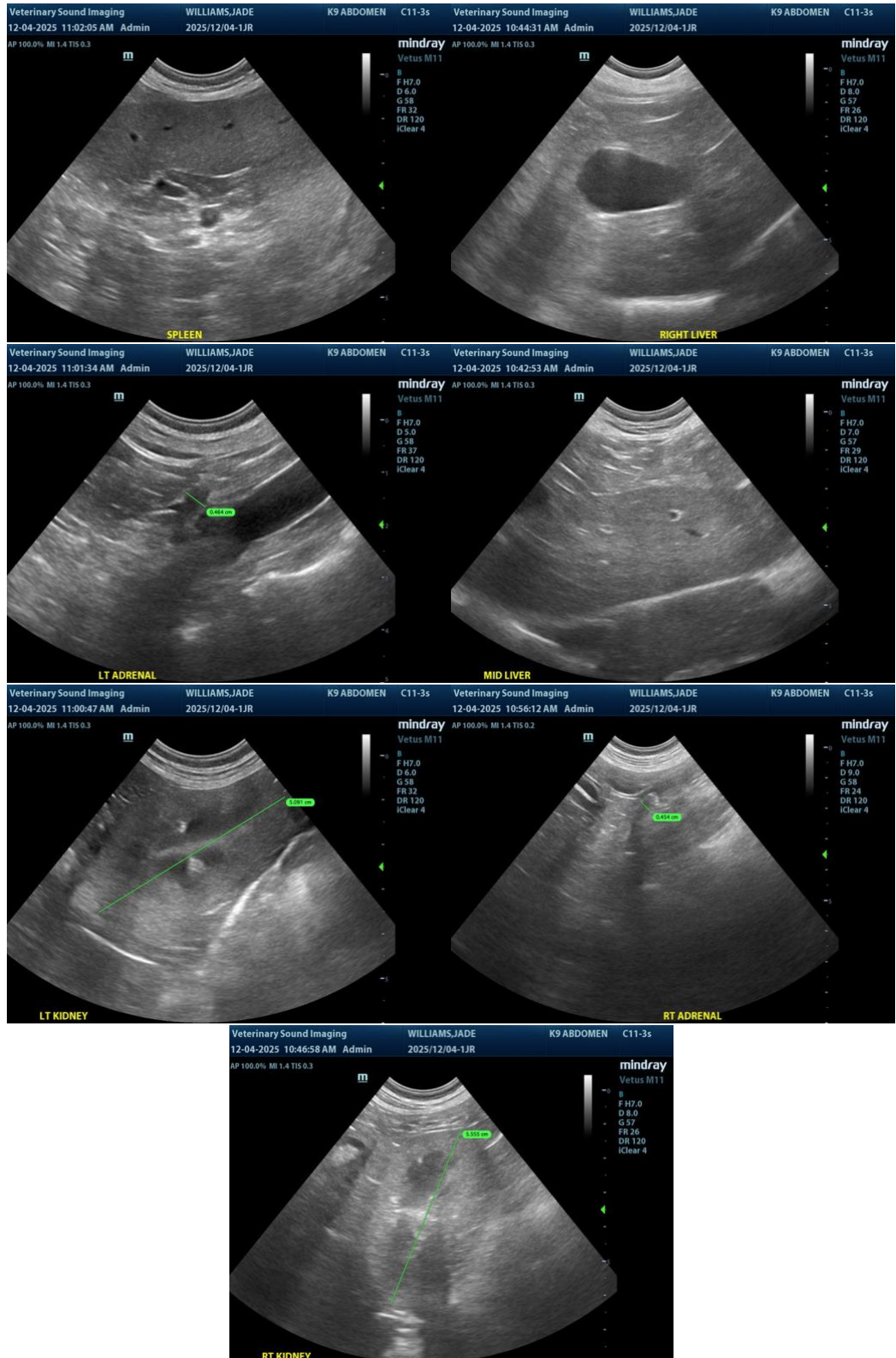
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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