



PATIENT

Moonshine
Jamouneau

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

14

WEIGHT

43

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

10416

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Chronic weight loss, inappetance and vomiting; urine and vomit bright yellow
Abnormal PE/Chem/CBC/UA Results: Amylase 1900; All else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 6.5 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.88 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

Moderate, irregular, expansive, mixed echogenic splenic mass was present, measuring ~6.0 cm in diameter. The remainder of the spleen exhibited mild asymmetrical capsule contour and heterogeneous parenchyma.

Liver/ Gallbladder

The liver presented subjective mild generalized hepatomegaly. The liver exhibited nonhomogeneous parenchyma. Mixed echogenic intraparenchymal mass was noted adjacent to the gallbladder, measuring ~5.7 cm in diameter. Ill-defined nonhomogeneous mass was noted in the area of the caudal liver, measuring 4.5 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

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.

The visualized segments of the small intestine presented intact wall layering with a normal 1:3 muscularis/mucosa ratio and empty lumen.

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 were evident.

Free Abdomen

Mild peri hepatic and peri splenic hyperechoic omentum was noted. No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatosplenic masses
- Unspecified mass area of caudal liver - possible concurrent hepatic vs. splenic mass
- Mild nonorganized gallbladder debris (non-mucocele)
- Sonographically normal visualized gastrointestinal tract

Secondary Findings

- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric hepatosplenic neoplastic criteria is met. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic mass FNA cytology and three-view chest radiographs may be considered. However, an unfavorable prognosis is indicated.



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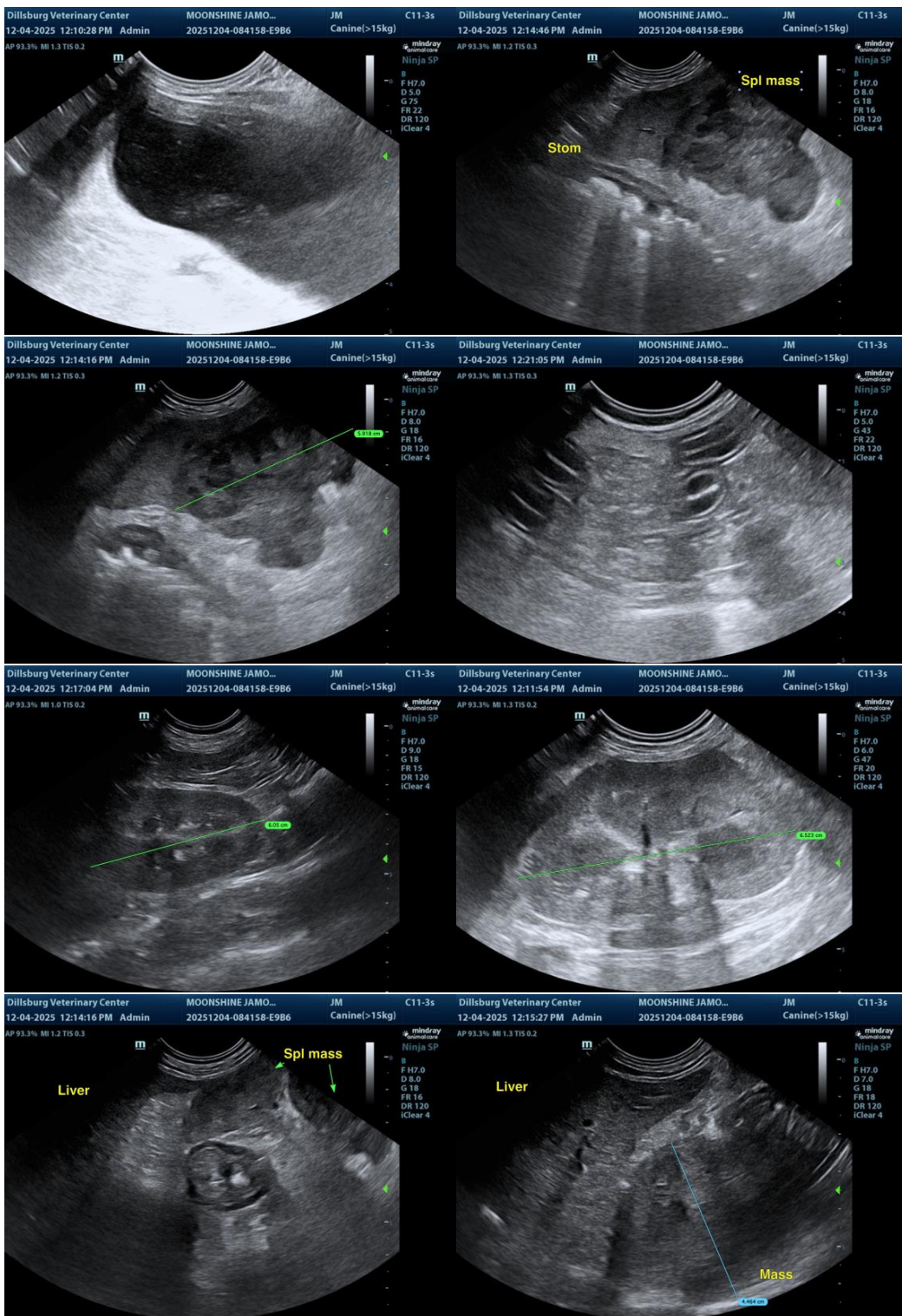
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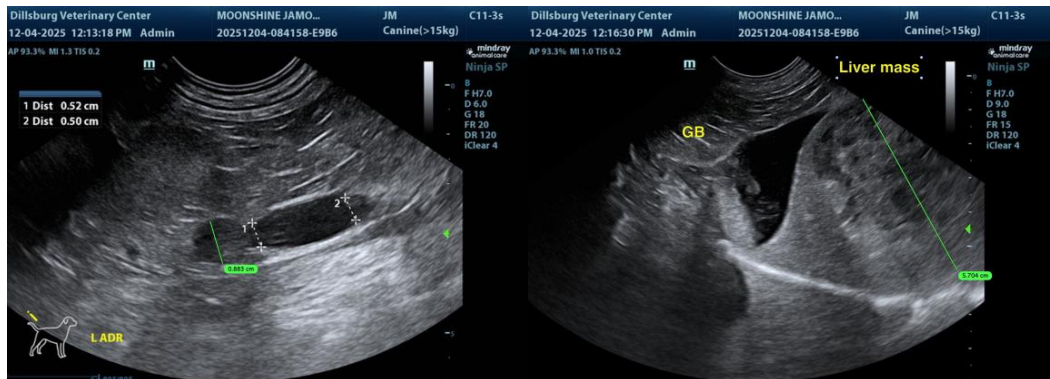
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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