

PATIENT

Skye Bleu OBourke

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

4yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

New Bridge Veterinary
Hospital

REFERRING VET

Dr Glennon

INVOICE

23117

DATE

12/04/2025

PRESENTING CLINICAL SIGNS

Presented with pale MM, weak, abdominal distension, anorexic, visible spinous processes, white MM, hepato/splenomegaly on rads, lost 3 lbs in last month

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 4.0 cm in length. The right kidney measured 4.7 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The area of the uterine remnant appeared normal and free of pathology.

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 0.40 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/Gallbladder

Multiple variably sized non-homogenous liver masses were present with a large asymmetrical mass deriving from the caudal liver extending into the mid-abdomen measuring ~ 8 cm in diameter but likely larger as the entire mass would not fit into a single viewing window.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

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Pancreas

The pancreas was not definitively visualized owing to increased omental artifact and liver masses.

BREED

Shih Tzu

Free Abdomen

Surrounding hepatic to regional hyperechoic nodular omentum and probable indistinct hypoechoic to swollen mesenteric lymph nodes were present.

Mild volume echogenic peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

4yr

- Multicentric variable to expansive liver masses with large liver mass extending caudally to the approximate mid-abdomen
- Regional perihepatic hyperechoic nodular omentum and probable mesenteric lymphadenopathy
- Mild volume peritoneal effusion
- Sonographically normal spleen

WEIGHT

NA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric non-surgical hepatic neoplasia is present with highly suspected regional perihepatic omental seeding and lymphatic metastasis. An unfavorable prognosis is indicated.

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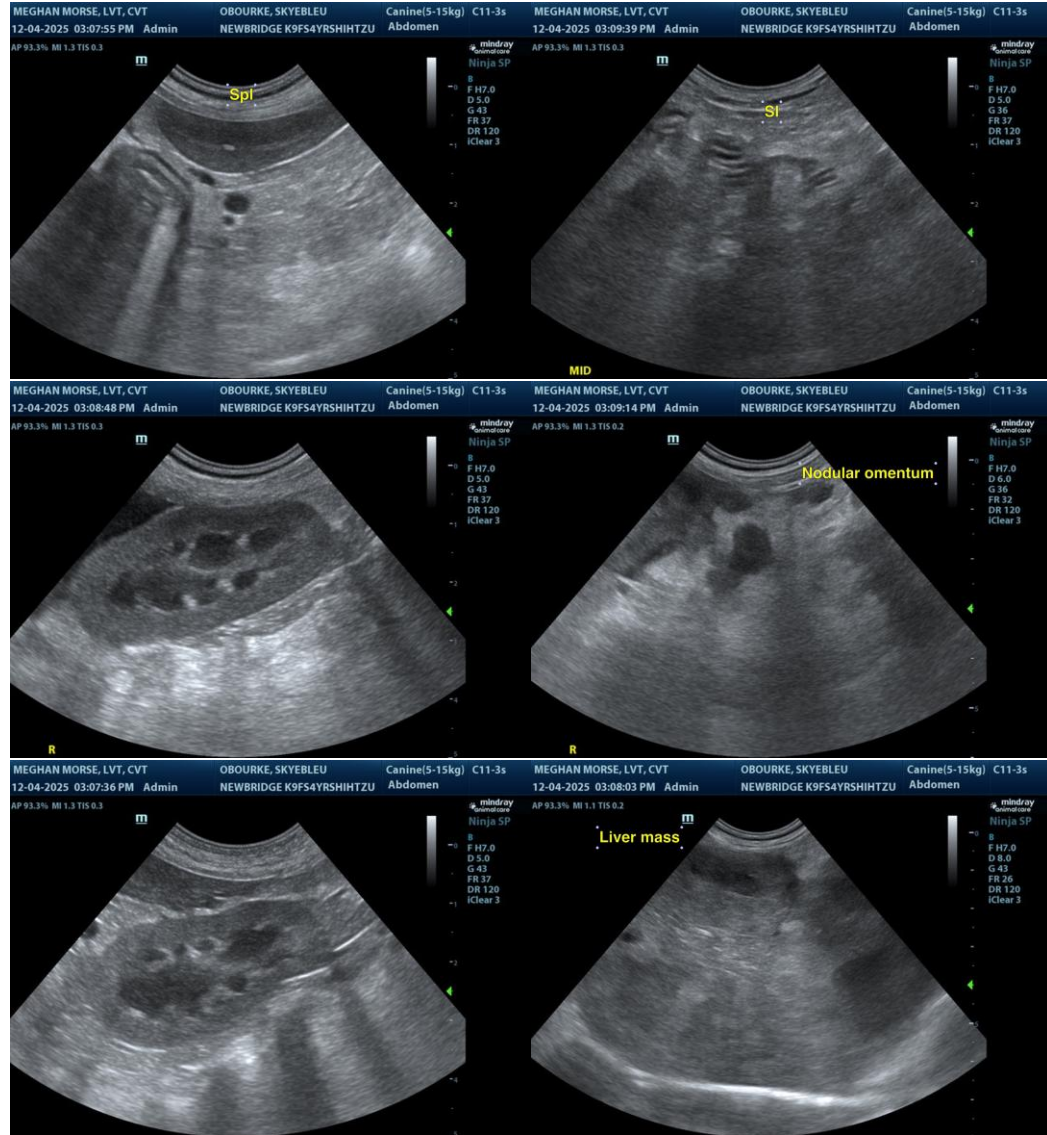
Dr Glennon

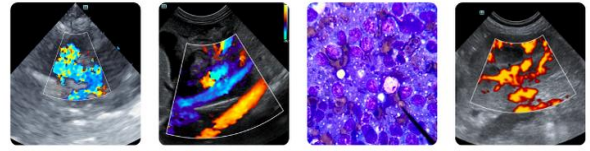
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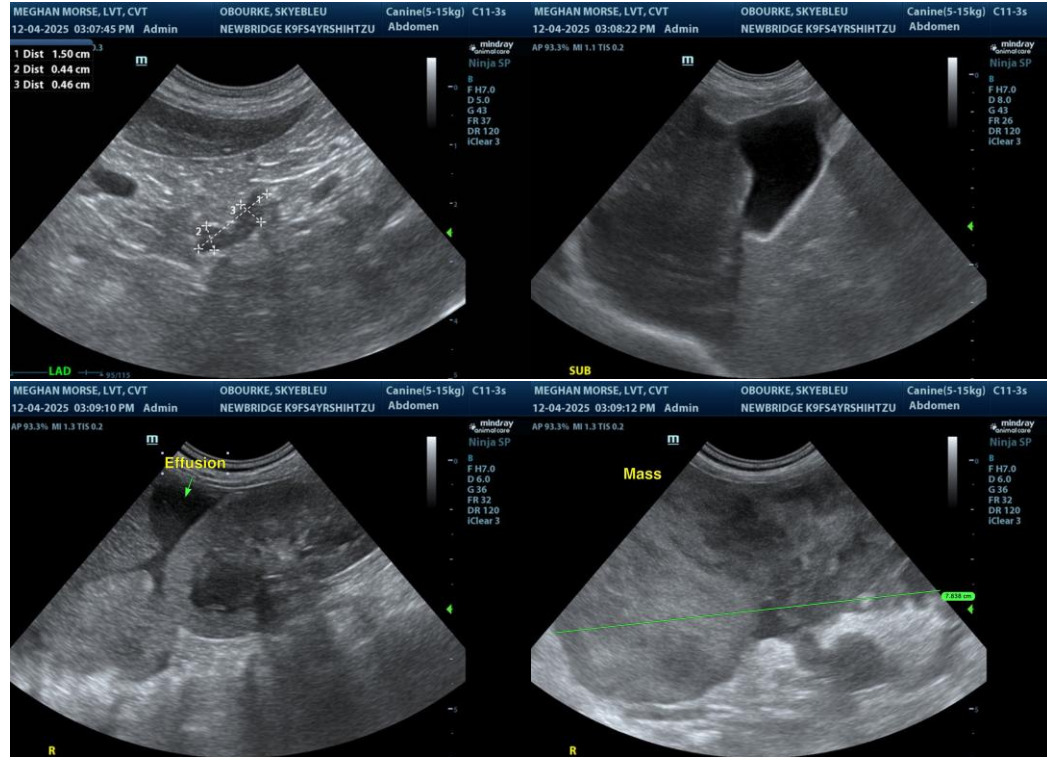
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Meghan Morse

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info@sonopath.com

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