



PATIENT PRESENTING CLINICAL SIGNS

Cyber Grimes Presented with decreased appetite, left sided grade 2/6 heart murmur present offered echo as well. HX of arthritis, has been on Librela. Ate a bit of a crumbled treat this am but nothing else. Owner thought maybe she was being stubborn because of her allergies she cannot eat what the other dogs eat. Has been on Thyro tabs, Gabapentin, Librela monthly

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

BREED

Mixed

SEX

FS

AGE

10yr

WEIGHT

38.2lb

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 5.2 cm in length. The right kidney measured 5.5 cm in length.

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The definitive spleen was not overtly visualized, potentially secondary to splenic displacement owing to hepatomegaly and peritoneal effusion. Potential for non-obvious splenic pathology not definitively excluded.

Liver/Gallbladder

Marked hepatomegaly with irregular hepatic capsule contour. Caudally expansive mixed echogenic nodular hepatic mass to probable masses was present extending to approximate level of the mid to cranial abdomen, an example measured 12 cm x 7 cm. The deep hepatic parenchyma exhibited parenchymal remodeling with moderate coarse echotexture. 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 gastric displacement secondary to hepatomegaly. No evidence of gastric distention with significant retained ingesta, or fluid.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

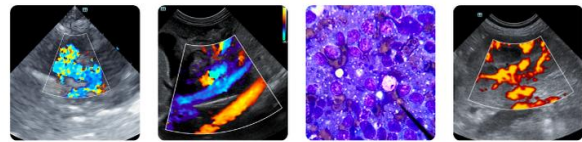
Dog & Cat Clinic of
 Niagara

REFERRING VET

Nick

INVOICE
 23159

DATE
 12/8/2025



PATIENT

Cyber Grimes

The visualized segments of small intestine exhibited subjective mildly prominent wall layering and mild altered wall layer ratio owing to subjective mildly prominent muscularis layer.

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

SPECIES

Canine

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.

BREED

Mixed

Free Abdomen

Moderate to significant volume mildly echogenic peritoneal effusion and non-homogenous omentum was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

10yr

- Marked hepatomegaly with caudally expansive irregular hepatic mass / masses
- Peritoneal effusion and non-homogenous mesentery
- Subjective nonspecific enteropathy

WEIGHT

38.2lb

Secondary

- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric to multilobular hepatic neoplastic criteria is met. Effusion secondary to hemoabdomen, portal hypertension or multicentric neoplasia i.e. omental seeding secondary to carcinomatosis, sarcomatosis or similar is suspected. Non-obvious splenic pathology potentially blended into hepatic pathology or non-visible owing to splenic displacement cannot be excluded. Unfortunately, multicentric neoplastic criteria specifically within the liver is met precluding curative surgical options.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog & Cat Clinic of
Niagara

REFERRING VET

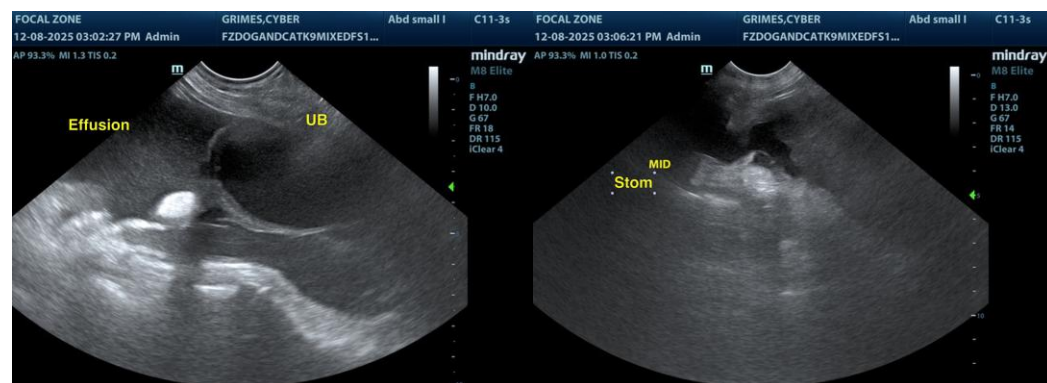
Nick

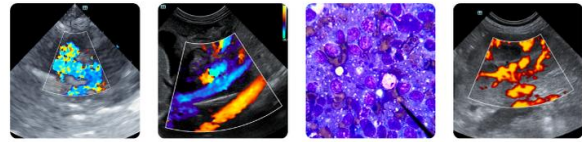
INVOICE

23159

DATE

12/8/2025





PATIENT

Cyber Grimes

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

10yr

WEIGHT

38.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog & Cat Clinic of
 Niagara

REFERRING VET

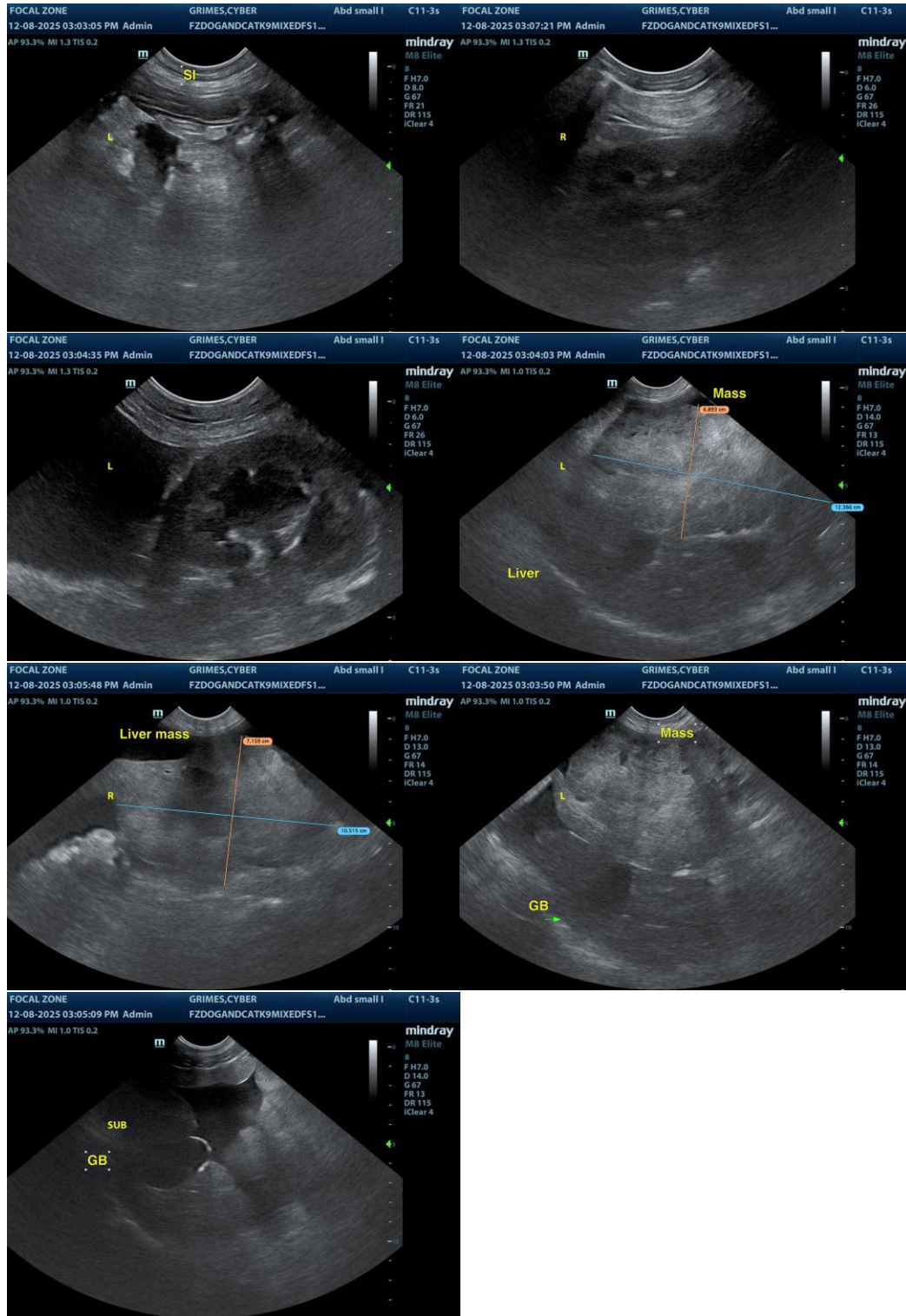
Nick

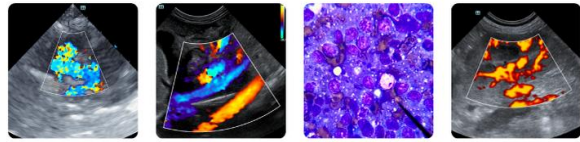
INVOICE

23159

DATE

12/8/2025





PATIENT

Cyber Grimes

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.

SPECIES

Canine

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.

BREED

Mixed

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

SEX

FS

AGE

10yr

WEIGHT

38.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog & Cat Clinic of
Niagara

REFERRING VET

Nick

INVOICE

23159

DATE

12/8/2025