



## PATIENT

Dixie Byers

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

FS

## AGE

11 y

## WEIGHT

38.3 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cassandra Van  
Nieuwal DVM

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Cassandra Van  
Nieuwal DVM

## INVOICE

10617

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

### History:

- Patient presented for evaluation after Owner states that they went to rDVM on Friday for a droopy eye. Diagnosed with Horner's syndrome. They felt a large abdominal mass. Single lateral chest and lateral abdominal radiograph shows large abdominal mass no obvious chest involvement. Went to AVS yesterday and they recommended CT vs surgery and owner did not want to do that just yet. They want to talk about laparoscopic surgery.

Abnormal PE/Chem/CBC/UA Results: CBC- Elevated WBC ( 23.11), Neu ( 19.6). Mono ( 1.53), RET ( 323) . Decreased HCT ( 25%), HGB ( 7.7), RBC ( 3.53) Chemistry- Decreased Calcium ( 8.6), TP (5.2), ALB (2.1)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 9.0 cm in length. The right kidney measured 9.0 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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*

A large, nonhomogeneous, cystic to cavitated-appearing, caudally expanding liver mass was present, measuring at least 18.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. The mass appeared to extend to the approximate level of the mid-abdomen.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach was not definitively visualized, likely owing to gastric displacement secondary to the liver mass.

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 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

No overtly visualized omental lymphadenopathy or peritoneal effusion was present.

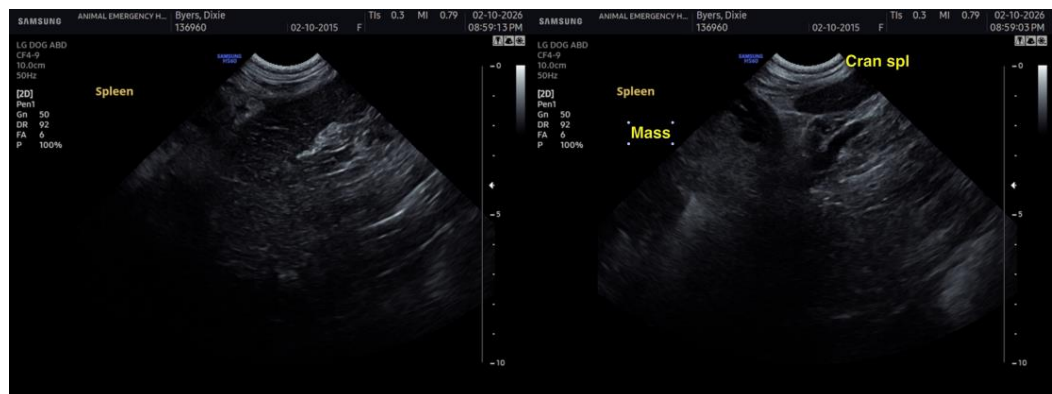
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Large caudally expanding liver mass
- Sonographically normal visualized spleen
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size and extent of the liver mass, abdominal CT would be ideal for further clarification, assessment of nonobvious metastasis, and surgical planning if surgery is an option or a potential for this patient.





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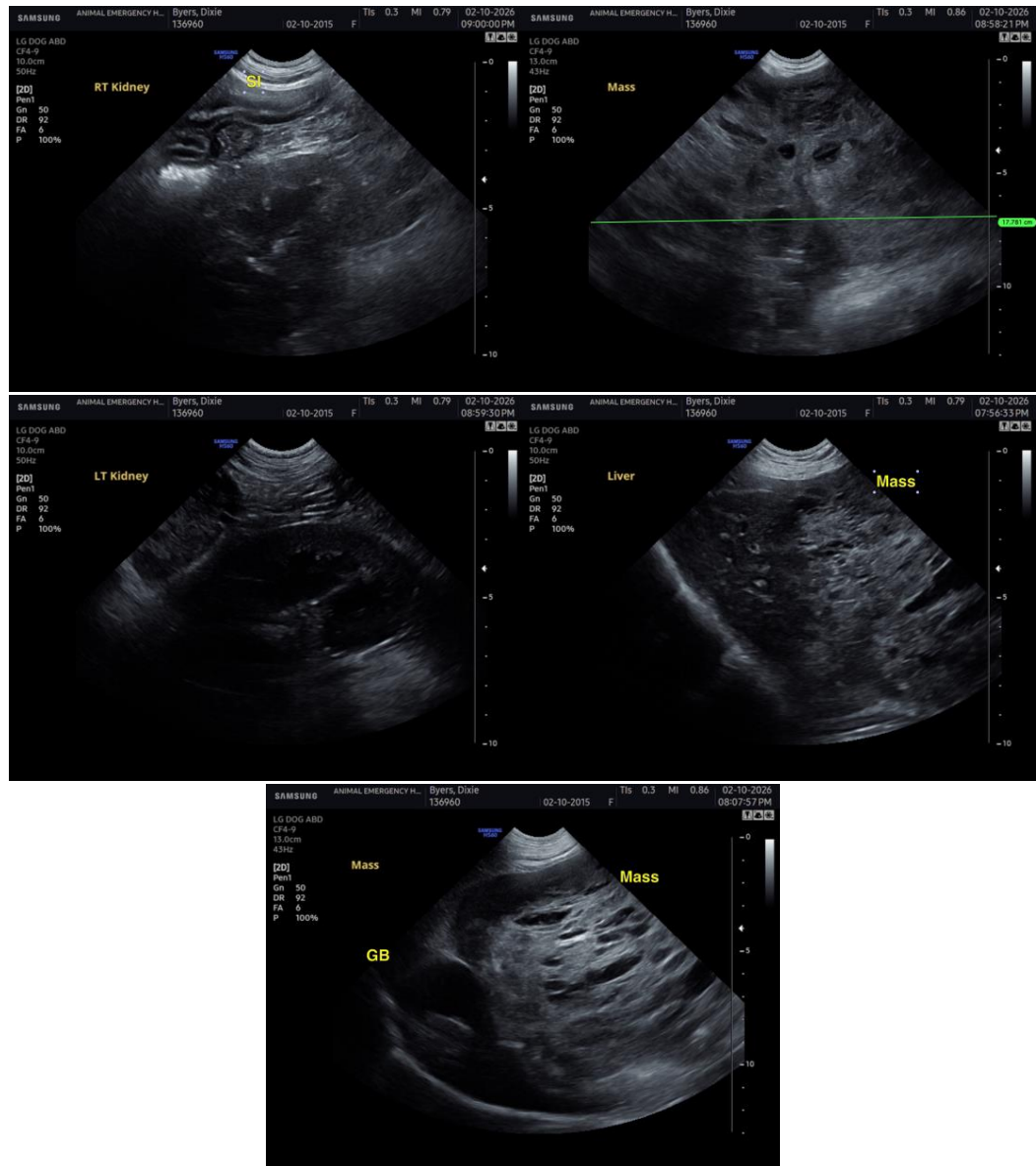
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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