



PATIENT

Buddy Saltar

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

14 yrs

WEIGHT

66.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Greg Hartman

INVOICE

10630

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History:

- Vomited last night, lethargy, anorexia, soiled in house, drinking alot.

Abnormal PE/Chem/CBC/UA Results: Apparent anemia, big belly. Chemistry increase in lipase, amylase and PLI. CBC moderate anemia. UA normal. RDVM radiographs reveal some loss of abdominal visceral detail and a mass effect in the cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the residual prostate appeared normal and free of pathology

A solitary, probable cystic, medial iliac lymph node measuring 2.3 cm x 1.5 cm was present.

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 6.9 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.52 cm width at the caudal pole, with indistinct visualization. The right adrenal gland was 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

The liver presented generalized hepatomegaly. A moderately sized to expansive, irregular, mixed echogenic liver mass appearing to occupy the majority of the ventrocaudal mid-left liver was present and measured ~11.0 cm x 7.0 cm. The remainder of the hepatic parenchyma exhibited mild to moderate coarse echotexture and mild parenchymal remodeling. 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 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 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 was evident.

Free Abdomen

Mild perihepatic effusion was noted with increased perihepatic omental echogenicity. No significant omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with primarily caudal to ventrocaudal liver mass
- Associated mild perihepatic effusion and omental hyperechogenicity
- Normal spleen
- Mild age-related renal changes
- Sonographically unremarkable empty visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or biopsy would be required for a definitive diagnosis, the liver mass is most consistent with neoplastic criteria, i.e., carcinoma, or other. The mass is suspected to involve more than one liver lobe, given the size and extent, yet may be at least partially to completely resectable, given the subjective ventrocaudal location. FNA cytology of the liver mass could be considered for initial clarification, assuming normal clotting status. Definitive evidence of non-hepatic abdominal macrometastasis was not sonographically obvious. Micrometastasis and possible regional perihepatic omental seeding cannot be definitively excluded. Assuming no evidence of pathology on three view chest radiographs, abdominal CT would be ideal for further clarification, assessment for potential non-sonographically evident metastasis, and potential surgical planning, if surgery is a potential.



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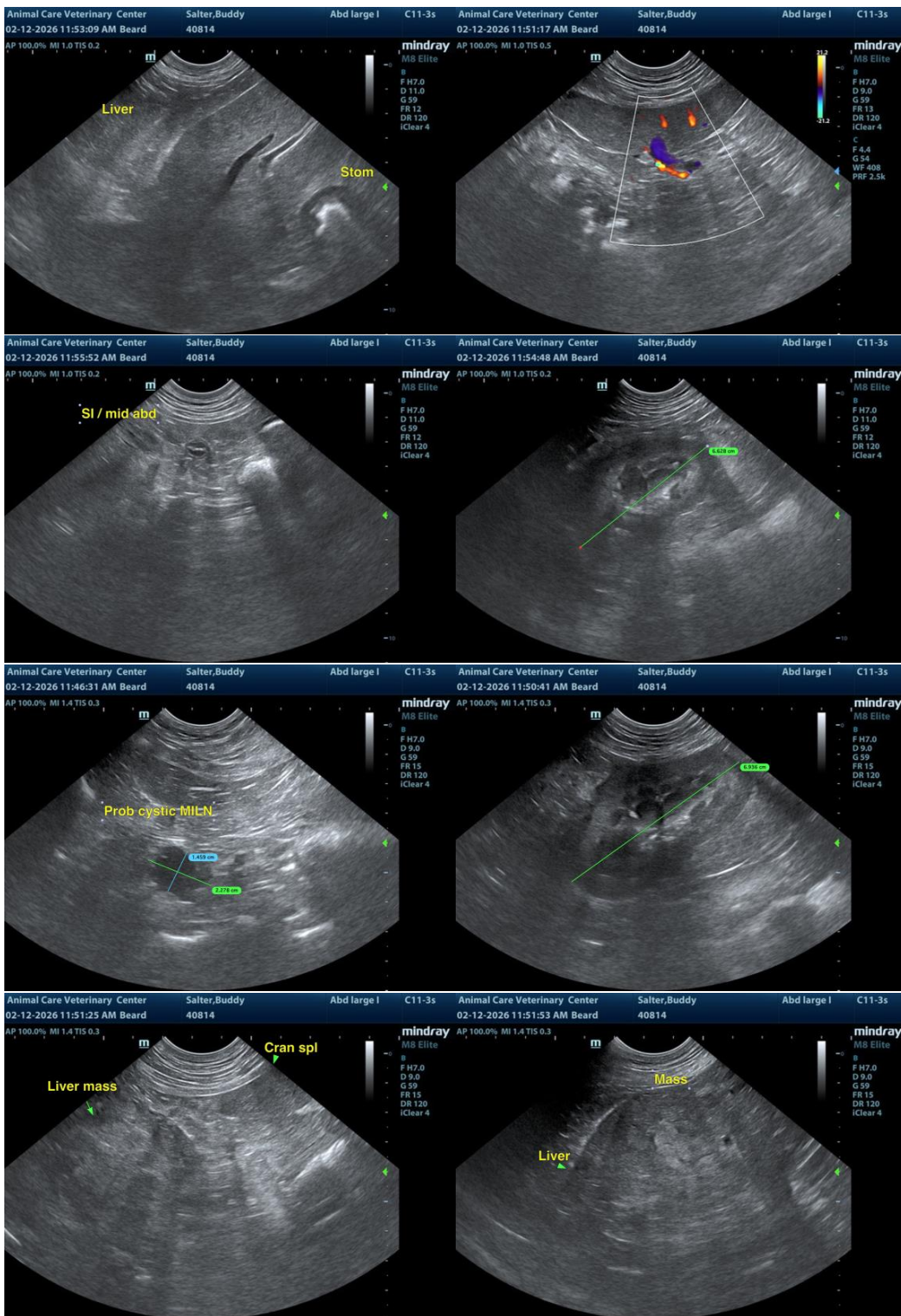
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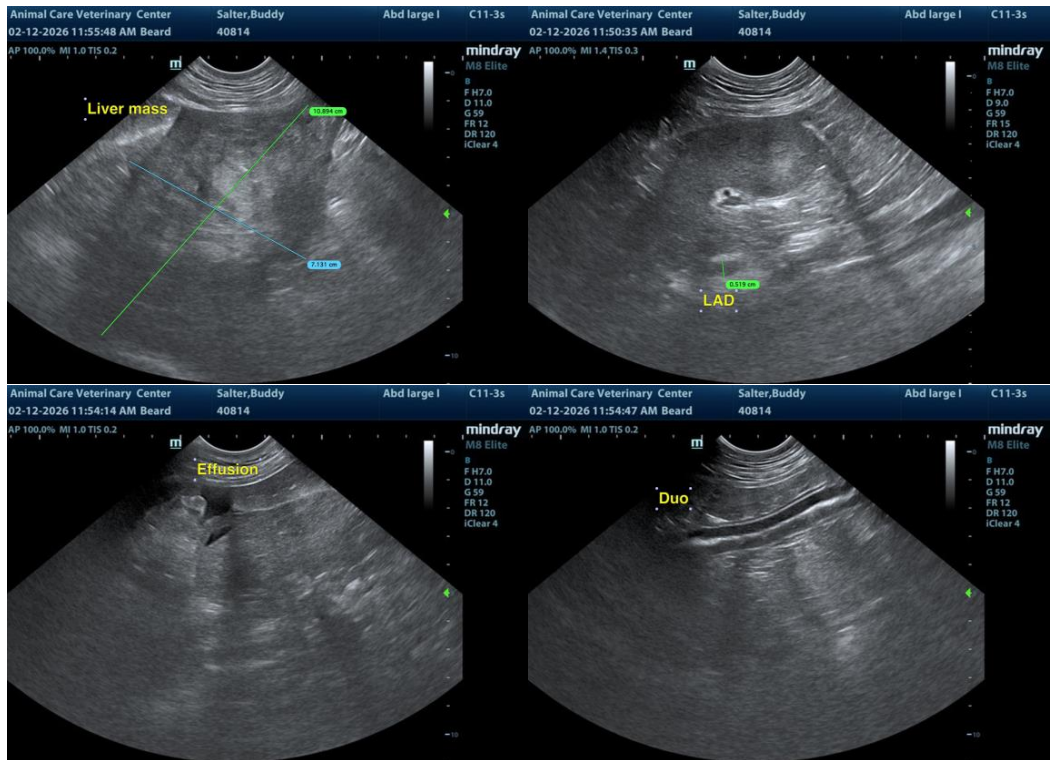
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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