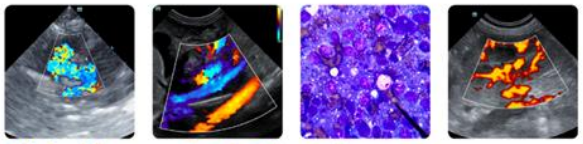


PATIENT

Rooney Miller

SPECIES

Canine

BREED

Pitbull

SEX

F

AGE

12yr

WEIGHT

50lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Konegger

INVOICE
23909

DATE
02/16/2026

PRESENTING CLINICAL SIGNS

- Patient having chronic pain due to osteoarthritis
- Scheduled to receive Stem Cell Therapy
- Chest x-rays and abdominal ultrasound done to look for evidence of neoplasia/metastasis
- Abnormal PE/Chem/CBC/UA Results: C-Reactive Protein - 2.4

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.

No evidence of pathology in the area of the uterus if patient is intact or uterine remnant if patient is spayed.

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 6.7 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.74 cm width at the caudal pole. The right adrenal gland measured 0.75 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. No obvious pathology in the area of the previous spleen.

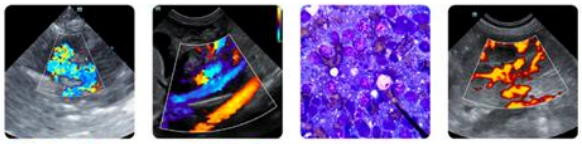
Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A ventral to ventrocaudal mildly expansive non-homogenous liver mass measuring 6-7 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 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.

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Ventral / ventrocaudal liver mass
- Non-visualized spleen -previous splenectomy
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is highly suspicious of neoplastic or metastatic criteria with hyperplasia, granuloma or other non-neoplastic etiology thought less likely. Liver mass FNA cytology warranted for further clarification.

The mass may be amenable to surgical resection given location and size. Correlation with three view chest radiographs and abdominal CT suggested if surgery is a potential.

Serial sonographic monitoring of the liver mass for evidence of progression would be more conservative.

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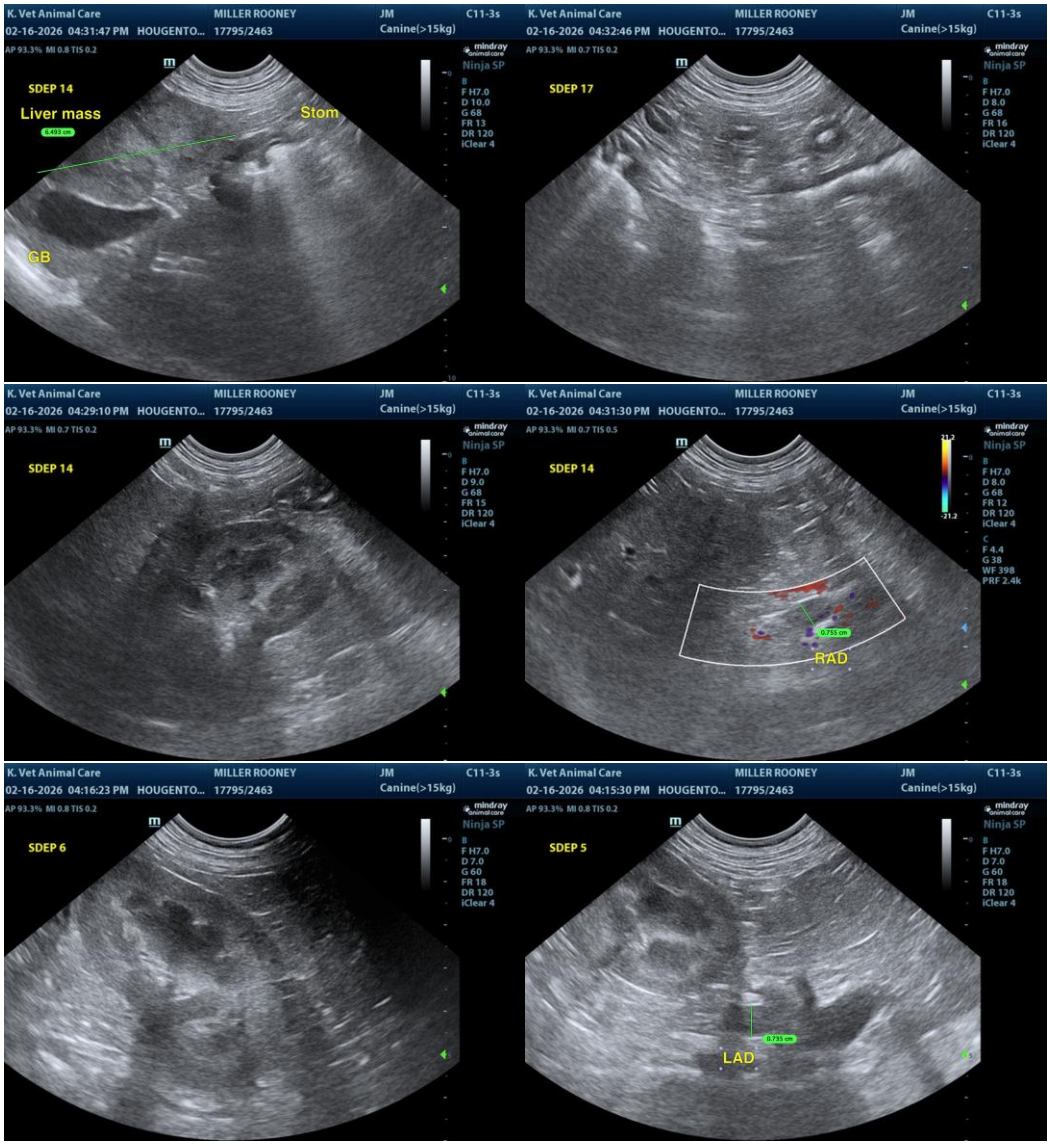

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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