



PATIENT

Zeek Kohler

PRESENTING CLINICAL SIGNS

V/D maybe ate a toy Hx of liver cancer Prev u/s 5/12/25 and 12/2/25

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Mid dorsal urinary bladder wall sessile base small urinary bladder mass was present extending mildly into the urinary bladder lumen with non-homogenous, indistinctly hyperechoic parenchyma. Concurrent mild particulate urine sediment was present. The mass measured 1.4 cm x 1.1 cm.

BREED

Pit Mix

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney was not visualized.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

12

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

WEIGHT

76

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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

Liver/Gallbladder

The liver was subjectively normal in size with asymmetrical contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. At least one hepatic intraparenchymal cystic lesion was visualized. 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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained mild retained fluid. Within the area of the pyloric outflow, hyperechoic content was present, appearing to extend into the upper duodenum.

REFERRING VET

Dr Maniar

The duodenum wall was indistinctly visualized yet subjective thickened in appearance with mild duodenal corrugation. Strongly shadowing duodenal content extending caudally. The visualized segmental jejunum exhibited concurrent segmental strongly shadowing content and mild jejunal ileus.

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The indistinctly visualized distal descending colon at the level of the urinary bladder was sonographically unremarkable containing subjective semi-formed fecal matter.

Pancreas

SPECIES

Canine

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

BREED

Pit Mix

A large asymmetrical non-homogenous diffusely to variably cystic mass occupying majority of the mid to cranial abdomen directly effacing the caudal liver and extending into area of cranial spleen was present. The mass measured at least 10 cm in diameter but likely larger as the entire mass would not fit into a single viewing window.

SEX

MN

Mild surrounding hyperechoic omentum.

No obvious visualized significant omental lymphadenopathy or peritoneal effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary

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76

- Small sessile based dorsal urinary bladder mass
- Duodenojejunal foreign body potentially anchored in area of pylorus with hypomotile stomach
- Previously noted to possibly progressive cystic mass mid to cranial abdomen -suspect hepatic origin
- Hepatic parenchymal remodeling with intraparenchymal hepatic cystic lesion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no pathology on 3 view chest radiographs, exploratory laparotomy with gross inspection of the gastrointestinal tract, potential for multiple enterotomies +/- gastrotomy and consideration for concurrent resection or debulking of probable liver +/- hepatic and urinary bladder biopsies is recommended. A guarded prognosis is indicated.

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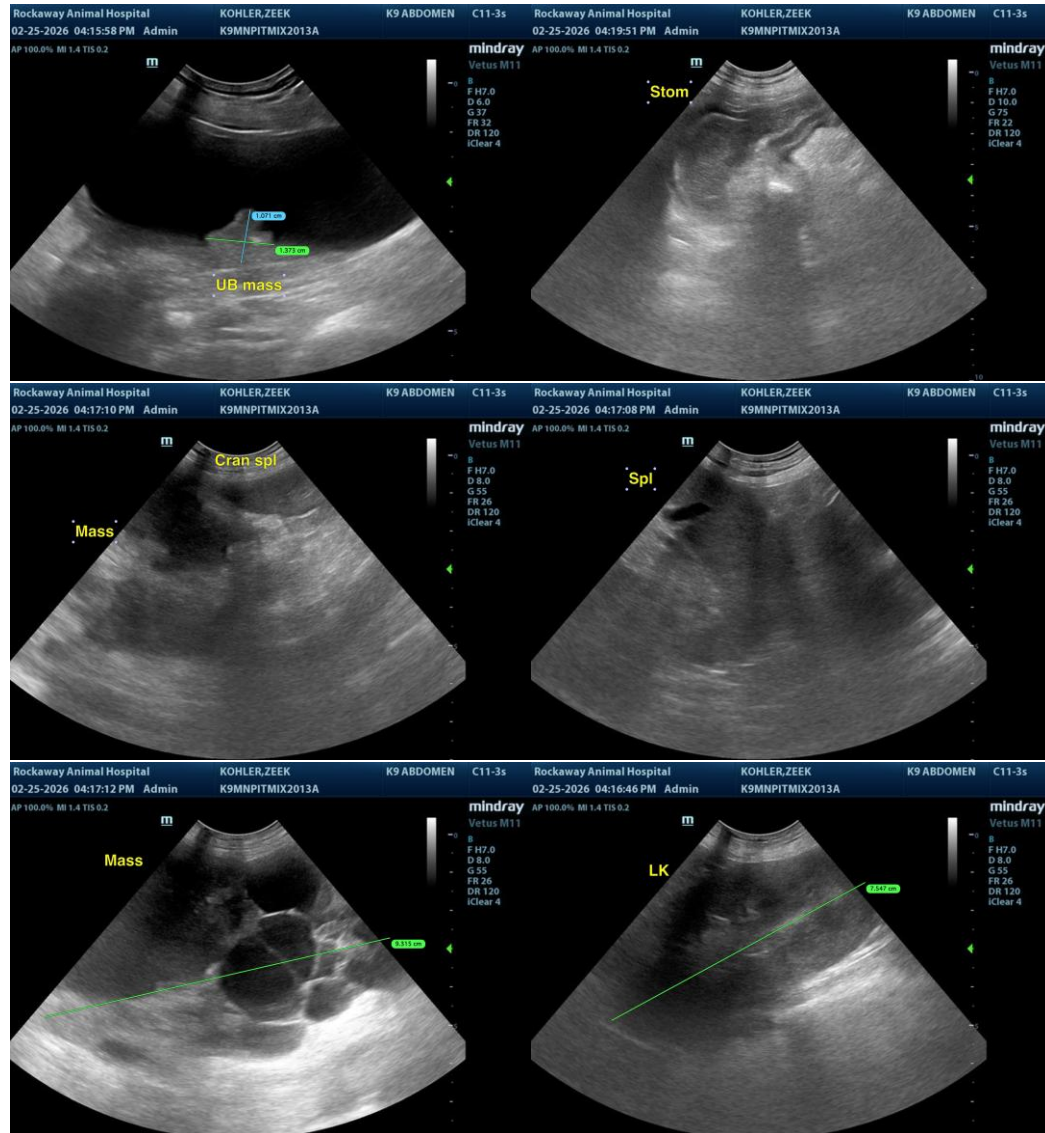
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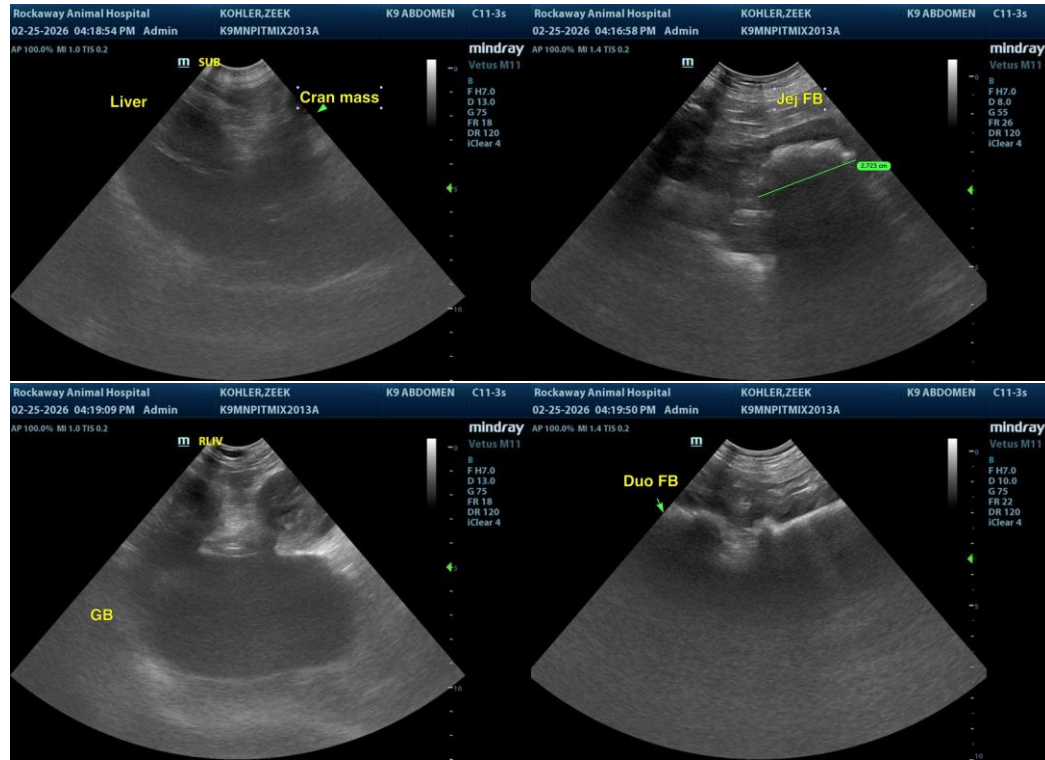
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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