



## PATIENT

Zeek Kohler

## SPECIES

Canine

## BREED

Pit Mix

## SEX

Male Neutered

## AGE

12

## WEIGHT

63.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

13236

## DATE

2/26/26

## PRESENTING CLINICAL SIGNS

History:

- re check from 2/25

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Previously noted, static dorsal urinary bladder, sessile based mass exhibiting non-homogeneous, focally hyperechoic parenchyma measuring 1.4 cm in diameter. The visible proximal urethra to a depth of 2.0 cm exhibited normal structure and tone.

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

The left and right kidneys were not definitively visualized.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The spleen was not definitively visualized.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Caudally expanding, markedly enlarged, asymmetrical, non-homogeneous cystic mass was present appearing to derive from the caudal to ventral caudal liver extending to occupy majority of the mid to cranial abdomen. The mass measured at least 15.0 cm in diameter. The gallbladder was non-distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach was indistinctly visualized owing to displacement secondary to the mass. The stomach overall was non-distended containing shadowing content measuring ~3.0 cm in diameter.

The segmental intestinal exhibited mildly thickened corrugated wall with combined segmental intestinal ileus and empty intestinal segments. Persistent, irregular, hyperechoic to strongly shadowing content was present in the segmental intestine likely indicating duodenal and jejunal involvement.

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

### Pancreas

The pancreas was not definitively visualized.



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**Free Abdomen**

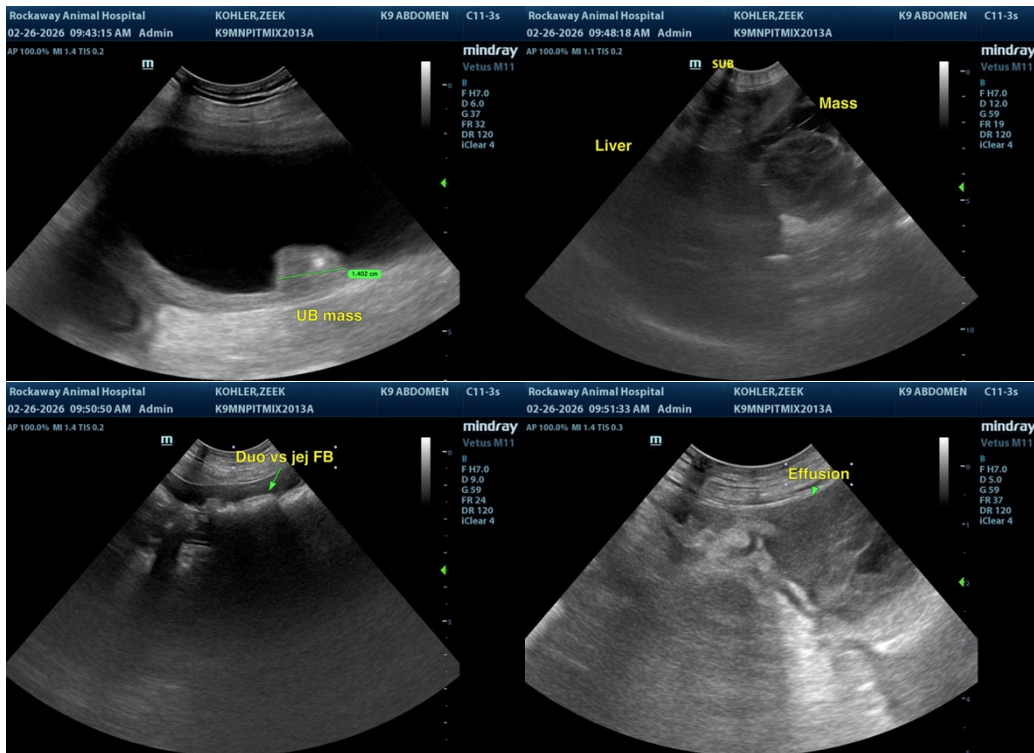
Moderate volume echogenic peritoneal effusion, increased omental echogenicity and no obvious visualized significant omental lymphadenopathy noted.

**ULTRASONOGRAPHIC FINDINGS**

- Static sessile-based urinary bladder mass
- Caudally expanding cystic mid to cranial abdomen mass – consistent with hepatic mass
- Non-distended, displaced stomach containing shadowing content
- Persistent duodenal jejunal foreign body with segmental intestinal ileus and segmental to generalized enteropathy pattern
- Echogenic peritoneal effusion – concern for peritonitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Previously mentioned exploratory laparotomy with gross inspection of the gastrointestinal tract. Potential for gastrotomy and multiple enterotomies. Consideration for concurrent resection or debulking of the liver mass, +/- hepatic and urinary biopsies or humane euthanasia is recommended.





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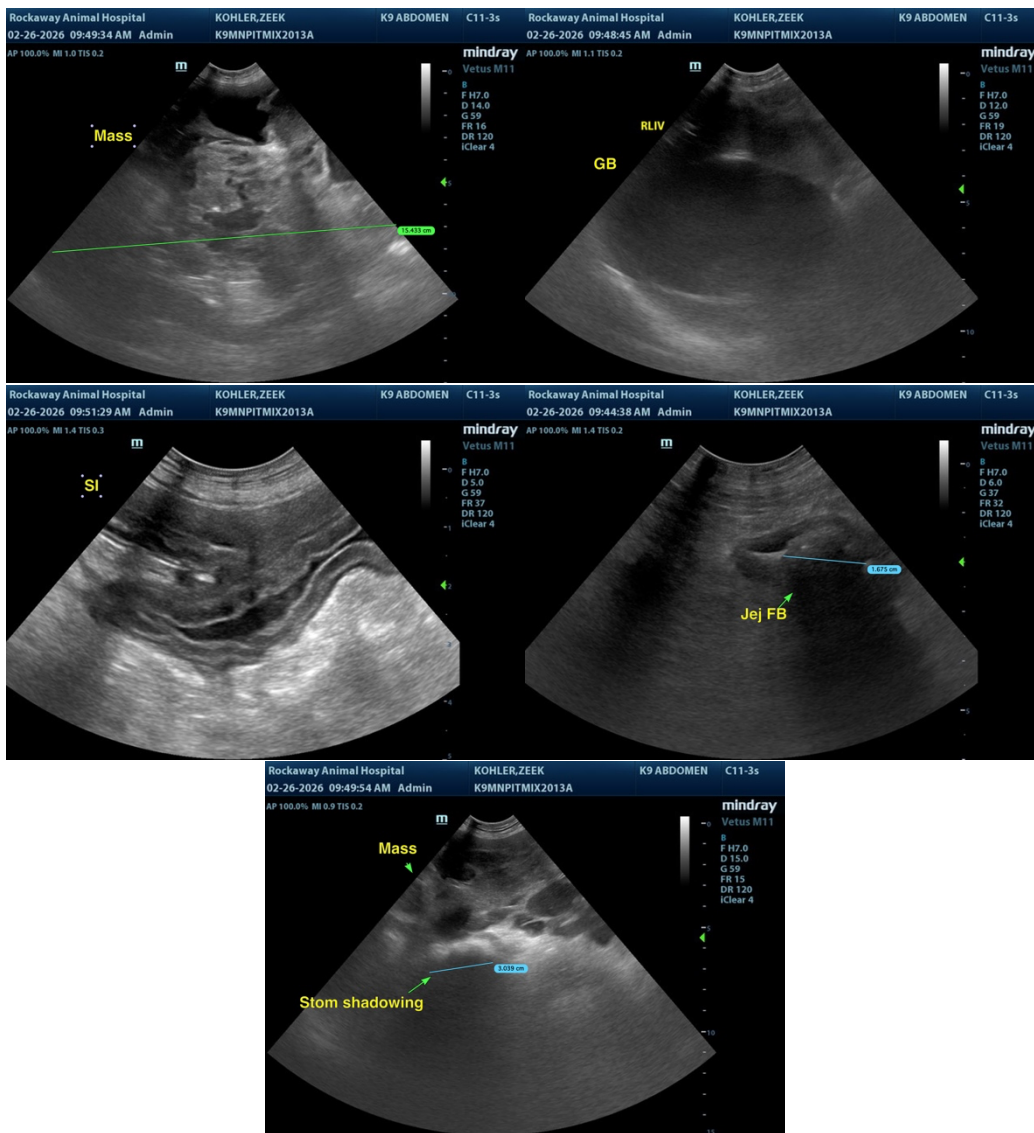
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)