

## PATIENT

Aero Ewing

## SPECIES

Canine

## BREED

Nova Scotia Duck  
Tolling Ret

## SEX

MN

## AGE

11yr

## WEIGHT

55lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brita Kiffney

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Brita Kiffney

## INVOICE

24011

## DATE

02/27/2026

## PRESENTING CLINICAL SIGNS

- History: Splenectomy performed end of August, hemangiosarcoma diagnosed. Previously diagnosed(2024) with chronic hepatitis.
- Recieved three tmts with doxorubicin, didn't tolerate well, has had one cancer vaccine. Last exam with oncologist was this Monday, who recommend another abdominal ultrasound.
- Abnormal PE/Chem/CBC/UA Results: Three view thoracic rads Monday clear of mets, CBC- moderate non regen anemia (this is new) and mild azotemia (Creat 1.9, previously was 1) UA - not well concentrated USGT 1.013

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 5.9 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.7 cm width at the caudal pole.

### Spleen

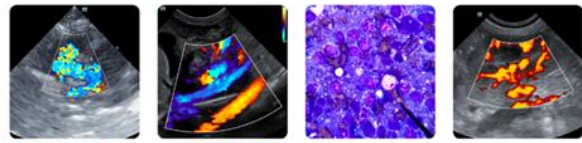
The spleen was not visualized owing to previous splenectomy.

### Liver/Gallbladder

Subjective mild generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A non-homogenous intraparenchymal mass was present in the mid liver and dorsal to the gallbladder measuring 6-7 cm in diameter. 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.

## SPECIES

Canine

### *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.

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### *Free Abdomen*

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

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Liver mass
- Non-visualized spleen-previous splenectomy
- Mild chronic renal changes

## AGE

11yr

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

55lb

The liver mass is consistent with neoplastic/ metastatic criteria in conjunction with patient history and concurrent chronic hepatopathy. If accessible and normal clotting status, hepatic parenchyma and mass FNA cytology could be considered for further clarification.

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Aside from the liver mass, no sonographic evidence of additional intra-abdominal primary or metastatic neoplastic criteria.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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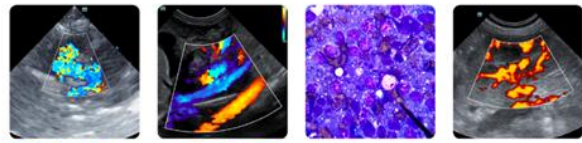
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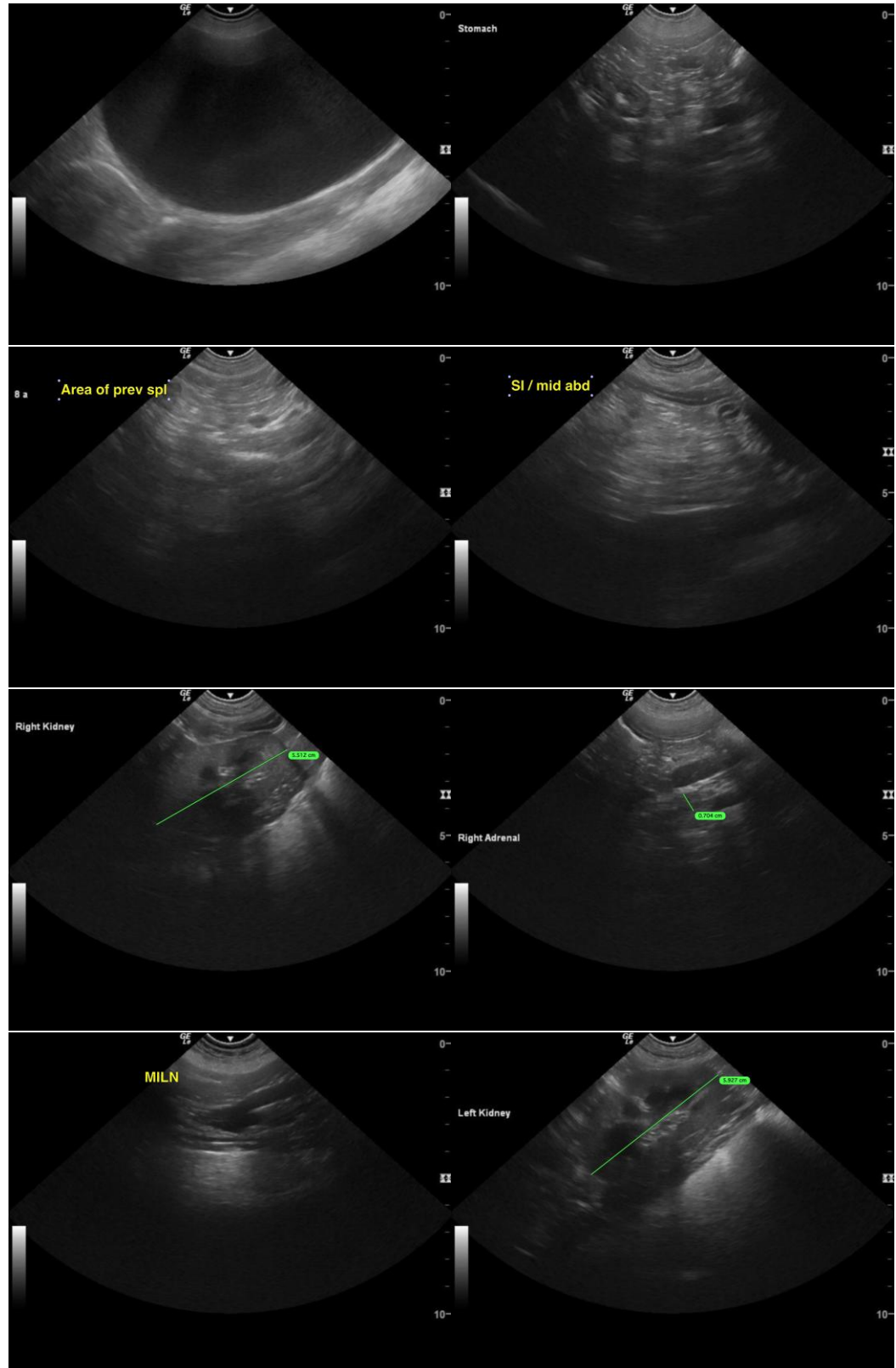
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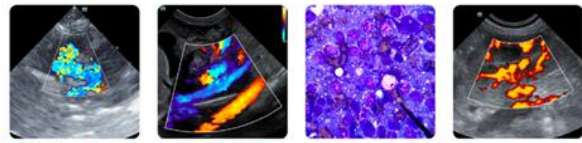
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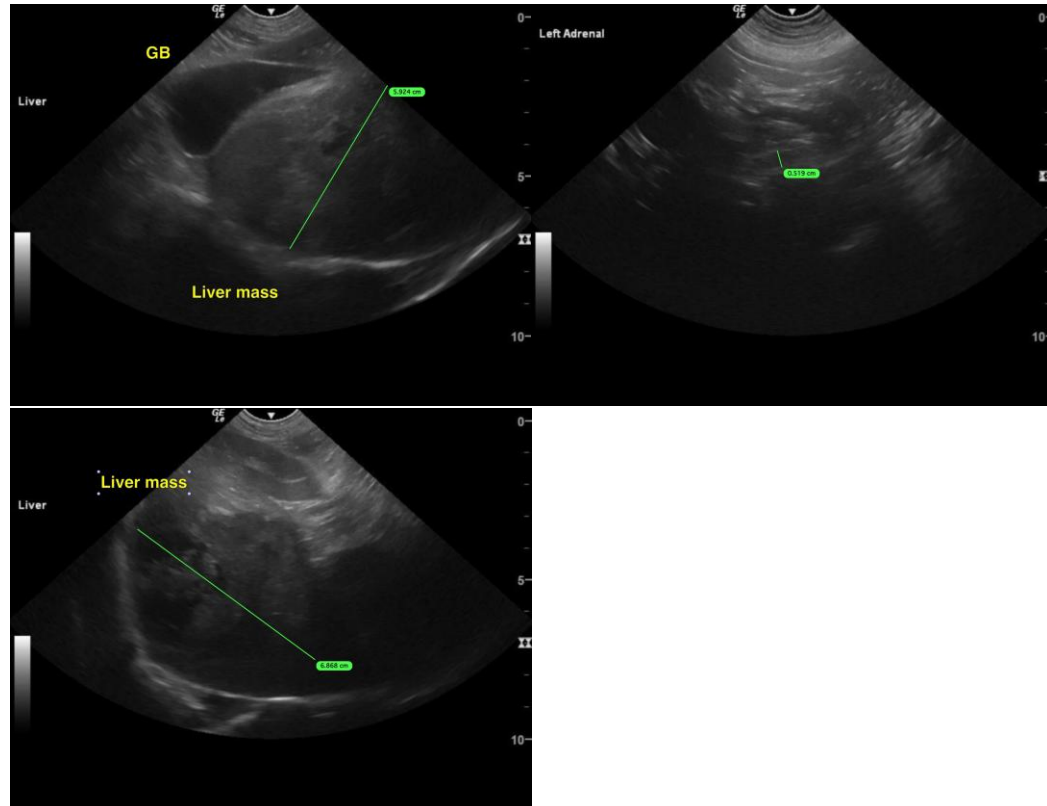
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)