



**PATIENT**

Sulley Risch

**SPECIES**

Canine

**BREED**

Miniature Bernadoodle

**SEX**

MN

**AGE**

7yr

**WEIGHT**

62lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Narrowsburg  
Veterinary

**REFERRING VET**

Dr Hess

**INVOICE**

24028

**DATE**

02/27/2026

**PRESENTING CLINICAL SIGNS**

- Elevated LEZ
- Icteric
- Wt loss (15 lbs), not eating
- No current meds

Abnormal PE/Chem/CBC/UA Results: Elevated LEZ and Bilirubin

**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 mild non-dependent particulate sediment and no 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. Mildly increased corticomedullary echogenicity. Adequate corticomedullary border demarcation. No evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 6.8 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 0.50 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 0.51 cm width at the caudal pole.

**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 was variably enlarged most noted in the mid to right liver with lobar swelling and caudal expansion. Diffuse non-homogenous nodular hepatic parenchyma exhibiting marked coarse echotexture. Normal vascular volume.



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The gallbladder was non-distended in size with thin walls and mild gravity dependent hyperechoic bile sediment to mineral. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

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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.

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**Pancreas**

The area of the pancreas was sonographically normal.

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**Free Abdomen**

No overt lymphadenopathy was present.

Mild volume peritoneal effusion

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

62lb

**Primary**

- Diffuse nodular liver with mid to right lobar swelling and caudal expansion
- Mild gallbladder hyperechoic sediment / mineral- no evidence of post-hepatic obstruction
- Mild hypomotile gastritis pattern, sonographically normal empty small intestine
- Normal spleen
- Mild peritoneal effusion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING  
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CVT

The liver is most consistent with diffuse neoplastic criteria with associated mid to right significant lobar swelling and caudal hepatic expansion with potential for ill-defined right liver mass. Severe inflammatory hepatic disease i.e. chronic active hepatitis or other thought less likely. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered for further assessment.

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Curative surgical options are precluded. Gastrointestinal support is indicated. Unfortunately, an unfavorable prognosis is indicated.

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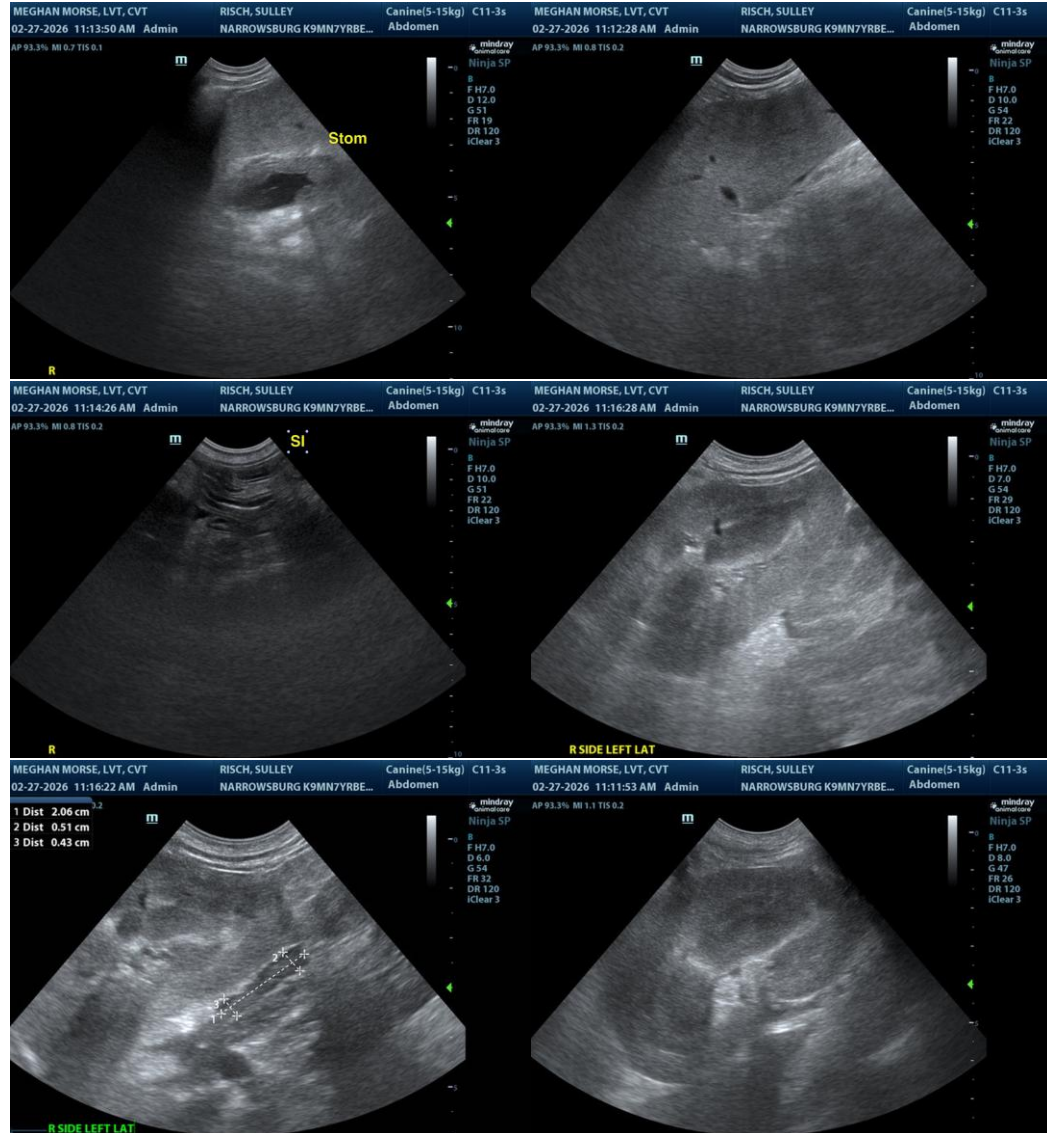
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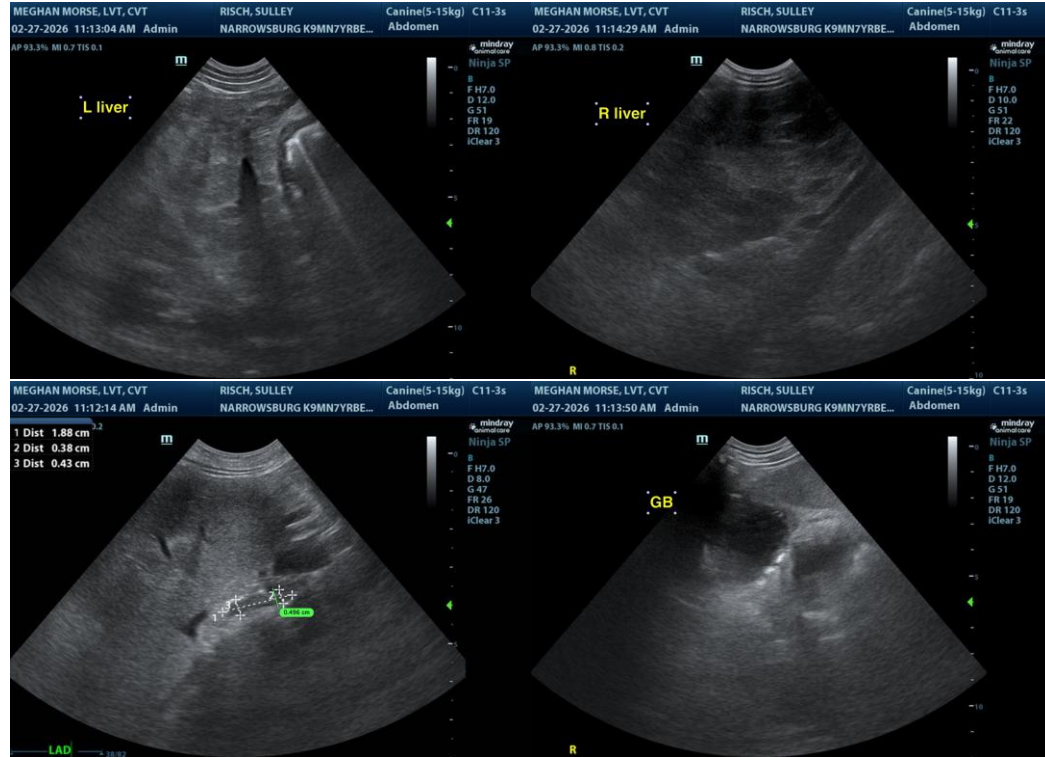
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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