



PATIENT

Roo Delaura

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

45.8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Santo

INVOICE

13578

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Inappetence, vomiting, hx liver nodule, lethargic, hc mct-currently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole.

The right adrenal gland appeared mildly enlarged with primarily symmetrical capsule contour and mild heterogeneous parenchyma measuring 0.93 cm width at the caudal pole. The previously noted cranial right adrenal nodule was not definitively visualized.

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 revealed subjective mild hepatomegaly with mild nonhomogenous remodeled parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. A nonhomogenous irregular mass was present primarily within the area of the left caudal to mid liver measuring approximately 6.0 cm to 7.0 cm in diameter. A possible separate nonhomogenous mass was potentially visualized in the deep right lateral liver and potentially measuring 5.0 cm to 6.0 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



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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.

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 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

Minor volume of peritoneal effusion with caudal perihepatic hyperechoic to suspect edematous omentum primarily adjacent to the liver mass. No overt visualized significant omental lymphadenopathy.

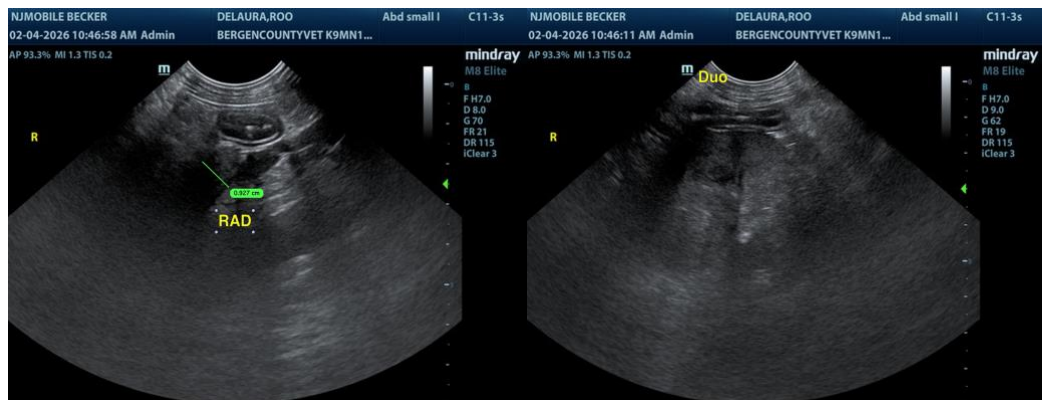
ULTRASONOGRAPHIC FINDINGS

- Caudal mid to left liver mass with possible right liver mass.
- Sonographically normal empty gastrointestinal tract.
- Normal spleen.
- Mildly enlarged nonhomogenous right adrenal gland.
- Perihepatic hyperechoic suspect edematous omentum and minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass may correlate with previously noted liver nodule yet at this stage, is consistent with primary or metastatic neoplastic criteria in conjunction with possible concurrent indistinctly visualized right liver mass.

Assuming normal clotting status and if accessible, liver mass FNA cytology could be considered for further clarification. The right adrenal gland appears likely similar compared to the previous study in size comparison with previously mentioned etiology still applicable i.e. functional versus non-functional adenoma versus adenocarcinoma, benign hyperplasia or metastasis are possible. Monitoring of systemic BP for evidence of hypertension is suggested. Gastrointestinal support is indicated.





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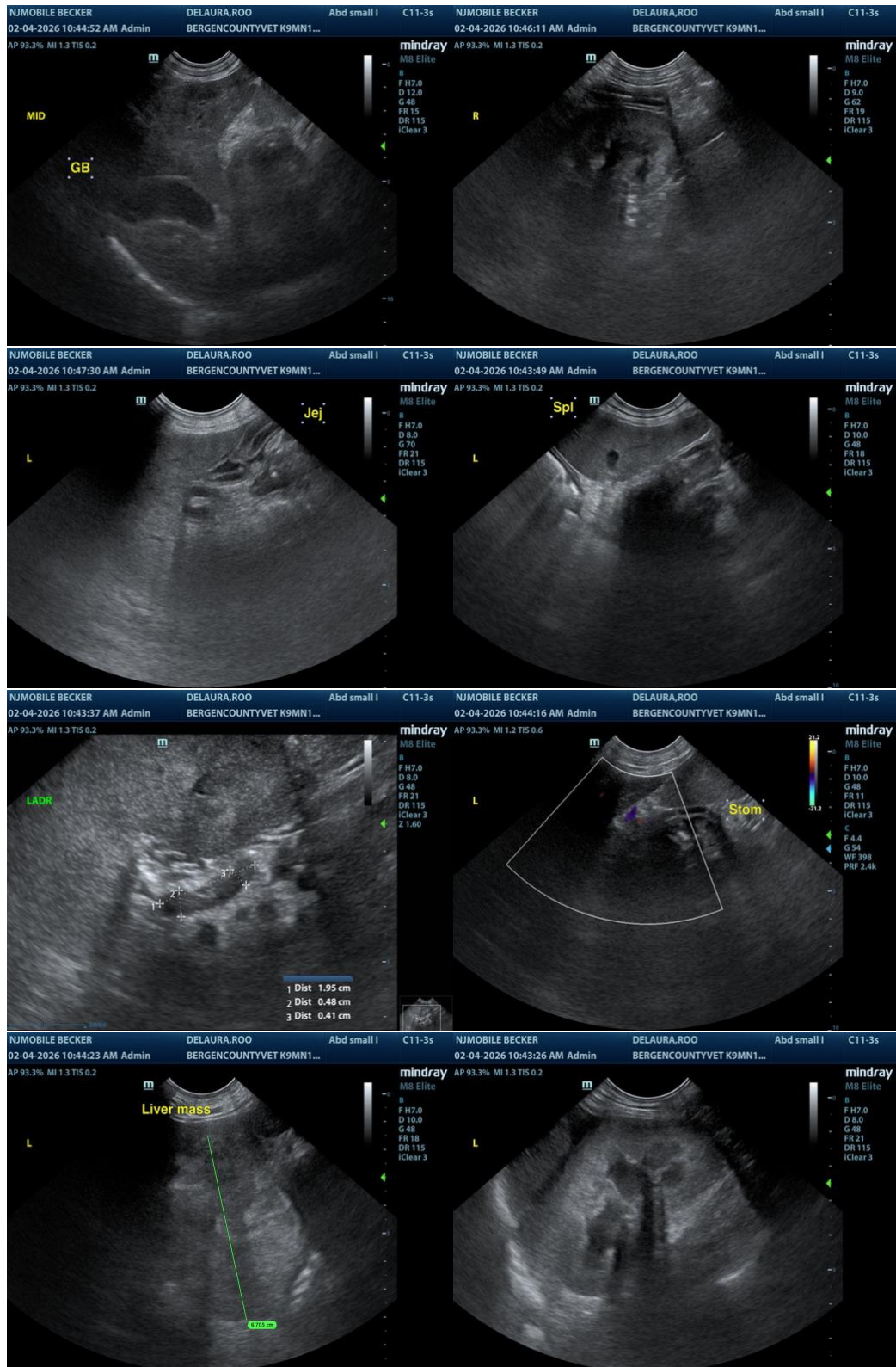
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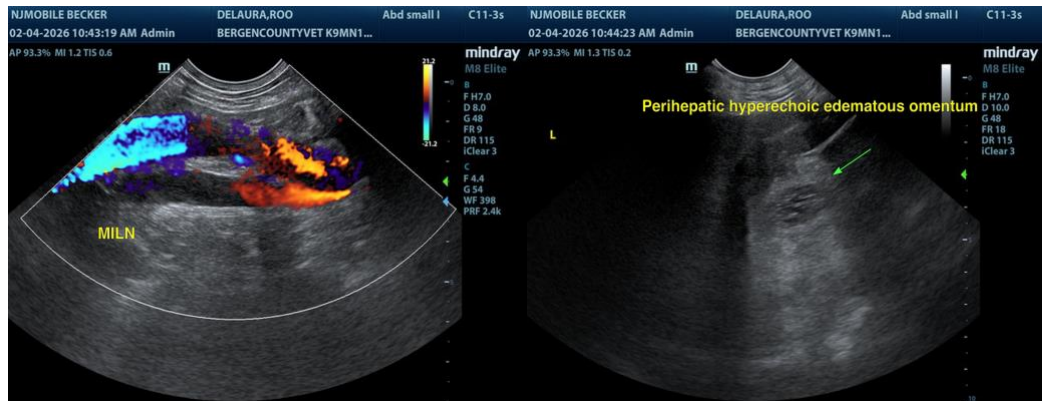
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com