



PATIENT

Benellie Prior

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Spayed Female

AGE

11 Years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield
DVM

HOSPITAL NAME

Broken Top Veterinary
Hospital

REFERRING VET

Dr. Terra McSwain
DVM

INVOICE

13628

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- 1 week history of lethargy and inappetence

Abnormal PE/Chem/CBC/UA Results: Blood work 1/31/26: CBC: - HCT: 31% (L) - RBC: 4.4 (L) - HGB: 10.4 (L) - RETIC: 40 (low normal) - RETIC HGB: 21.2 (L) - WBC: 8.6 (wnl) - bands suspected - LYMPH: 344 (L) - EOS: 86 (L) - PLT: 118 (L) - NucRBC: 3 (H) CHEM: - SDMA: 16 (H) - BUN: 46 (H) - Na: 142 (L) - Cl: 105 (L) - TP: 5.7 (wnl) - ALB: 3.1 (wnl) - ALT: 214 (H)

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.

Normal size and margination was 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 6.2 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.70 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

Spleen

The spleen presented normal in size to possible mid to cranial enlargement. Primarily symmetrical to focal asymmetrical lateral and medial capsule contour with potential for areas of mild parenchymal expansion. A mildly expansive asymmetrically marginated nonhomogenous hypoechoic cranial splenic macronodule to small mass with mild associated splenic capsule distortion measuring approximately 2.6 cm in diameter.

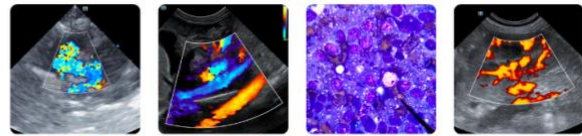
Liver & Gallbladder

The liver revealed generalized asymmetrical hepatomegaly. Multifocal variably sized to expansive nonhomogenous liver masses were present with an example of ventrocaudal mass measured 2.8 cm in diameter. An example of deep to mid liver mass measured 4.5 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild intact prominent wall. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. 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 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

Perihepatic to cranial perisplenic mild hyperechoic omentum. No obvious visualized significant peritoneal effusion or omental lymphadenopathy.

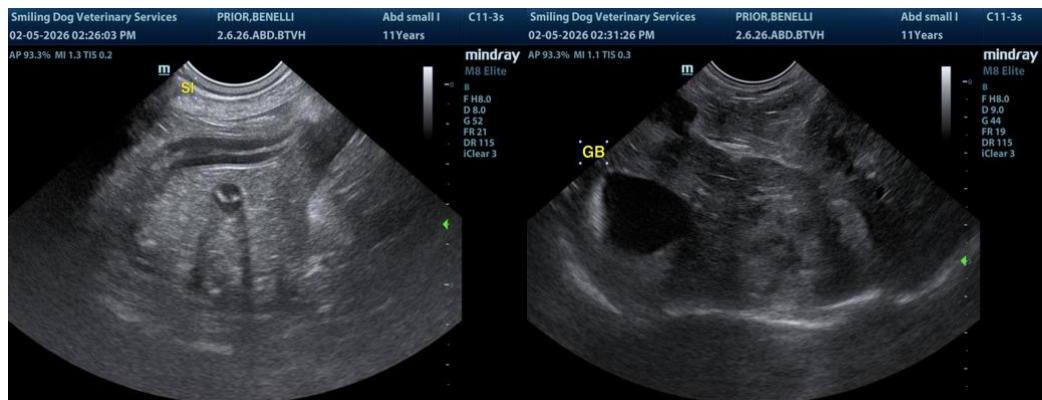
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with multiple masses.
- Borderline splenomegaly with asymmetrical contour and possible areas of parenchyma expansion and mildly expansive nonhomogenous hypoechoic cranial splenic macronodule/small mass.
- Mild hypomotile gastritis pattern with normal empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric intrahepatic neoplastic criteria is met with suspected concurrent splenic neoplastic criteria. Assuming normal clotting status, hepatic mass and screening splenic FNA cytology could be considered for further clarification, yet curative surgical options are likely precluded. Unfavorable short to long-term prognosis is unfortunately indicated. Gastrointestinal support is recommended.





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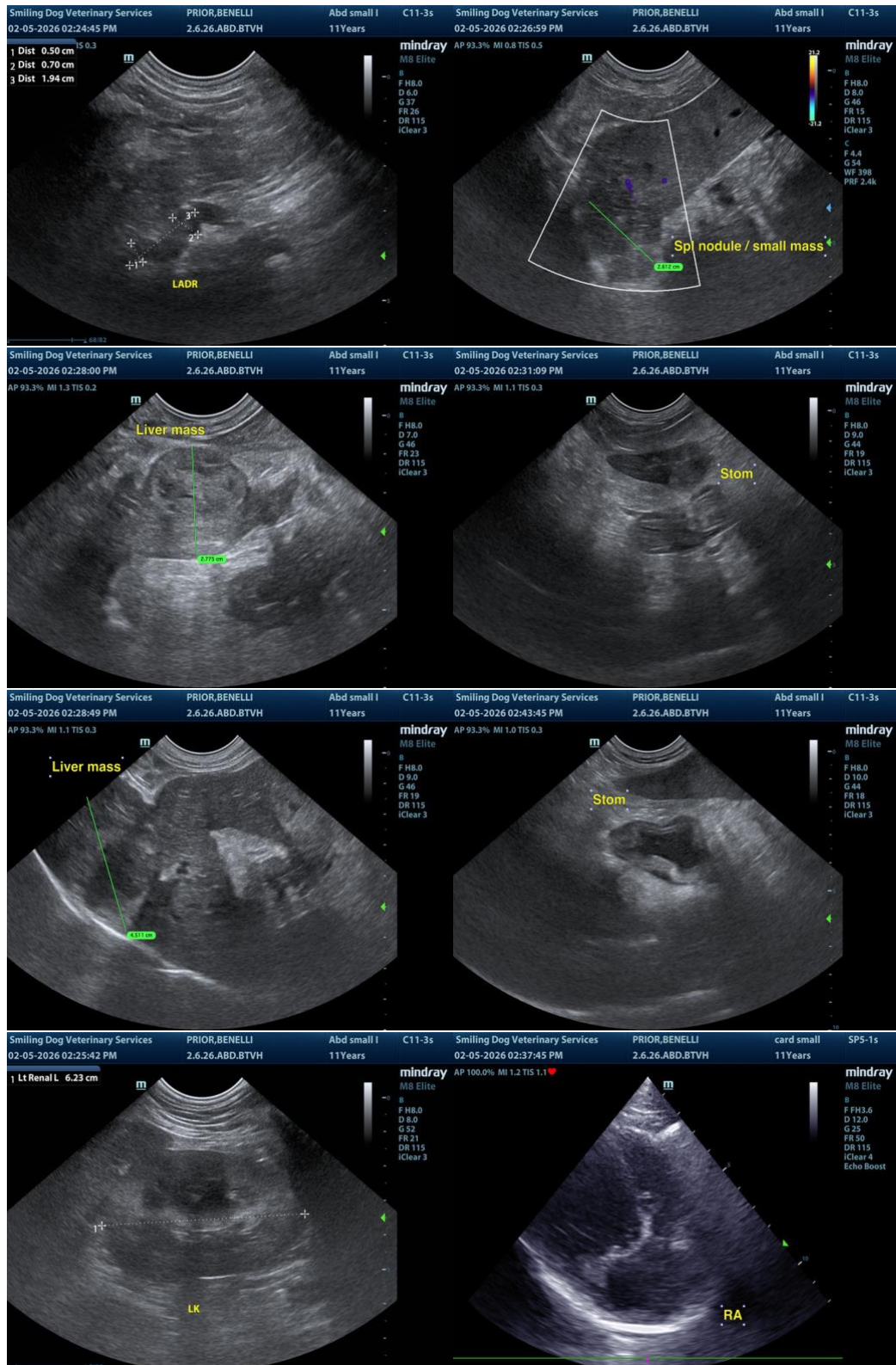
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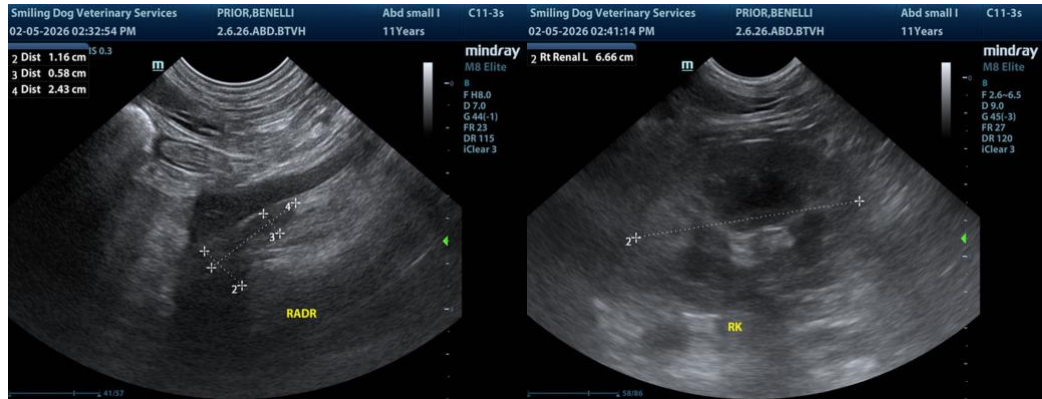
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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