



PATIENT

Snickers O'Dell

SPECIES

Canine

BREED

Terrier x

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

18.92

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craid Road Animal
Hospital

REFERRING VET

Cathleen Whitcraft,
DVM

INVOICE

72796

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Patient presented for distended abdomen. Took x-rays and sent them out for to be read by a specialist. Report came back saying there is a Pedunculated liver mass. Recommended ultrasound.

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 changes were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in the right kidney. The right kidney measured 6.2 cm. The left kidney measured 5.4 cm.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged on caudal pole width measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.90 cm at the caudal pole. Right measured 0.80 cm 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

Generalized hepatomegaly noted. Hepatic parenchymal remodeling was present with variably coarse echotexture. A large to caudal expanding non-homogeneous, hyperechoic to mildly cystic mass appeared to occupy the majority of the ventral and caudal liver, measuring at least 12.0 cm in diameter but possibly larger, as the entire mass could not fit into a single viewing window. The mass potentially extended caudally to the approximate level of the apical urinary bladder. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate, non-dependent, variably congealed yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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.



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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

No visualized significant omental lymphadenopathy. No evidence of peritoneal effusion.

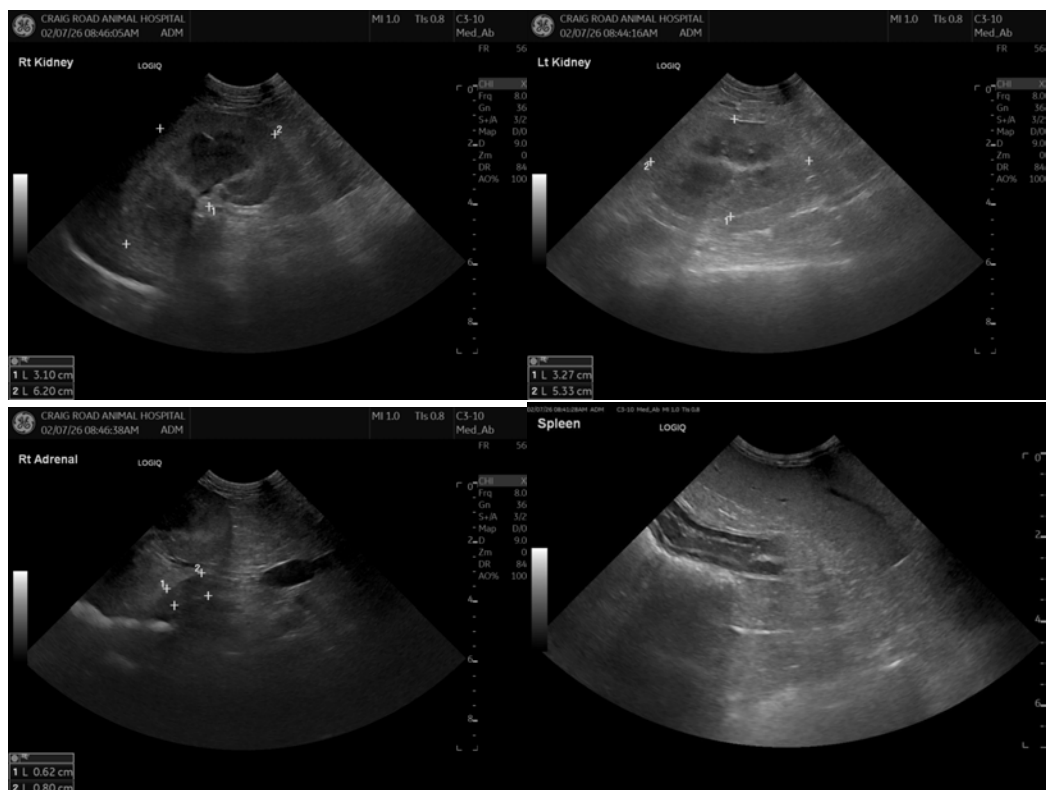
ULTRASONOGRAPHIC FINDINGS

- Large, caudally expanding liver mass.
- Congealed yet non-organized gallbladder debris – early to mature gallbladder mucocele.
- Bilateral chronic renal changes with minor right kidney pyelectasia.
- Mild bilateral adrenomegaly.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is most consistent with neoplasia i.e., sarcoma, with benign etiologies such as severe hyperplasia or granuloma considered less likely. Liver mass FNA cytology for initial clarification could be considered assuming normal clotting status.

Assuming no pathology on 3-view chest radiographs, and if surgery is a potential in this patient, abdominal CT would be ideal for further assessment and potential surgical planning.





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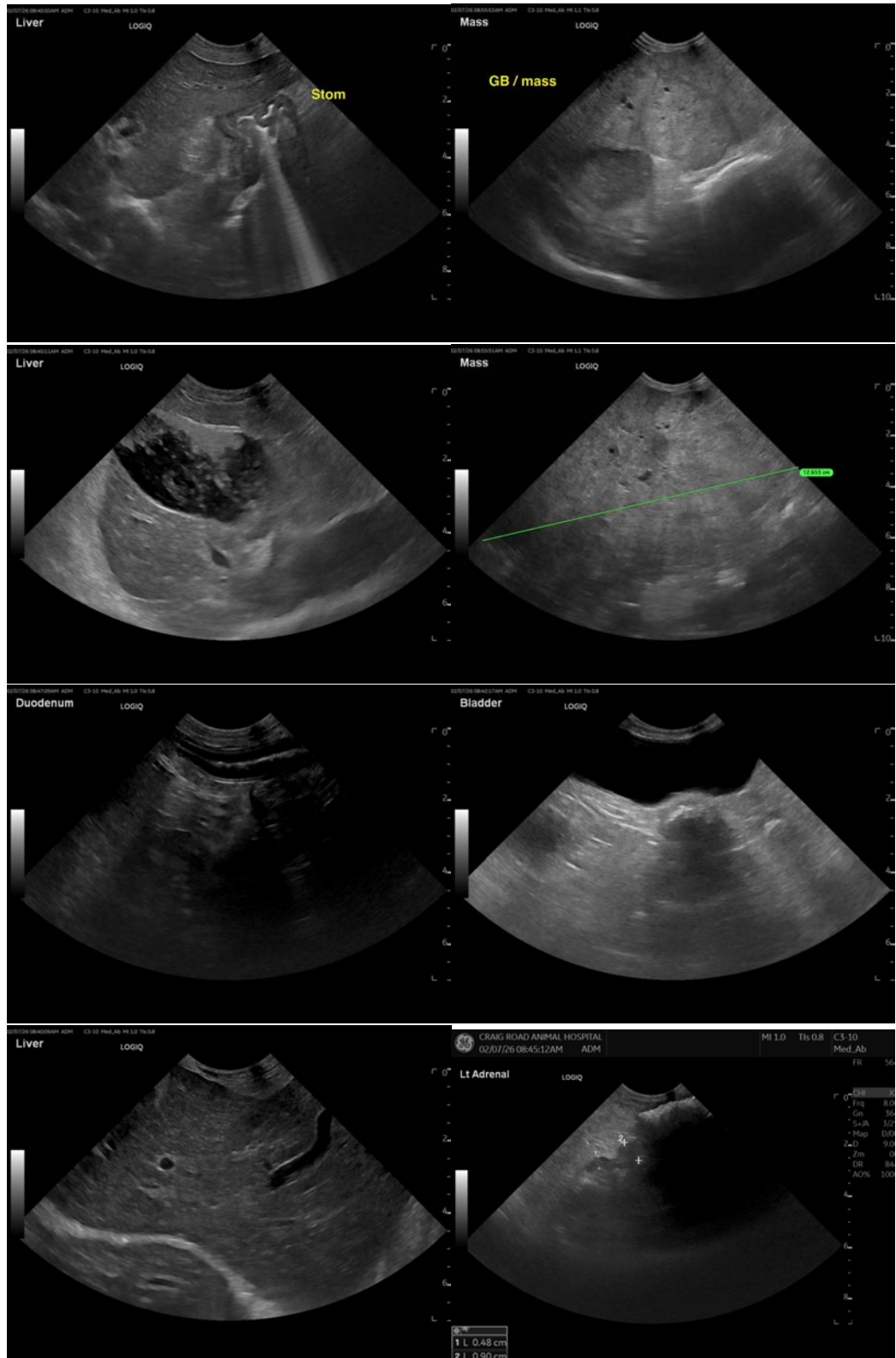
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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