

PATIENT

SeeSpotRun Keating

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

2009

WEIGHT

5.18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carly Kelly

INVOICE

14376

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- Presented on 3/12-complete anorexia for 3 days. Reduced appetite since December. Had blood in feces the week prior for 11 days. Feces are very soft, has not had firm feces for 15 years. Owner maintains on probiotics. Lethargic since brother passed away in December 2025. VS2 liver panel shows definite liver inflammation but probably normal function. Has an elevated cPL of 463.
- Current medications: Entyce 15mg SID, Amoxicillin 100mg bid, Royal Canin hepatic support

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

Normal size and asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 4.2 cm in length. The right kidney measured 5.5 cm in length. Bilateral pyelectasia with medullary mineral to renoliths were present.

Adrenal Glands

The bilateral adrenal glands were borderline to mild enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole. The right adrenal gland measured 0.67 cm width in the caudal pole.

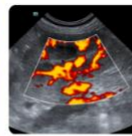
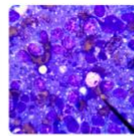
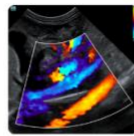
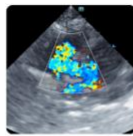
Spleen

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 revealed a large asymmetrically expansive mixed echogenic to cystic/cavitated mass occupying a majority of the liver parenchyma measuring at least 8.0 cm to 10.0 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window. The mass appeared to likely extend into the area of the porta hepatis with normal intact right lateral to caudate liver.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta (consistent with food /chyme echogenicity) without signs of obstruction or foreign material.

The small intestine presented intact wall layering exhibiting mild altered wall layer ratio owing to propensity for mildly thickened muscularis and submucosa layers. The jejunum wall measured 0.45 cm wall width.

Normal visible colon wall layers were present with soft to nonformed fecal matter 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

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Liver mass.
- Mild gallbladder debris (non-mucocele).
- Mild nonshadowing gastric ingesta/chyme.
- Chronic enteropathy pattern with soft to nonformed fecal matter in colon.
- Chronic degenerative renal changes exhibiting medullary mineral/renoliths and mild pyelectasia.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

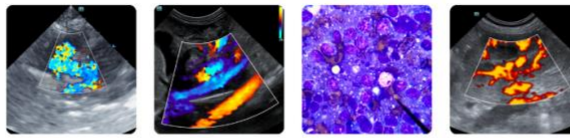
The liver mass is most consistent with neoplastic criteria. FNA cytology of the liver mass, assuming normal clotting status, could be considered for initial clarification. Complete surgical resectability of the liver mass is likely precluded given potential extension of mass in the area of porta hepatis. A contributing factor to the gastrointestinal signs may include chronic enteropathy such as IBD or other with occult intestinal neoplasia thought less likely.

Gastrointestinal support which may include dietary trial and gastroprotectants may prove beneficial. Mild chronic pancreatitis at times may present sonographically normal.

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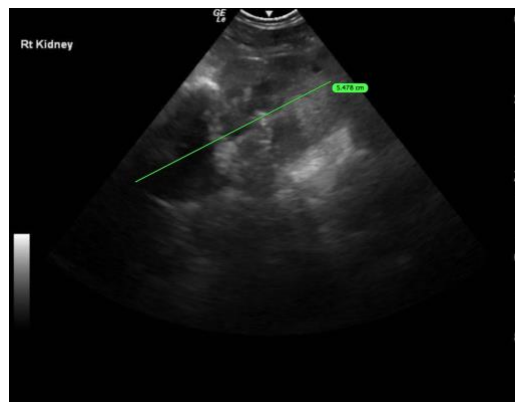
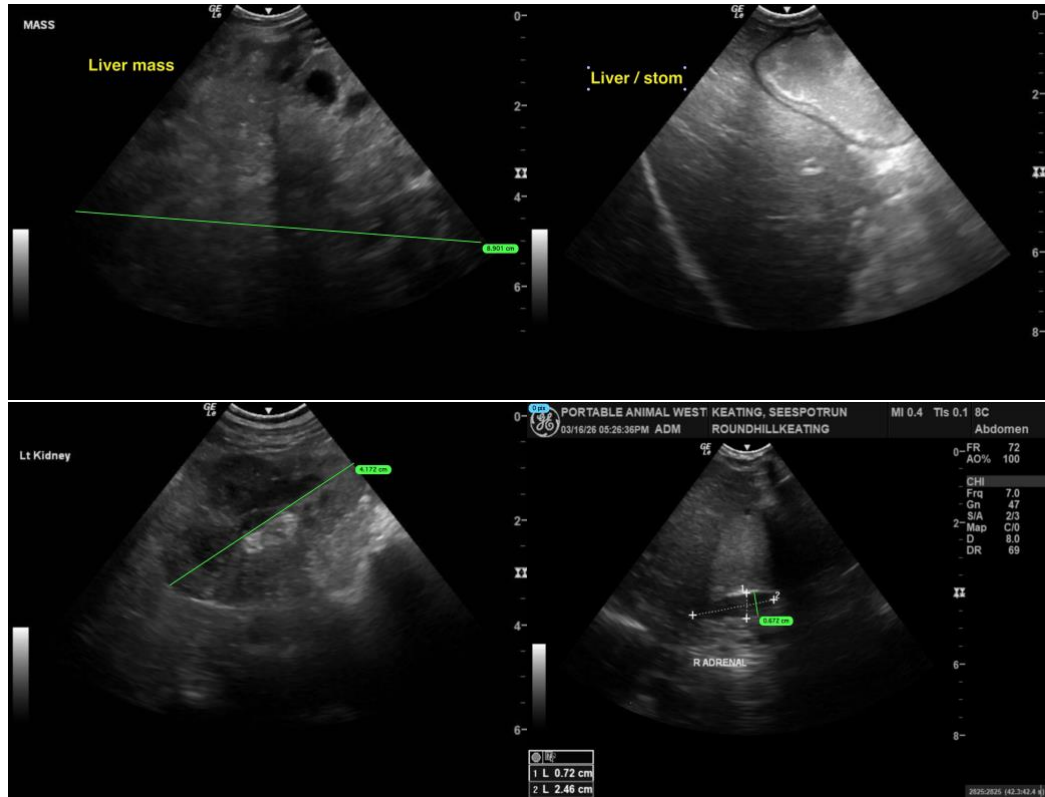
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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