

**PATIENT**

Daisy Mazzie

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

FS

**AGE**

9 years

**WEIGHT**

Pending

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal  
Urgent Care

**REFERRING VET**

Dr. Payne

**INVOICE**

10680

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

History:

- Check Liver

Abnormal PE/Chem/CBC/UA Results: N/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

***Urinary System***

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 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 4.6 cm in length. The right kidney measured 5.3 cm in length.

***Adrenal Glands***

Bilateral symmetrical subjective mild adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width at the caudal pole.

***Spleen***

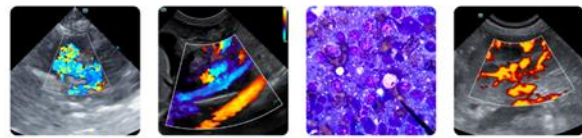
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

***Liver/Gallbladder***

The liver presented generalized hepatomegaly. Primarily homogeneous parenchyma was noted, exhibiting normal echogenicity and mild coarse echotexture. A solitary, nonhomogeneous, possibly cavitated mid-ventral liver mass was noted, measuring ~4.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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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 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***

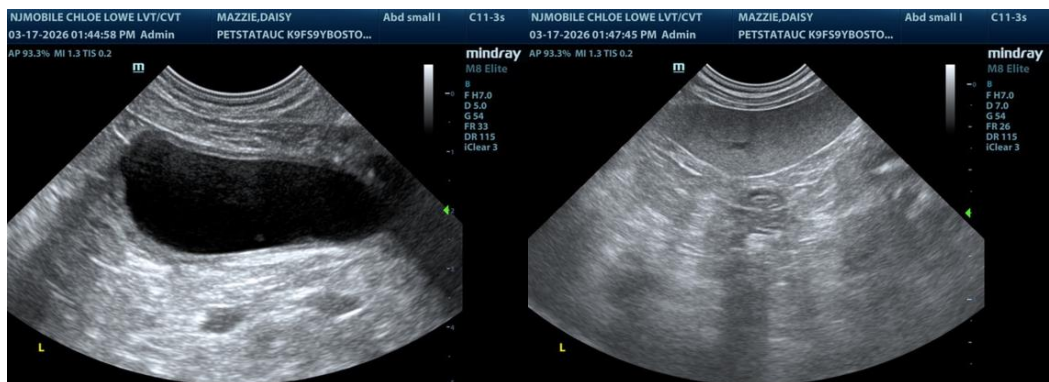
No overt lymphadenopathy or peritoneal effusion was present.

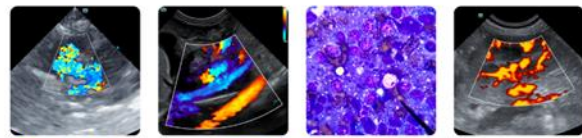
**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly with mid-liver nonhomogeneous possibly cavitated mass lesion
- Gallbladder debris (non mucocele)
- Mild age-related renal changes
- Subjective mild bilateral adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall liver, including liver mass lesion are nonspecific with considerations including vacuolar or non-obstructive cholestatic hepatopathy, inflammatory disease, hyperplasia, granuloma, neoplasia, or a combination. Assuming normal clotting status, hepatic parenchyma and mass lesion FNA cytology are recommended for initial clarification. Adrenal screening or workup may be considered if clinical signs are consistent with Cushing's Syndrome. Hepatosupportive medications may be considered.





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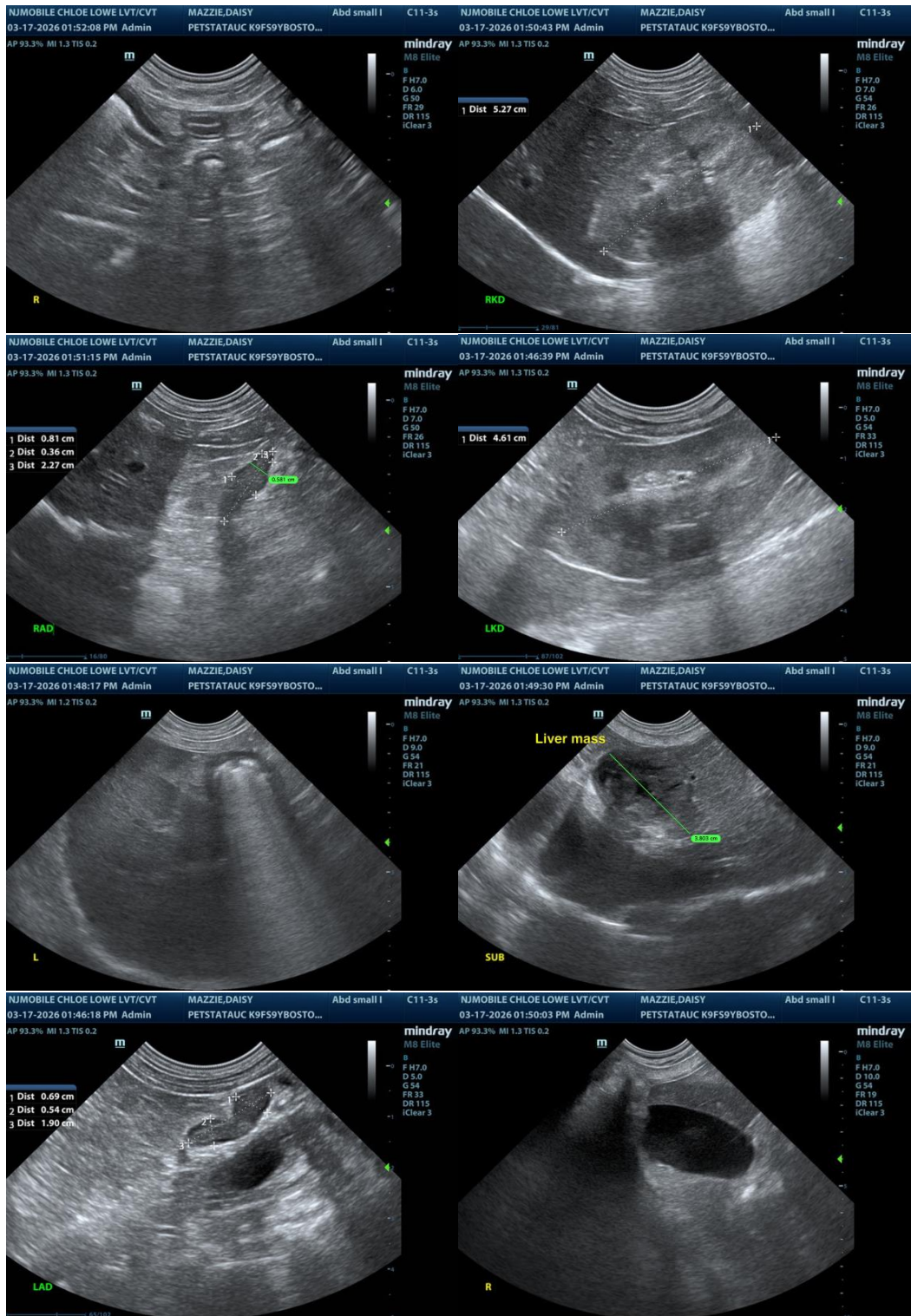
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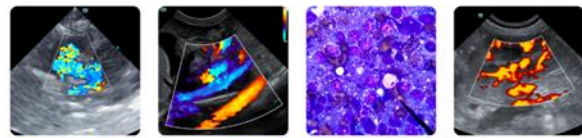
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)