



## PATIENT

Penny Davis

## SPECIES

Canine

## BREED

Cardigan Welsh Corgi

## SEX

Female Spayed

## AGE

10y

## WEIGHT

18.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wayland

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wayland

## INVOICE

13286

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

History:

- History: Since Thursday, pt has been having a very hard time defecating and has been V after trying to go. Pt is not wanting to eat since yesterday. Pt has been panting heavily since Thursday. This morning, pt had an instance where she was just Ur and wasn't aware that she was going. Pt has still been pretty lethargic since Thursday.
- Symptoms: painful, straining to def, lethargic, heavy panting, inapt since yesterday, V+
- Duration (Date & Time): Thursday
- E/D/U/D: E-/Dwnl/Uwnl/D-/D/C/S:V+/D-/C-/S-
- Previous Medical Conditions: Ur stones/ utis / heart murmur
- Current Medications: meds for Uti + pain med
- Diet Type: royal canine UR S/o hydrolyzed
- Frequency: BID
- Allergies: all poultry

Abnormal PE/Chem/CBC/UA Results: FAST scan: large, heterogeneous, cavitated mass associated with the liver and possibly the gallbladder. There is free abdominal fluid. The urinary bladder appears intact. EPOC: BUN 34, Creatinine 3.37, Hematocrit 33 CBC: White blood cell count 27.9, Neutrophils 23, Monocytes 1.75 CHEM 17: similar to the EPOC. ALKPHOS 475 Large mass in the front chest, most likely cancer (e.g., lymphoma or thymic tumor). Small fluid around lungs. Liver is enlarged with possible hidden lesion. Fluid in abdomen present—could be bleeding, inflammation, or cancer-related. Findings are concerning for a systemic disease and need prompt follow-up testing (e.g., biopsy, fluid analysis) to confirm diagnosis.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone with diffusely thickened wall exhibiting asymmetrical luminal surface contour. Non-homogeneous hypoechoic mural echogenicity. Anechoic urine primarily with suspect minor, possibly adhered lumen mineral. Urinary bladder wall measured 1.2 cm width. The proximal urethra was not definitively visualized.

Obvious medial iliac or sublumbar lymphadenopathy or masses.

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 5.7 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.



## PATIENT

Penny Davis

## SPECIES

Canine

## BREED

Cardigan Welsh Corgi

## SEX

Female Spayed

## AGE

10y

## WEIGHT

18.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wayland

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wayland

## INVOICE

13286

## DATE

3/18/26

## 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

The liver exhibited hepatomegaly with mild lobar non-homogeneous parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly prominent in appearance, most notable at the level of the indistinctly visualized caudal vena cava. No mass or nodules visualized. The gallbladder was distended in size with normal non-edematous wall. The gallbladder lumen was primarily occupied by non-organized to congealed, variably hyperechoic debris. The common bile duct was not visualized.

## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonspecific, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal corrugation noted. 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 semi-formed to soft feces in lumen.

## Pancreas

The area of the pancreas presented sonographically normal.

## Free Abdomen

Generalized variable hyperechoic omentum with evidence of pericystic inflammation and moderate volume echogenic peritoneal effusion present. No visualized significant or swollen obvious mesenteric lymphadenopathy noted.

Non-homogeneous cystic cavitated thoracic mass was present measuring ~6.0 cm in diameter.

## PRIMARY FINDINGS

- Enlarged, mildly non-homogeneous subjective mildly congested liver
- Distended gallbladder with congealed, non-organized bile debris – not overtly consistent with classic mature mucocele
- Thickened urinary bladder with pericystic inflammation
- Normal gastrointestinal tract/colon with mild, non-shadowing gastric ingesta, possible mild duodenitis and semi-formed/soft fecal matter in colon
- Generalized non-uniform hyperechoic omentum and echogenic peritoneal effusion
- Thoracic mass



## PATIENT

Penny Davis

## SPECIES

Canine

## BREED

Cardigan Welsh Corgi

## SEX

Female Spayed

## AGE

10y

## WEIGHT

18.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wayland

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wayland

## INVOICE

13286

## DATE

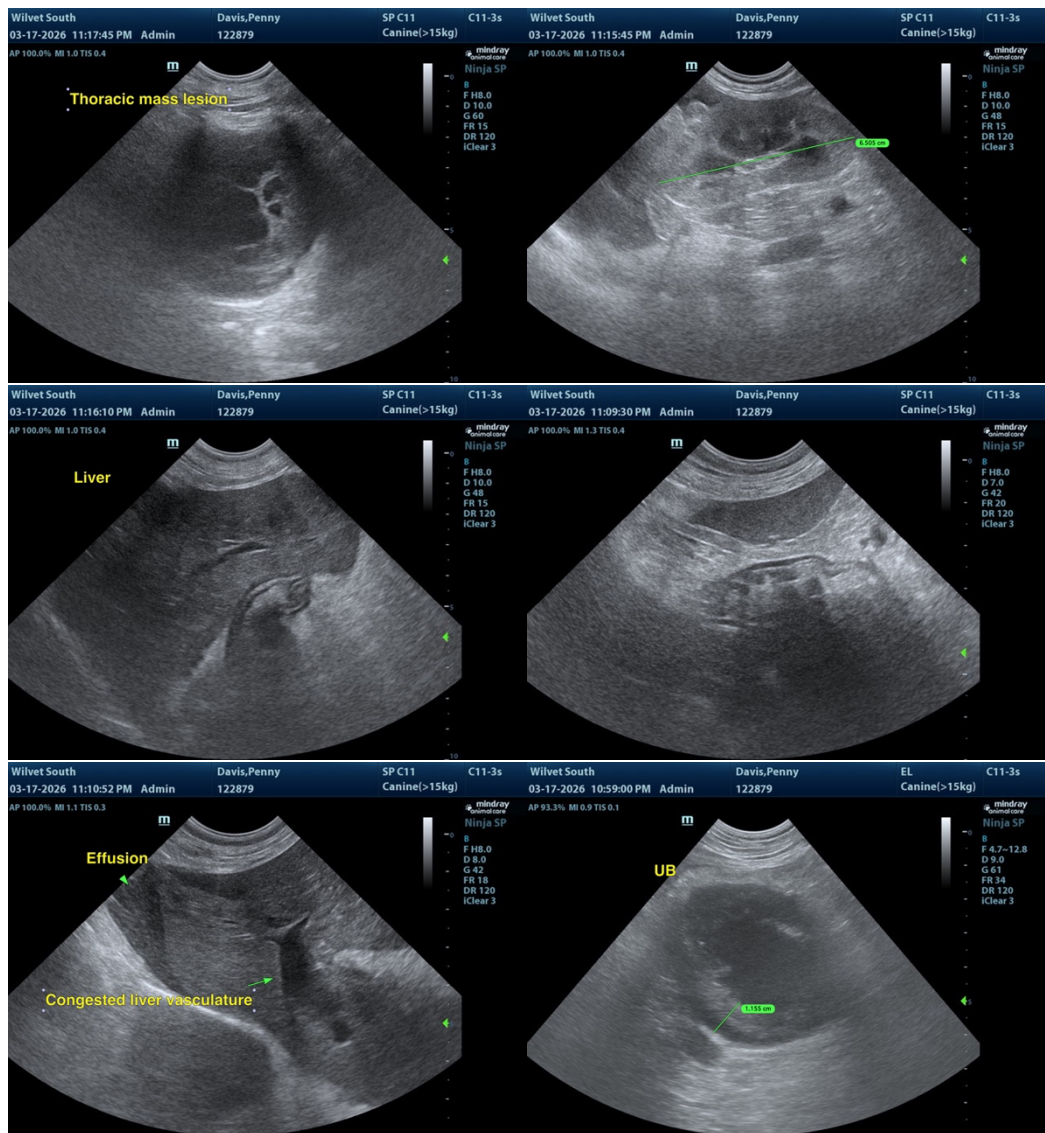
3/18/26

## SECONDARY FINDINGS

- Bilateral age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Effusion secondary to potential hepatic passive congestion, nonspecific peritonitis or neoplasia, i.e. carcinomatosis, lymphomatosis or similar or combination possible. Effusion analysis cytology and +/- C/S if evidence of inflammatory component in conjunction with, assuming normal clotting status, screening hepatic and thoracic mass FNA cytology recommended for further assessment. Recheck urine C/S and +/- screening BRAF assay is warranted. Pending additional diagnostics and empirical supportive care for gastroenterocolitis would be reasonable. Extremely guarded prognosis.





**PATIENT**

Penny Davis

**SPECIES**

Canine

**BREED**

Cardigan Welsh Corgi

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

18.5 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wayland

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

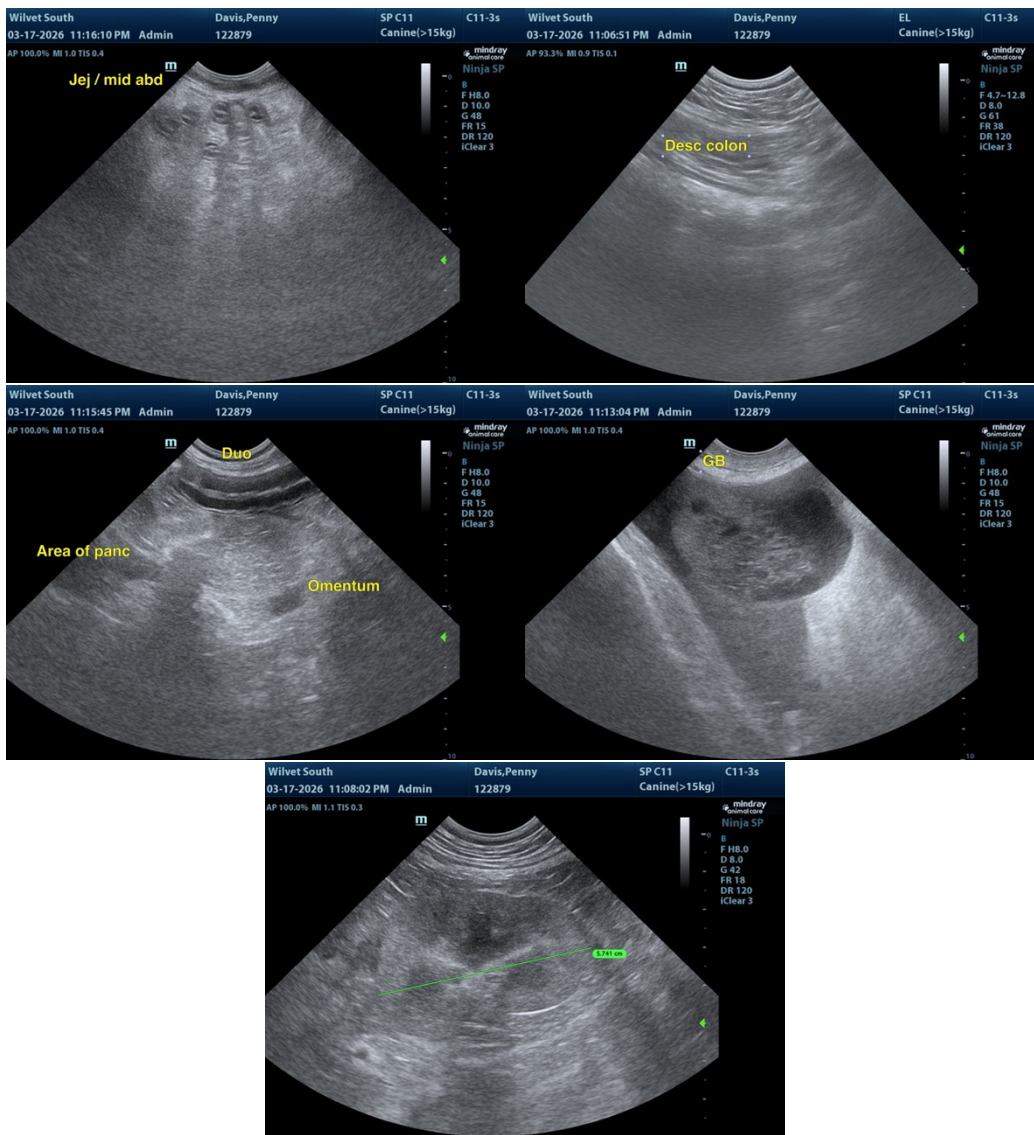
Wayland

**INVOICE**

13286

**DATE**

3/18/26



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)