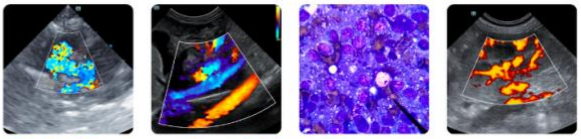


PATIENT

Bentley Murray

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

13 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

14021

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Lethargy. Hyporexia.

Abnormal PE/Chem/CBC/UA Results: Mild anemia. ALT: 395, GGT: 20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate presented mildly prominent in size with mild capsule asymmetry exhibiting nonhomogenous hyperechoic parenchyma with potential for focal emerging parenchymal mineralization measuring approximately 2.0 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of medullary mineral was present with no evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.60 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.

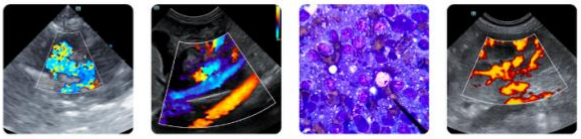
Liver & Gallbladder

The liver revealed asymmetrical hepatomegaly exhibiting generalized nonhomogenous parenchyma and multicentric nonhomogenous hypoechoic hepatic intraparenchymal nodules to masses with an example measuring 1.8 cm in diameter. An example of liver mass measured 4.7 cm in diameter.

The gallbladder was non distended in size with moderate variably congealed dependent to nondependent yet nonorganized 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.



PATIENT

Bentley Murray

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

13 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

14021

DATE

03/02/26

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

An unspecified primarily spherical nonhomogenous mass was present effacing the caudal aspect of the liver and adjacent to the stomach measuring 2.8 cm in diameter. Mild regional perihepatic hyperechoic omentum. No visualized peritoneal effusion.

Transdiaphragmatic view of the caudal thorax revealed a possible peridiaphragmatic pulmonary nodule measuring 0.85 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonhomogenous hepatomegaly with multifocal intraparenchymal nodules/masses- consistent with neoplastic criteria.
- Perihepatic mass versus lymph node.
- Sonographically normal gastrointestinal tract.

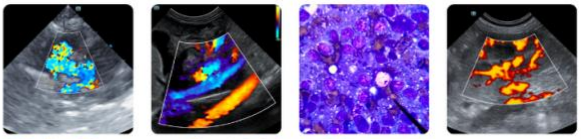
Secondary Findings

- Chronic renal changes exhibiting mild medullary mineral.
- Minor urinary bladder lumen mineral.
- Mildly prominent nonhomogenous focal hyperechoic prostate- age-related remodeling, fibrosis, potential for emerging prostatic neoplasia.
- Suspect caudal peridiaphragmatic pulmonary nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic +/- unspecified mass versus lymph node, FNA cytology is warranted for further clarification. Correlation with three view chest radiographs is recommended. Minor potential for significant chronic active hepatitis given ALT elevation is possible yet thought less likely. Gastrointestinal support is indicated. Correlation with urinalysis is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bentley Murray

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

13 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

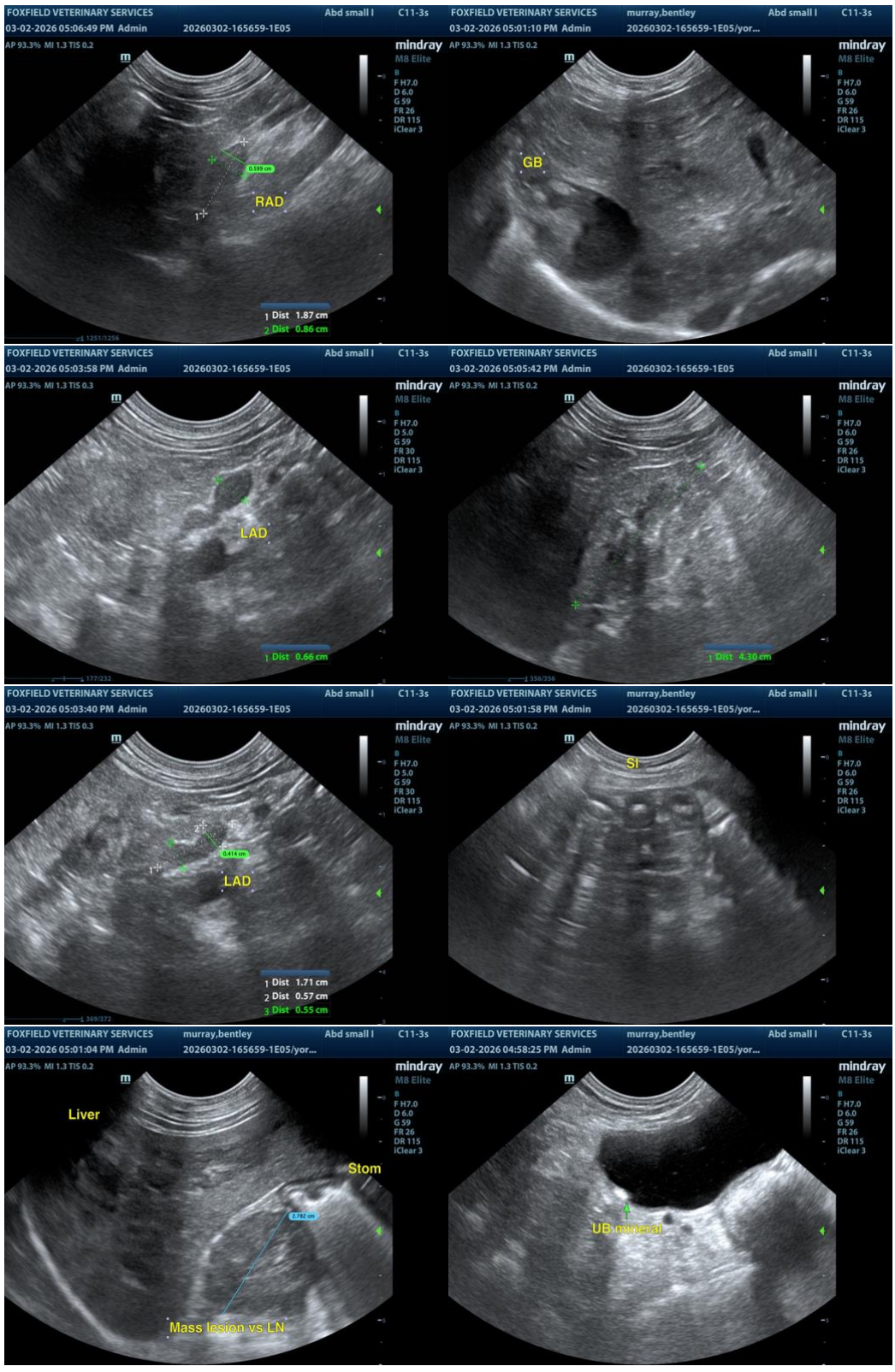
Dr. Rodriguez

INVOICE

14021

DATE

03/02/26



PATIENT

Bentley Murray

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

13 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

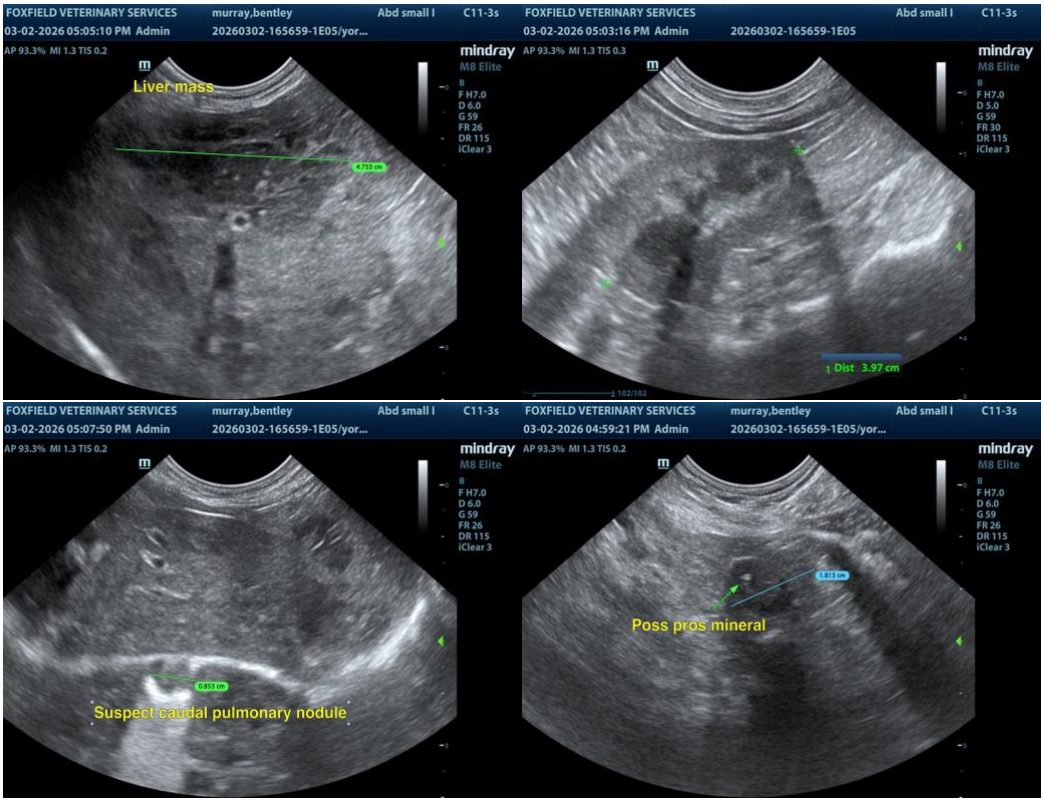
Dr. Rodriguez

INVOICE

14021

DATE

03/02/26



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