



PATIENT

Galaxy Santiago

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

14

WEIGHT

17.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Ray

INVOICE

73917

DATE

3/22/26

PRESENTING CLINICAL SIGNS

Polydipsia, polyurea, and distended abdomen.

The patient got the rabies vaccine yesterday in another facility, then vomited once yesterday and vomited 3 times today, yellow bile, and diarrhea.

Abnormal PE/Chem/CBC/UA Results: Elevated creatinine, BUN, lactate, slight increased potassium. decrease ionized calcium

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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. pyelectasia noted in the left kidney. The left kidney measured 4.8 cm.

The right kidney was not definitively visualized.

Adrenal Glands

The adrenal glands were not definitively visualized.

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 revealed an extensive to caudally expanding mixed echogenic mass that measured at least 10.0 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. Associated generalized hepatomegaly. Homogeneous parenchyma noted in the deep mid liver not associated with the mass.

The gallbladder was non distended in size with mild, congealed, 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.



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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 apparent formed feces in lumen.

Pancreas

The pancreas was prominent in size with capsule asymmetry and heterogeneous remodeling parenchyma compared to adjacent mildly hyperechoic peripancreatic to perihepatic omentum.

Free Abdomen

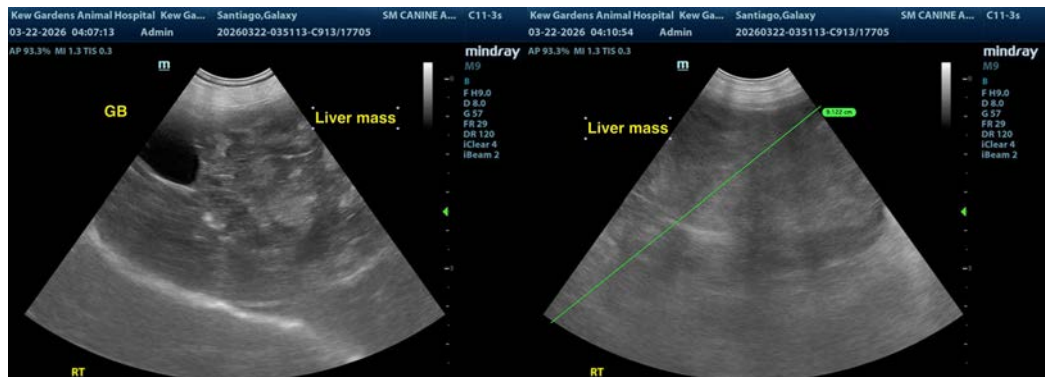
Minor pockets of peritoneal effusion. No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Extensive to caudally expanding liver mass.
- Mild congealed gallbladder debris (non-mucocele).
- Left kidney mild chronic changes with mild pyelectasia.
- Sonographically normal visualized gastrointestinal tract.
- Minor perihepatic/peritoneal effusion.
- Prominent non-homogeneous remodeled pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive liver mass is consistent with neoplasia i.e., carcinoma or other. Assuming normal clotting status, mass FNA cytology could be considered for further clarification. Concurrent renal or adrenal disease as a contributing factor to the patient's clinical signs is not excluded. Correlation with urinary workup including urinalysis, culture and sensitivity and UPC level for renal staging is recommended. Gastrointestinal support and empirical therapy for potential concurrent chronic pancreatitis is recommended.





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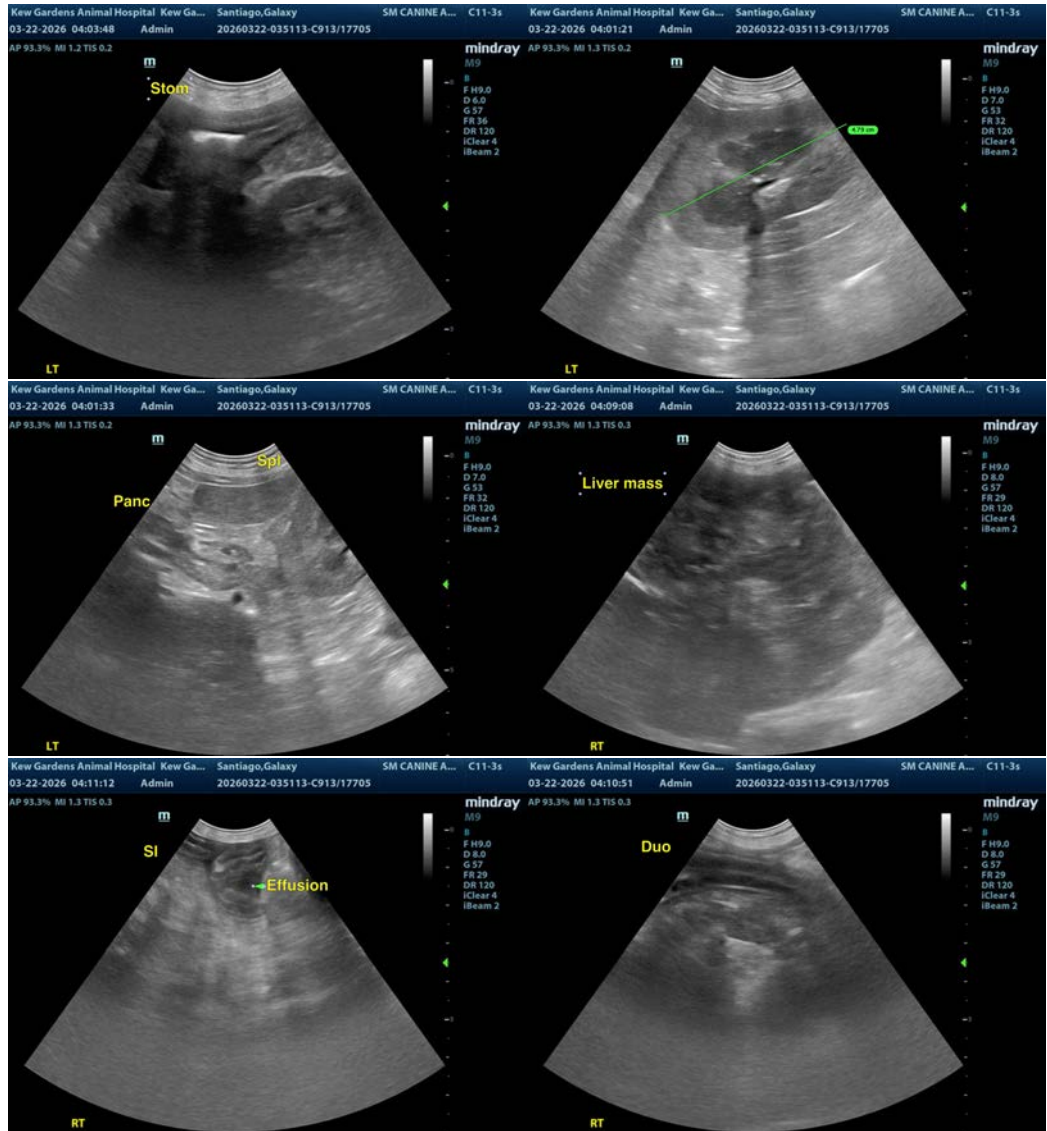
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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