



PATIENT

Daisy Farrell

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

14 Years 2 Months

WEIGHT

53 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Martinsville Veterinary
Hospital

REFERRING VET

Dr. Shendell

INVOICE

14573

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- 20% drop in HCT over past month
- Hyporexia
- Lethargy
- Current medications - Carprofen Amantadine, Topical ophthalmic tacrolimus

Abnormal PE/Chem/CBC/UA Results: Non-Regen Anemia, Cystatin B(urine) 200, AST 66, TP 5.3, USG - 1.034

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 change were noted.

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 6.2 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.74 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen revealed several variably sized to expansive to non-homogenous cavitated splenic masses, largest on the cranial spleen, measuring 6.0 cm in diameter. A smaller splenic mass measured 2.7 cm in diameter.

Liver & Gallbladder

The liver revealed subjective generalized mild hepatomegaly with asymmetrical contour and diffuse to significant heterogeneous nodular parenchyma with intermittent indistinctly marginated nonhomogenous liver masses with an example measuring 3.5 cm in diameter.

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.

Gastrointestinal

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



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

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No overt significant or swollen mesenteric lymphadenopathy was present. Moderate to significant volume of peritoneal effusion and nonhomogenous omentum.

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ULTRASONOGRAPHIC FINDINGS

- Hepatosplenic neoplasia- suspect multicentric hepatosplenic sarcoma.
- Peritoneal effusion.
- Normal gastrointestinal tract with gastrointestinal ingesta.
- Age-related renal changes.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Unfortunately, multicentric neoplastic criteria is met precluding curative surgical options. A poor prognosis is indicated.

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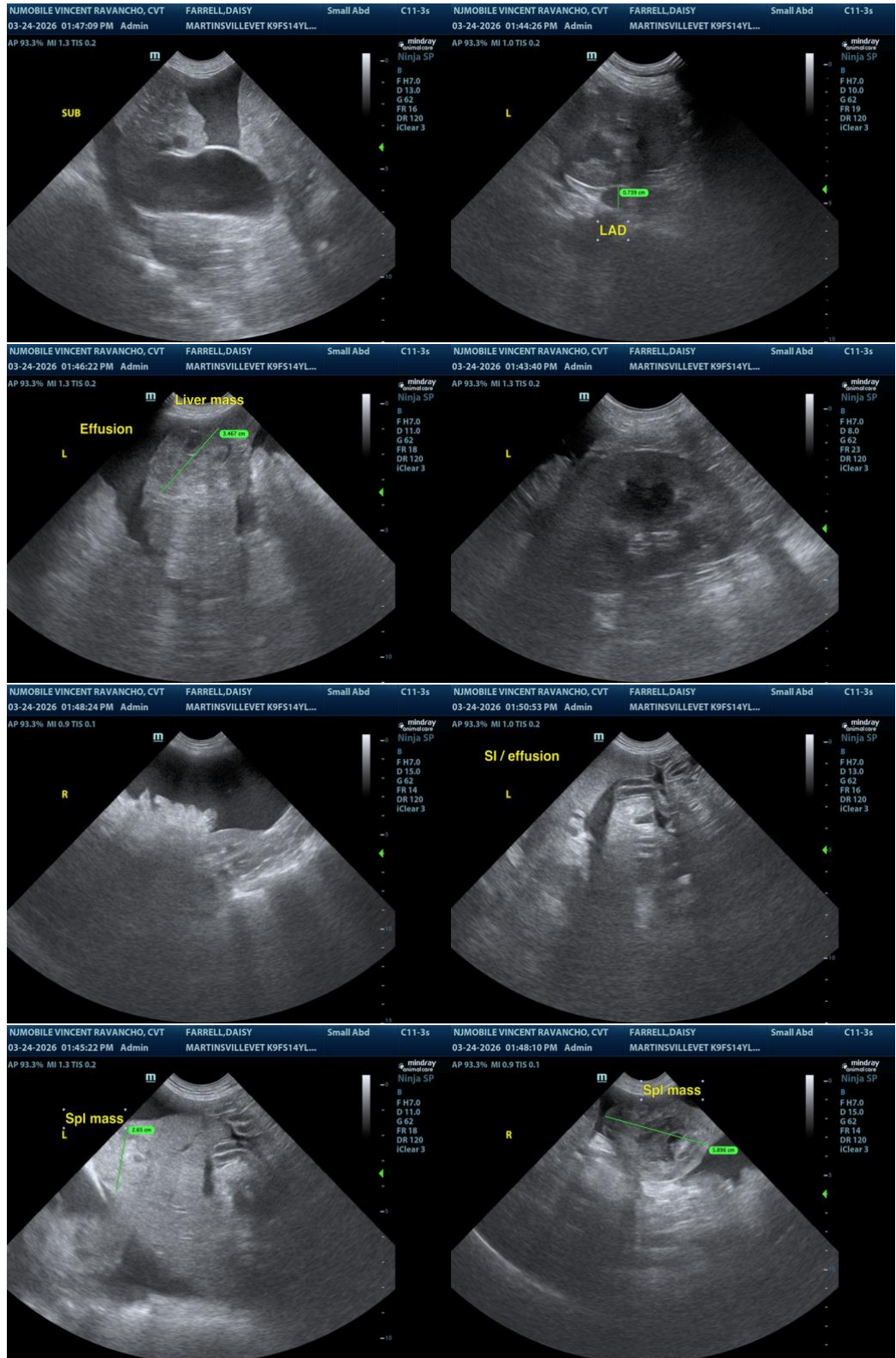
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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