

**PATIENT**

Holly Faust

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

48

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

14663

**DATE**

03/26/26

**PRESENTING CLINICAL SIGNS**

- Monitor from previous scan
- Medication: Denamarin, pred, ursodiol, Cosequin? gabapentin, Pepcid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented generalized mild thickened wall exhibiting symmetrical luminal surface contour and homogenous echogenicity with no masses or nodules. The 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.

The area of the aortic trifurcation was free of pathology.

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. Areas of mild medullary mineral to small renoliths were present. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the caudal pole. The right adrenal gland measured 0.44 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, coalescing, hyperechoic nodules were present. The capsule was smooth and regular without apparent expansion (similar tin appearance to previous ultrasound). The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. Concurrent multifocal hyperechoic splenic parenchyma foci were present.

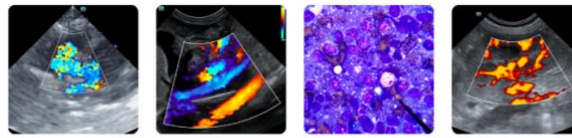
**Liver & Gallbladder**

The liver revealed generalized hepatomegaly with progressive irregularly marginated mixed echogenic nodular to cystic liver mass occupying a majority of the subjective mid to right liver. The mass measured approximately 9.0 to 10.0 cm in diameter.

The gallbladder was non distended in size with congealed shadowing biliary sludge. 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 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.

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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**

**SEX**

No overt lymphadenopathy or peritoneal effusion was present.

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

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- Hepatomegaly with progressive liver mass- consistent with neoplastic criteria.
- Static congealed mineralized gallbladder debris.
- Static multiple coalescing hyperechoic splenic nodules and parenchyma foci.
- Static chronic renal changes with medullary mineral/small renoliths.
- Normal gastrointestinal tract.
- Mildly thickened urinary bladder wall- no evidence of urinary bladder mass.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Assuming normal clotting status, hepatic mass FNA cytology could be considered for further clarification. Given progression of hepatic mass, potentially in the area of porta hepatis, complete surgical resection is likely precluded.

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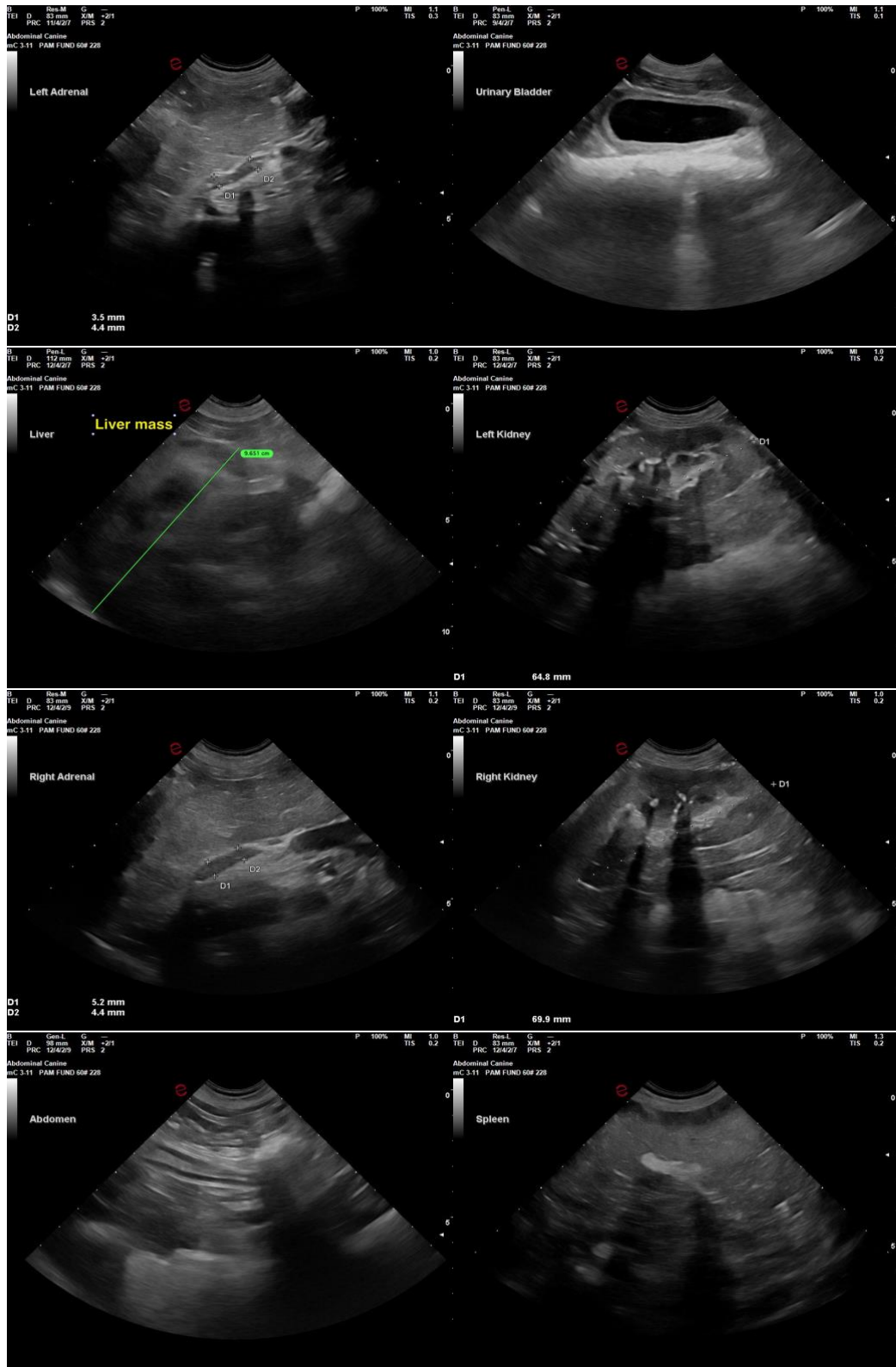
Dr. Hersh

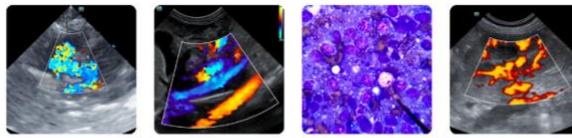
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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[info@SonoPath.com](mailto:info@SonoPath.com)

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