



PATIENT

Roy Comer

SPECIES

Canine

BREED

Mixed

SEX

M

AGE

13 yrs

WEIGHT

79.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

10726

DATE

3/26/25

PRESENTING CLINICAL SIGNS

History:

- Referral from local animal hospital for abdominal ultrasound due to mass effect on radiographs.
- P presented 3/25/26 for coughing, labored breathing, decreased appetite and not drinking water.
- P is on Zonisamide for seizures and Heartgard for prevention
- P did eat a hip bone last week and is having "jelly stools"
- Very painful on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: PCV - 59%, TP - 6.5 g/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.7 cm diameter. Intermittent small prostatic cysts were present.

No evidence of pathology in the area of the aortic trifurcation.

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 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 6.5 cm in length. The right kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was folded in appearance with asymmetrical margination and heterogeneous, nodular parenchyma. A moderately sized to large, mixed echogenic mass was noted in the area of the spleen, measuring ~10.0 cm in diameter.

Liver/ Gallbladder

The liver presented generalized hepatomegaly with areas of asymmetrical hepatic capsule contour. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of overt congestion. Normal hepatic vascular volume was present. The gallbladder was non-



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distended in size with mildly thickened hyperechoic non-edematous gallbladder wall. Anechoic bile was present. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained, variably echogenic nonshadowing ingesta / chyme was present without signs of obstruction or foreign material.

The visualized segments of small intestine presented intact wall layering, exhibiting a maintained wall layer ratio with an empty lumen.

Normal visible colon wall layers were present with 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

No significant peritoneal effusion or swollen lymphadenopathy was visualized. Suspect indistinctly visualized transdiaphragmatic pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous nodular spleen with probable splenic mass
- Enlarged, hypoechoic liver
- Nondistended gallbladder exhibiting potential for mild chronic cholecystitis
- Mild retained nonshadowing gastric ingesta, empty visualized small intestine
- Suspect transdiaphragmatic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric hepatosplenic neoplastic criteria is met with considerations including sarcoma, round cell neoplasia, or other. No overt evidence of gastrointestinal mechanical obstruction or foreign material. Three-view chest radiographs are recommended.

Given concurrent suspect pleural effusion, bicavitary neoplasia is highly suspected. Unfortunately, an unfavorable prognosis is indicated.

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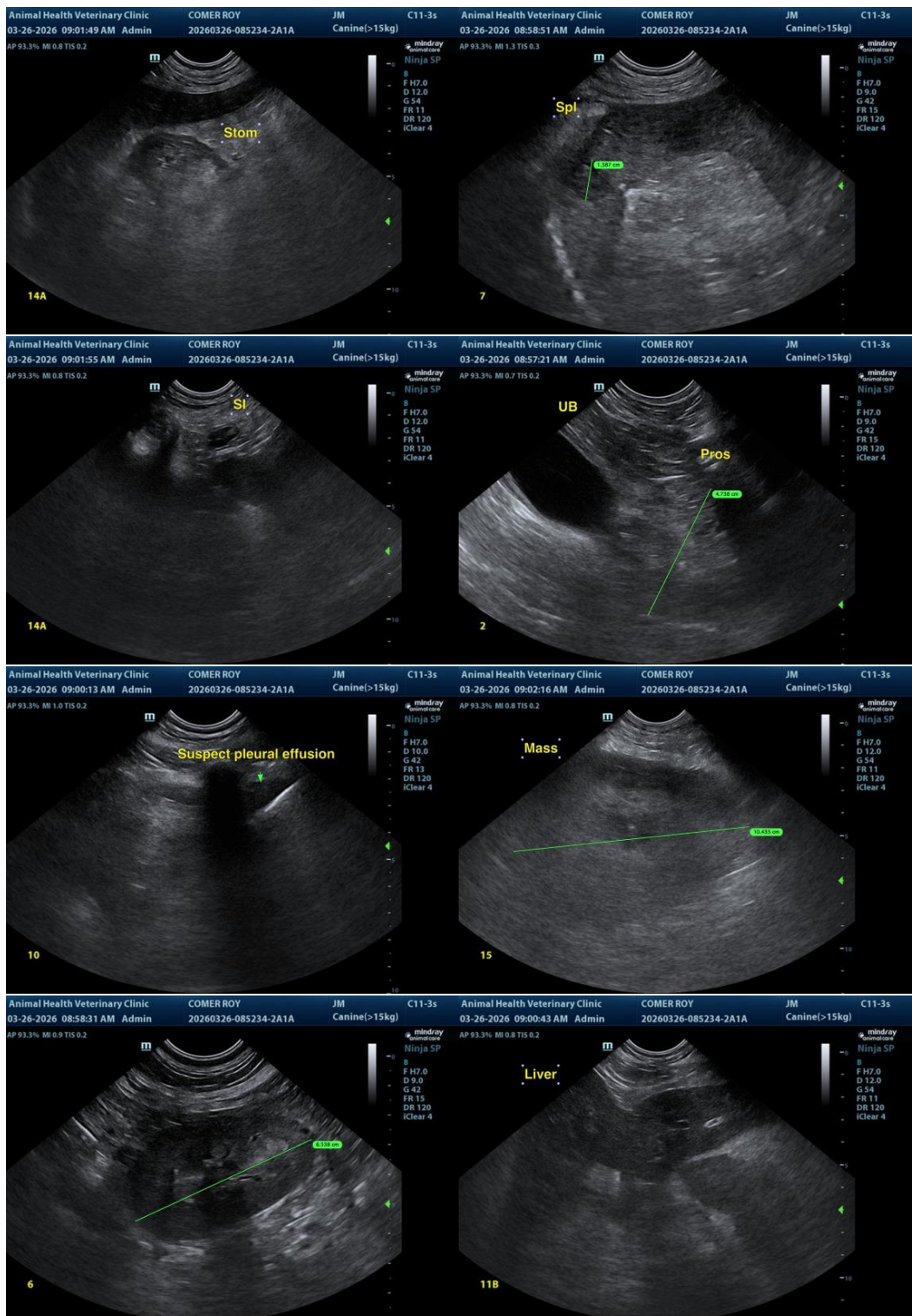
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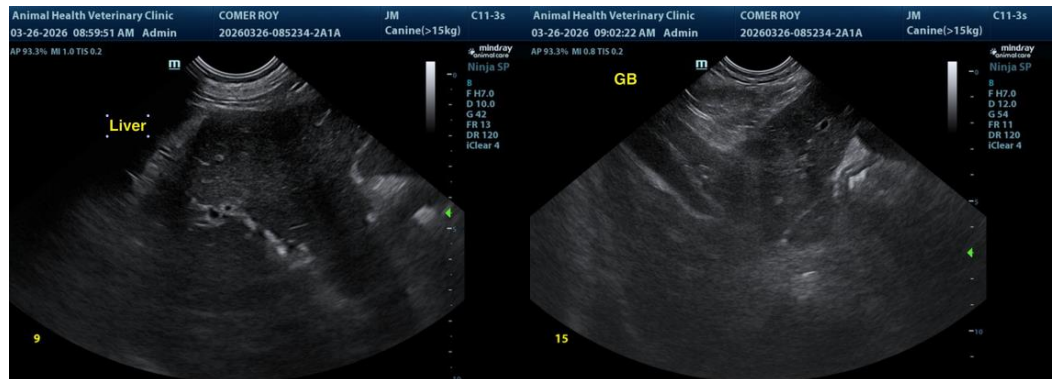
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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