



PATIENT

Maple Grace

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

8 Years

WEIGHT

94 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT
 CVT

HOSPITAL NAME

Otterkill Animal
 Hospital

REFERRING VET

Dr. Sahni

INVOICE

14686

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Metastasis screening
- Osteosarcoma of left proximal humerus w/ no lung mets
- Current meds: Carprofen, Gabapentin, Trazodone

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at 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. A solitary well demarcated noncapsule deforming hypoechoic mid splenic nodule was present measuring 0.70 cm in diameter.

Liver & Gallbladder

The liver presented normal in size, contour and vascular volume with primarily homogenous parenchyma exhibiting mild coarse echotexture. A solitary mid liver nonhomogenous potentially mineralized liver nodule was present measuring 3.5 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably 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. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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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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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Nonhomogenous potentially mineralized liver nodule.
- Discrete hypoechoic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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/ Feline Practice)

Sonographically, the nonhomogenous, potentially mineralized liver nodule is highly suggestive of metastatic criteria, although nodular hyperplasia, granuloma, fibrosis, or other benign nodular etiology are possible.

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CVT

The splenic nodule may indicate incidental mild lymphoid hyperplasia, hematopoiesis, inflammation, with potential emerging primary or metastatic splenic nodular neoplasia possible. Assuming normal clotting status and if accessible, hepatic and splenic nodule FNA cytology could be considered for further clarification and potential for oncology consult. Serial sonographic monitoring would be more conservative.

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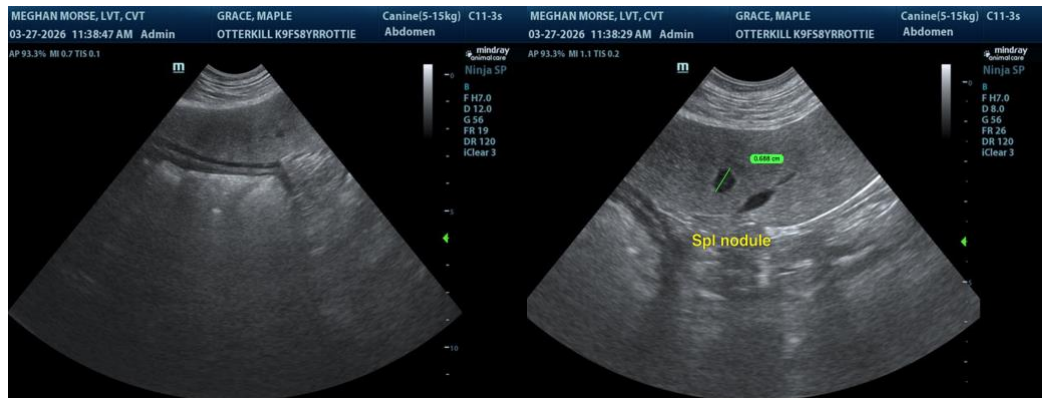
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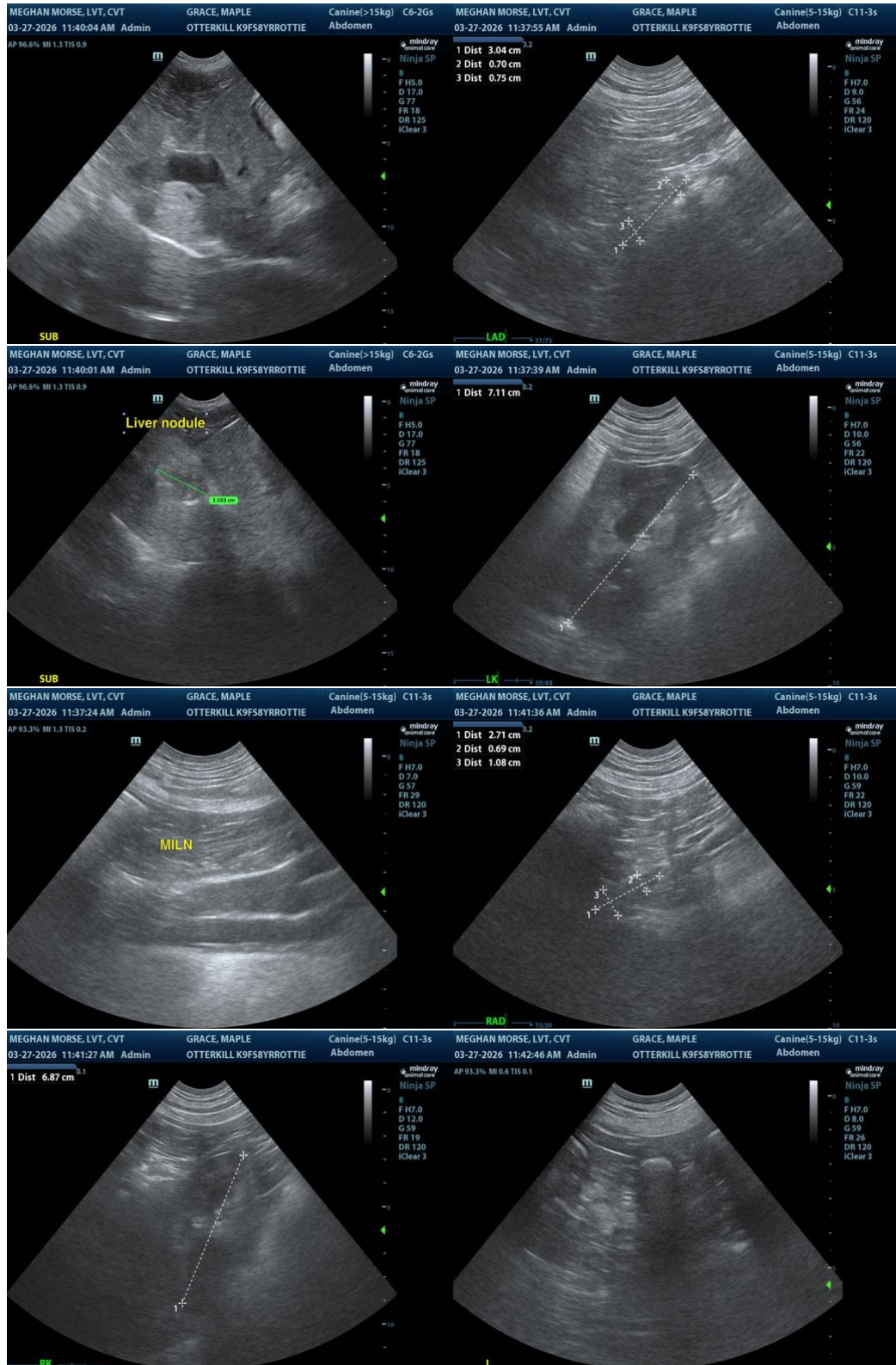
Dr. Sahni

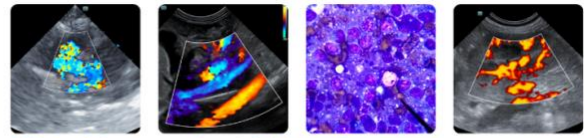
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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