



PATIENT

Toby Hagen

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

15 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse CVT,
LVT

HOSPITAL NAME

Orchard Grove Animal
Hospital

REFERRING VET

Dr. Cassano

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14043

DATE

03/04/26

PRESENTING CLINICAL SIGNS

- Elevated liver values and bilirubin
- NO current meds

CBC: Hct 39.7, HGB 13.1, MCH 20.8, WBC 31.5K, Neuts 24K, Mono 4.2K, PLT 423 Chem: SDMA 16, Alb 2.1, Glob 5.1, Alb/Glob 0.4, ALT 890, AST 244, ALP 8250, GGT 151, T bili 2.2, Unconj bili 0.8, Conj bili 1.4, Chol 395, Lipase 523, Potassium 3.7, Na:K 39, Chloride 99

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.

The area of the residual prostate appeared normal and 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland measured 0.63 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.

Liver & Gallbladder

The liver revealed generalized hepatomegaly exhibiting nonhomogenous parenchyma. An asymmetrically expansive mixed echogenic mass involving the majority of the right liver was present measuring approximately 8.0 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of inflammation or wall edema. The common bile duct was not definitively visualized.

Gastrointestinal



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The stomach presented normal intact wall layering. The stomach exhibited mild to moderate distention with retained primarily anechoic fluid and mild nonshadowing ingesta/chyme. The area of the pyloric outflow was not definitively visualized owing to the right liver mass.

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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 area of the left pancreas was sonographically normal.

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See Free Abdomen

Free Abdomen

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No obvious visualized cranial abdomen or hepatic lymphadenopathy was present although visualization of the portal vein was limited.

WEIGHT

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A nonhomogenous hypoechoic mass subjective caudal to the primary right liver mass was also visualized in the area of the pancreas and pyloric outflow measuring approximately 5.0 cm in diameter. Subjective and likely connection of the mass in the area of the pancreas and pyloric outflow to the primarily hepatic mass is suspected. Regional perihepatic to cranial abdomen hyperechoic omentum and scant effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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Meghan Morse CVT,
 LVT

Primary Findings

- Right liver mass appearing to extend in the area of the pancreas and pyloric outflow with regional peripancreatic to cranial abdomen mild peritonitis.
- Retained gastric fluid and nonshadowing chyme.
- Empty small intestine.

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Secondary Findings

- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is consistent with neoplastic criteria i.e. carcinoma or other. Potential for a separate right pancreatic mass or metastasis is thought less likely yet not definitively excluded. Some degree of obstruction to pyloric outflow or potential emerging post-hepatic obstruction is of concern given location of the mass.

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Surgical resectability of the mass is considered unlikely given location in area of the porta hepatis. FNA cytology of the mass could be considered for initial assessment. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification if clinically indicated.

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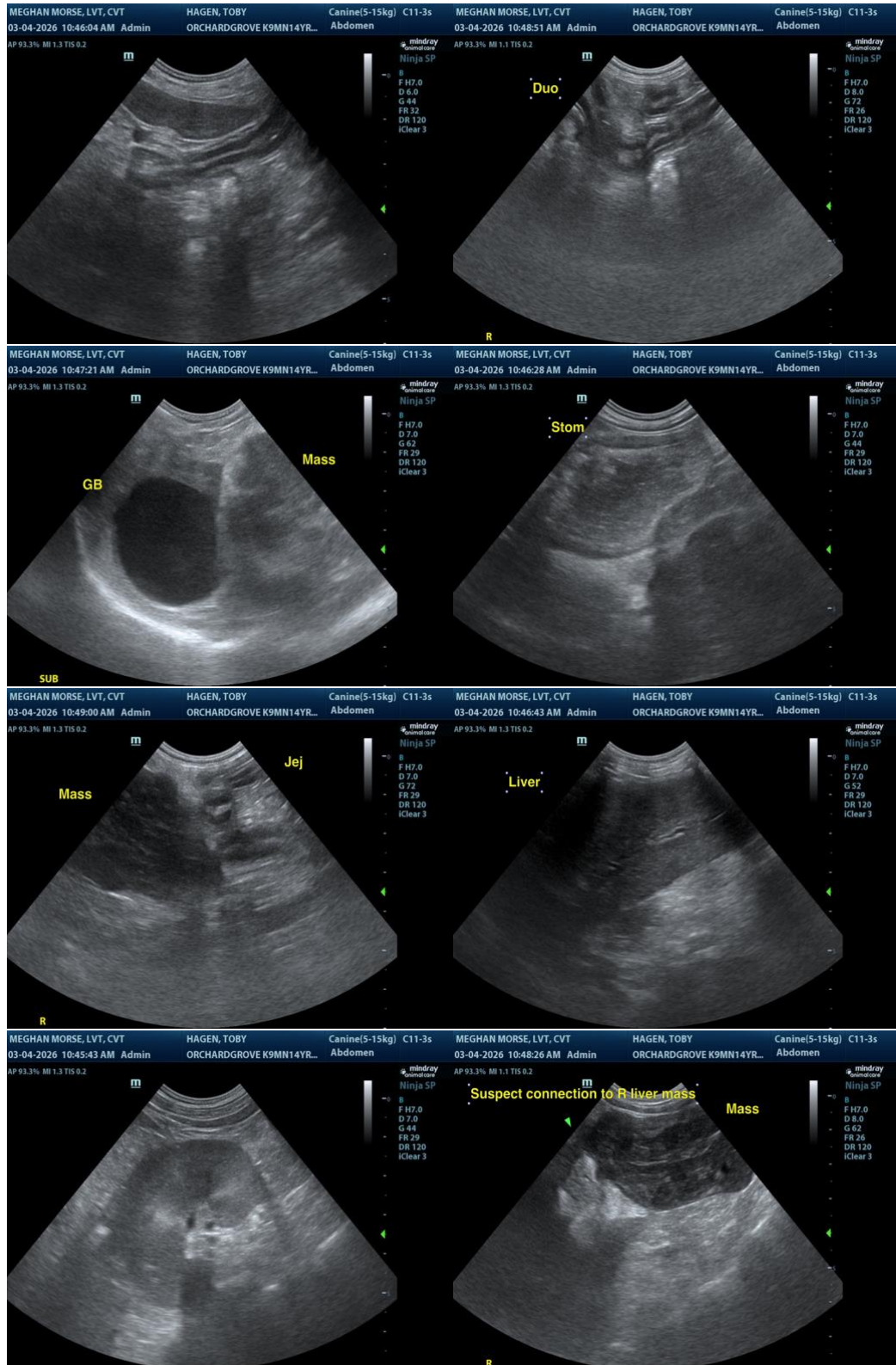
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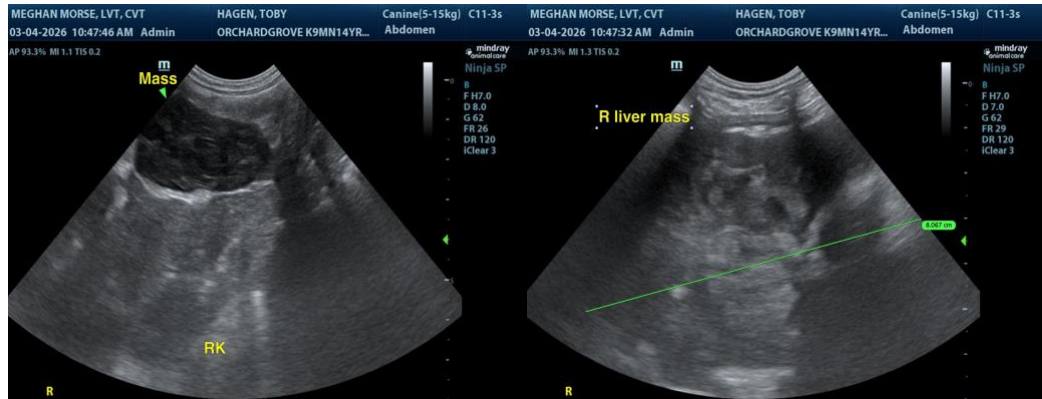
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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