



PATIENT

Bruce Vierra

SPECIES

Canine

BREED

American Bully

SEX

MN

AGE

4

WEIGHT

32.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Laura Bennett

INVOICE

24470

DATE

04/12/2026

PRESENTING CLINICAL SIGNS

Went to rDVM for V/D, anorexia, lethargy, fever 106.1. Blood work showed hemoconcentration, thrombocytopenia, normal chem & lytes. Got SQF & started doxycycline, Cerenia, and probiotics for possible Salmon disease.

4/9 - returned to rDVM. No further vomiting but still not eating. Temp 102.7. UA: NSF. Gave more SQF.

4/10 - Returned to rDVM. No improvement, got more SQF and Cerenia injection.

4/11 - Returned to rDVM. Abdominal rads showed poor serosal detail. Patient was referred here for workup of possible splenic mass.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: FAST scan: Marked volume free abdominal fluid with some swirling sediment noted. Hyperechoic mesentery. No obvious splenic or hepatic masses. No pleural or pericardial effusion noted. CBC: Hct 55.5%, WBC 19.37k (H), Neut 15.36k (H), suspect bands, Mono 1.16k (H), PLT 91k (L), MPV 15 (H), rest NSF. Chem17: Glu 171 (H), ALB 1.9 (L), ALKP 484 (H), TBIL 1.8 (H), rest NSF. Lytes: Na 138 (L), Cl 96 (L), K 5.3 (N) LAC: 3.12 (H) BP: 170/125 (134) Three-view thoracic rads: Complete abdominal ultrasound performed - suspect GI mass in right caudal abdomen. There was also a severely enlarged mesenteric LN. This LN was sampled for cytology. US submitted STAT to SonoPath Imagyst cytology (LN FNA & abdominal fluid slide prep) pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized, overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.83 cm width at the caudal pole. The right adrenal gland was not definitively visualized, owing to increased periadrenal artifact.

Spleen

The spleen exhibited normal size and contour. Primarily homogenous parenchyma with a solitary discreet cranial splenic hypoechoic nodule present measuring 0.85 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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

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The stomach presented intact thickened stomach wall. Mild retained fluid was present without overt obstruction to pyloric outflow.

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An ill-defined intestinal mass exhibiting non-homogenous hypoechoic parenchyma, measuring ~ 6.8 by 4.5 cm was present. The mass appeared to be within the area of the ileocolic junction. The remainder of the visualized small intestine and discernible colon exhibited intact wall layering and overall maintained wall layer ratio with no overt intestinal obstructive pattern. Semi-formed fecal matter was present in the colon.

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Pancreas

The pancreas was indistinctly visualized owing to increased peri pancreatic and omental artifact. No obvious pancreatic pathology.

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Free Abdomen

Non-homogenous hyperechoic indistinctly nodular omentum and intermittent swollen non-homogenous mesenteric lymph nodes were present. An example of a lymph node measured 6.8 cm x 4.5 cm.

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Moderate volume echogenic peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild thickened hypomotile stomach
- Ill-defined intestinal mass near ileocolic junction
- Variable swollen mesenteric lymphadenopathy
- Echogenic peritoneal effusion and nonuniform omental hyperechogenicity
- Mild splenic nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria is met with suspect carcinomatosis, lymphomatosis or similar. Infectious / inflammatory etiologies are considered less likely. Correlation with pending cytology and effusion analysis, cytospin / cytology +/- C/S if inflammatory component is recommended.



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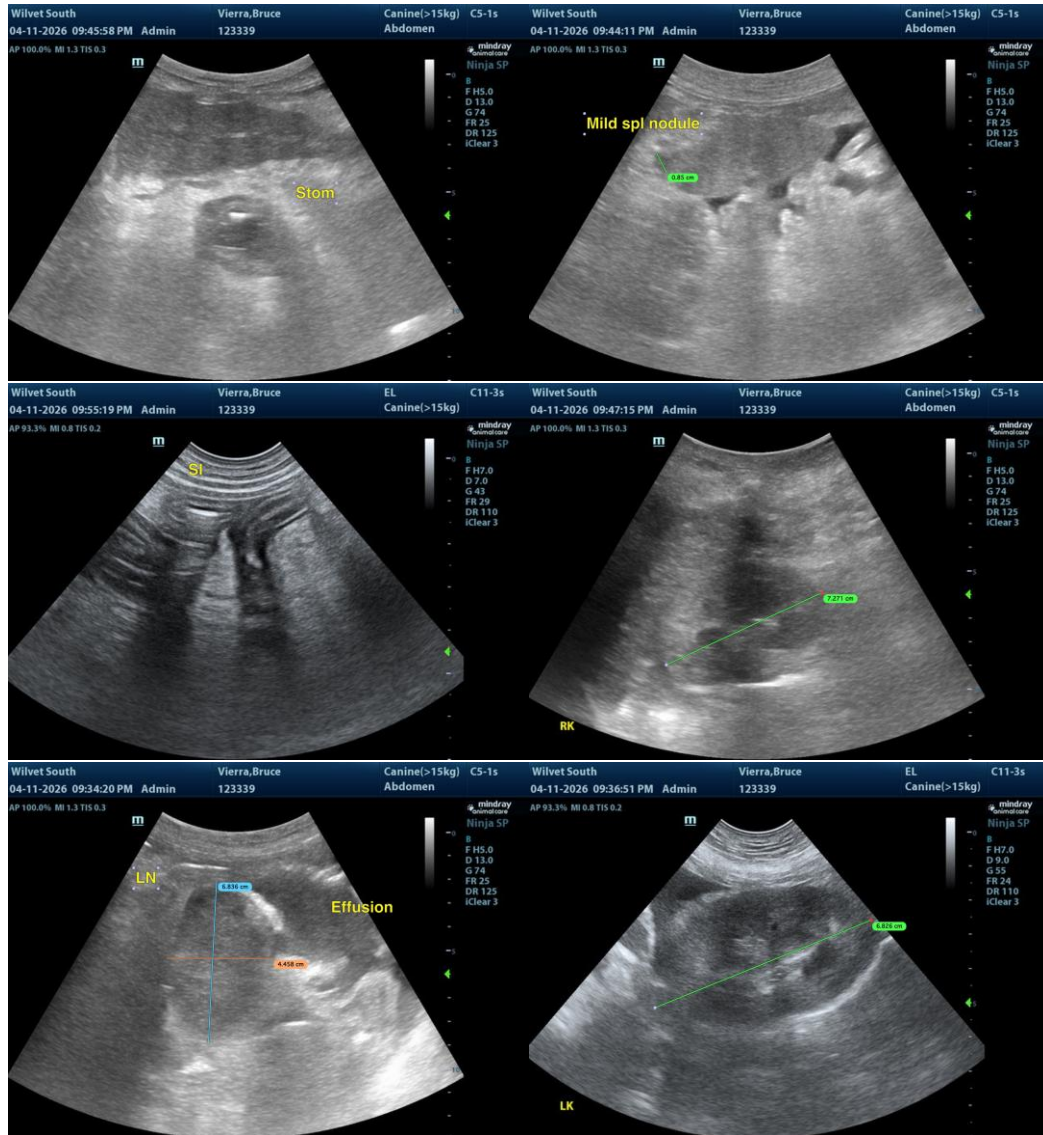
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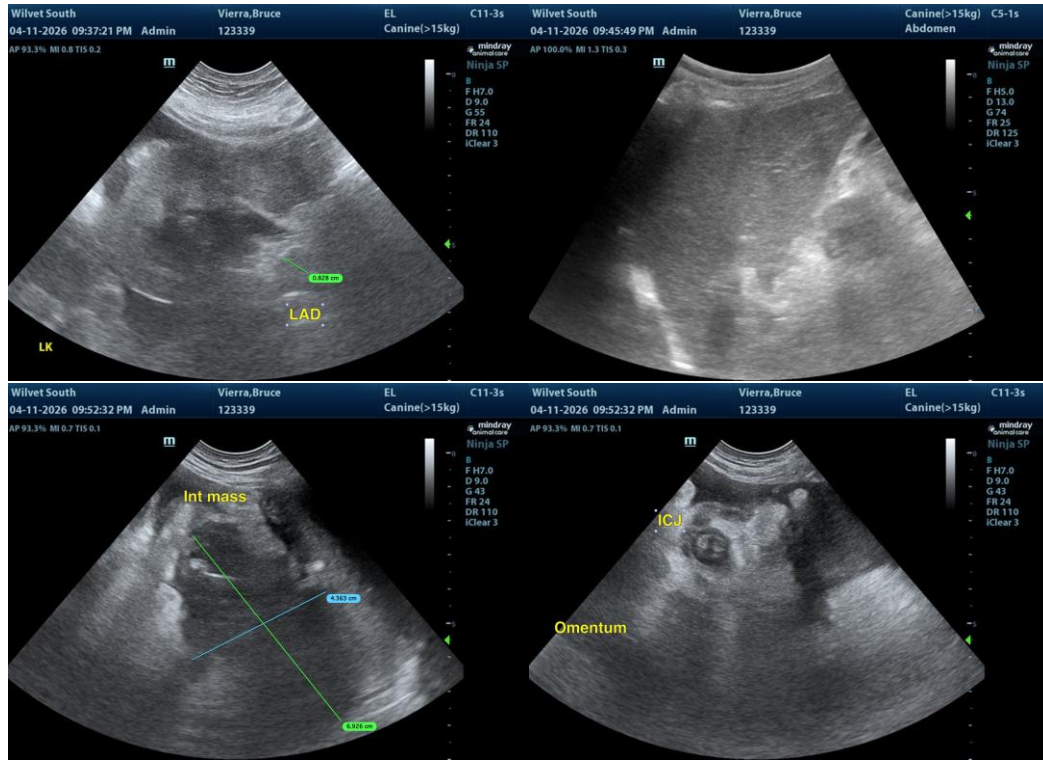
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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