



PATIENT

Emma Wellman

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

9 Years

WEIGHT

39.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

15033

DATE

04/12/26

PRESENTING CLINICAL SIGNS

*P lethargic and not herself on and off for 2 weeks. Seen at rDVM this past week. Bloodwork at that time was relatively unremarkable. Ultrasound scheduled on Tuesday at rDVM. Cerenia seems to help, however patient still does not want to eat normally. Previously had mast cell with poor margins removed in July 2024. Has been PU/PD on and off over the last 2 weeks, did not want to drink at all this morning. presented today for depressed and nausea. admitted for supportive care. iv fluids, famotidine, buprenorphine, Cerenia, and Unasyn. *concern for Hyperthermia - r/o systemic inflammatory response, infection, neoplasia; Abdominal pain - r/o severe acute pancreatitis, septic abdomen, neoplasia; Mild non-regenerative anemia - r/o anemia of chronic disease/inflammation; Hypoalbuminemia - r/o inflammatory state, protein-losing enteropathy, decreased hepatic production; Elevated lipase - r/o pancreatitis, gastrointestinal disease, decreased GFR; Elevated ALP - r/o cholestasis, pancreatitis, steroid induction; Mast cell tumor (historical finding) - r/o recurrence, paraneoplastic effects

PE: pain moderate 3/4; dull, depressed; abd tense/hard to palpate, Firm and uncomfortable on palpation; organomegaly Saline agglutination test: Normal True Rapid test: Negative for tick-borne diseases. Cortisol: 5.80 ug/dL normal. CBC WBC: 24.55 (High), Neutrophils: 21.5 (High), Lymphocytes: 0.27 (Low), Monocytes: 2.9 (High), HCT: 29.9% (Low), Hgb: 10.3 (Low), RBC: 4.66 (Low) Blood Gas HCT: 30% (Low) Chemistry Albumin: 2.4 (Low), ALP: 158 (High), Lipase: 365 (High) cPL: 602.9 abnormal rads Chest: Unremarkable; Abdomen: Slightly decreased serosal detail, mixed gas pattern, firm stools appreciated in the colon. fast scan: unremarkable, no free fluid noted

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 aortic trifurcation was free of pathology.

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 7.7 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

No obvious visualized pathology in the area of the left and right adrenal glands.

Spleen

The spleen revealed two visualized expansive nonhomogenous hyperechoic masses measuring 3.5 cm to 4.0 cm in diameter. Mild associated splenic capsule distortion without evidence of capsular escape. Splenic folding was present.

Liver & Gallbladder



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The liver revealed hepatomegaly exhibiting primarily symmetrical capsule contour and nonhomogenous to variably echogenic hepatic parenchyma exhibiting ill-defined hyperechoic intraparenchymal nodules with an example measuring 2.1 cm in diameter.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

A segmental indistinctly visualized mid abdomen intestinal mass was present exhibiting thickened hypoechoic intestinal wall and loss of intestinal wall layer detail. The intestinal mass wall measured 1.1 cm wall width. No overt intestinal obstructive pattern. The remainder of the visualized small intestine and colon exhibited intact wall layering and overall maintained wall layer ratio.

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 overt lymphadenopathy was present. Mild peritoneal effusion was present with peri-intestinal nonhomogenous hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses.
- Enlarged nonhomogenous liver with parenchymal nodules.
- Intestinal mass.
- Hyperechoic omentum and mild volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met involving the spleen, intestine and suspect liver. Hepatosplenic FNA using a 25-gauge needle and normal clotting status with oncology consult could be considered.



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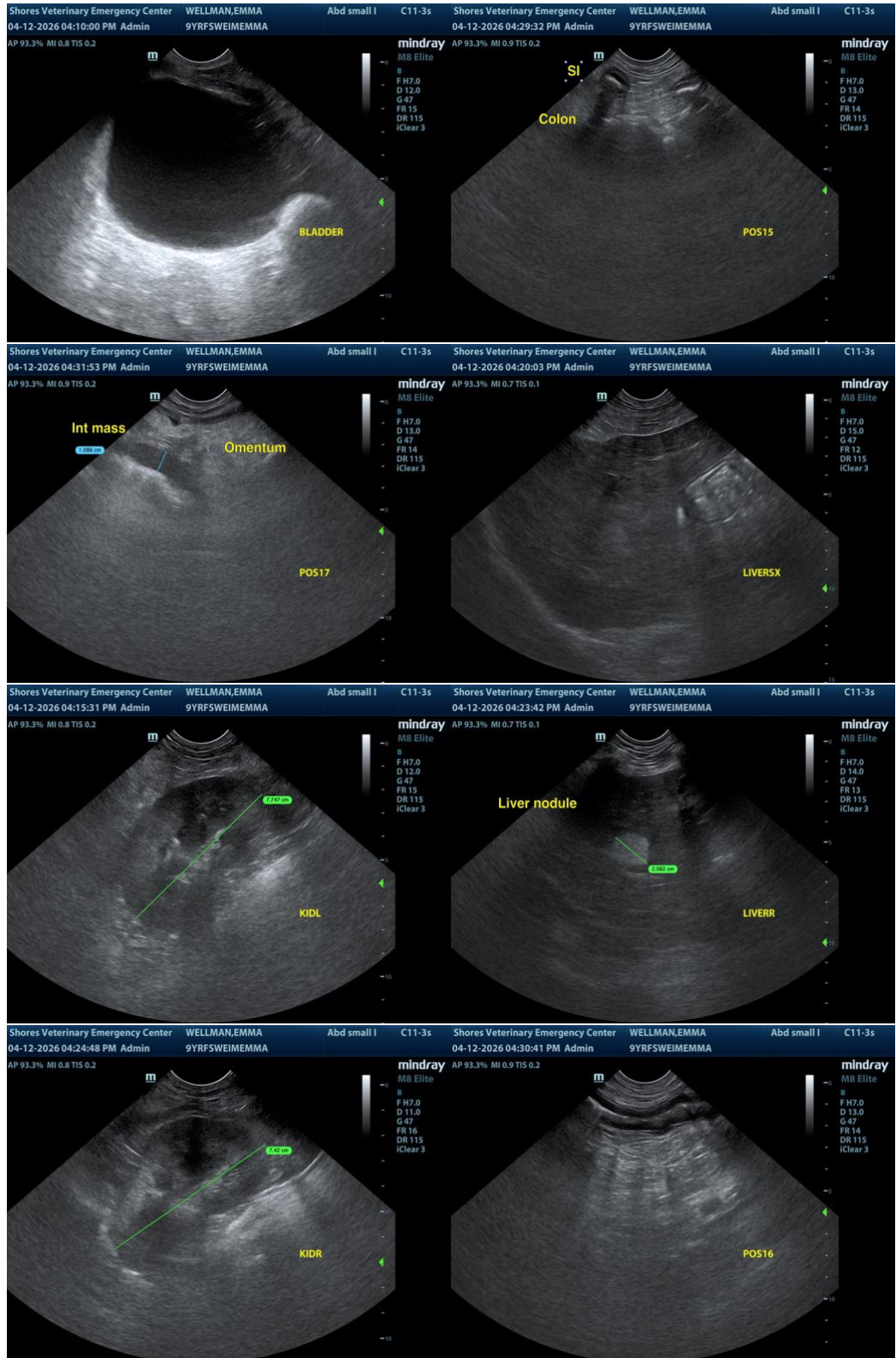
Dr. Julia Kerr

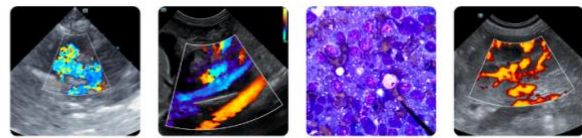
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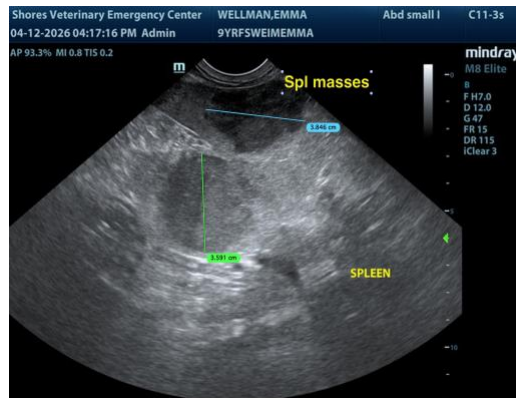
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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