

PATIENT

Chuy Bush

SPECIES

Canine

BREED

Papillon Mix

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

13.22

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Whitesell
DVM

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Ashley Whitesell
DVM

INVOICE

15079

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Presented for bloody urine. Palpated hard mass in abdomen during exam.

Abnormal PE/Chem/CBC/UA Results: ALT 362 ALP >2000 Platelets 979 Urinalysis shows UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal to empty in appearance with minor urine present prohibiting full evaluation of the urinary bladder wall. The urinary bladder wall measured 0.69 cm wall width. Minimal anechoic urine with minor urine sediment was present. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Small renoliths, intermittent cortical cysts and mild pyelectasia were present bilaterally. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the caudal pole. A small noncapsule deforming cyst versus nodule was present in the right adrenal gland measuring 0.30 cm in diameter.

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 subjective generalized hepatomegaly. A caudally expanding irregular nonhomogenous cystic appearing liver mass was present appearing to derive from a small section of liver measuring 7.0 cm to 8.0 cm in diameter. The remainder of the liver parenchyma exhibited remodeling and variable coarse echotexture.

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

Gastrointestinal



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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.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with caudally expanding liver mass.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Sonographically normal spleen.
- Nondistended yet thickened urinary bladder- suspect cystitis, urinary bladder tumor thought less likely yet not excluded.
- Chronic renal changes exhibiting medullary renoliths, cortical cysts and mild pyelectasia.
- Borderline adrenomegaly exhibiting right adrenal cyst versus nodule.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity +/- screening BRAF assay is recommended. FNA cytology of the liver mass is warranted for further clarification. Hepatosupportive medications may prove beneficial. Adrenal screening could be considered if clinical signs are consistent with Cushing's syndrome, and in conjunction with significant thrombocytosis. The hepatic mass appears to potentially be amenable to surgical resection, given subjective connection to primary liver through small amount of hepatic parenchyma.





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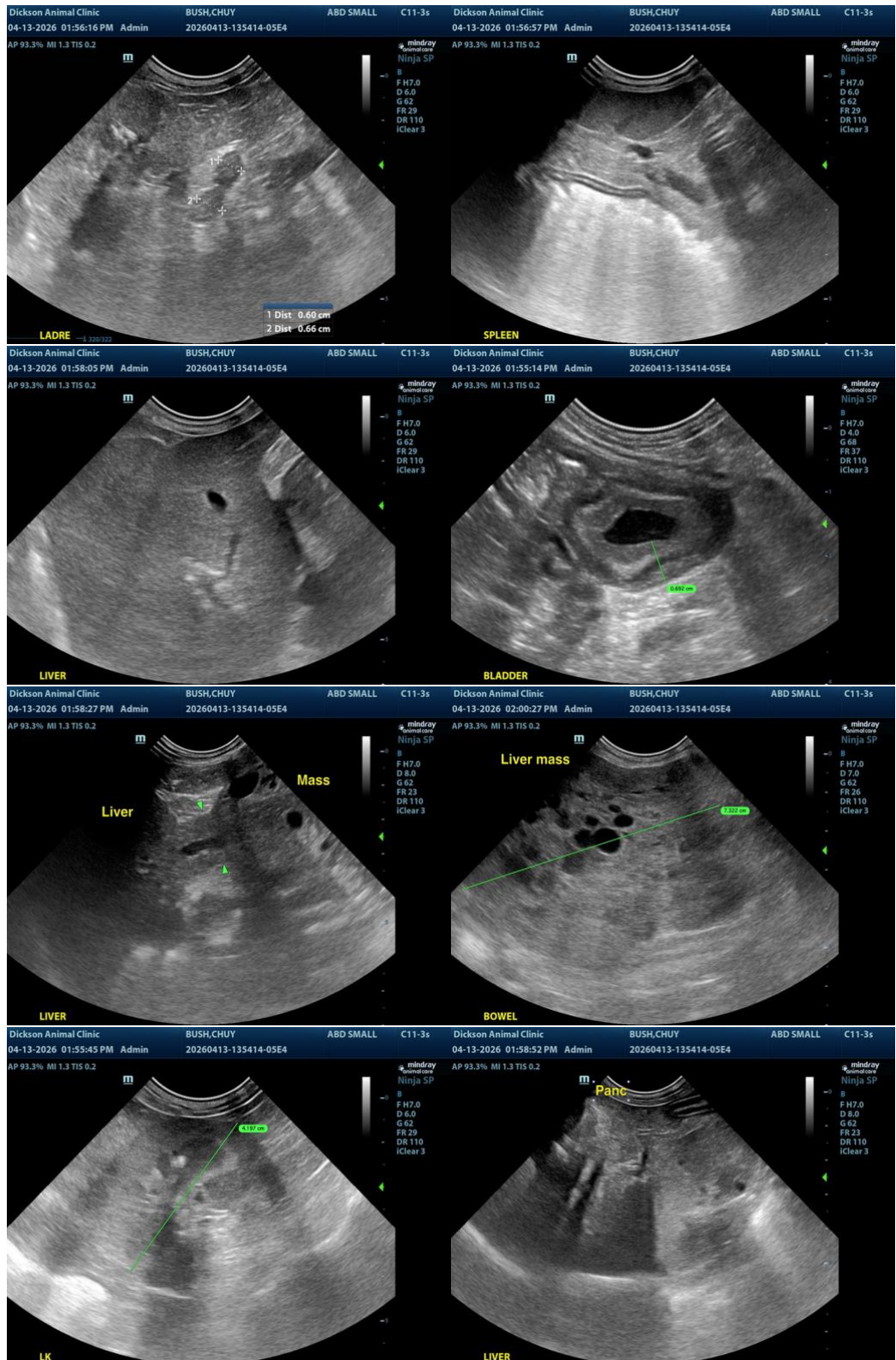
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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