



## PATIENT

Ellie Valle

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Spayed Female

## AGE

6.5 Years

## WEIGHT

31.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Lisa Miller

## INVOICE

74621

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

P was seen yesterday 4/19 for straining with defecation, having dark stool, and vomited one time. P also ADR for several days. P had been painful and restless at night. Owners noted panting. P had not been eating well for 2 days. With radiographs done on 4/19 concern for mass in cranial abdomen with effusion. blood work showed anemia. P had fever 103.7.

4/20 recheck: P did eat last night 7 pm one 16 oz can of food. Owner did not feed P this morning do to possibility of imaging or surgery. P though did want to eat; looking for food. P did have turkey lunch meat with gabapentin given. Owner last night and today notes increased panting and P restless. \*concern for abdominal mass(s), effusion, anemia, other

Abnormal PE/Chem/CBC/UA Results: PE: Temp 103.5; 2/4 abdominal pain; pale pink MM; abdomen tense/hard to palpate and full 4/19: CBC - WBC - 19.09 (5.32-16.92), Neu 16.80 (3.05-12.1), HCT 30.5 (35-60), HGB 1-4 (11.5-20.1), RBC 4.46 (5.2-8.69), RET # 136 (9-115), RET % 0.16-1.95) Blood Gas - Lactate 3.11 (0.6-3), BUN 6 (7-26), HCT 29 (36-55) CHEM - BUN 8.5 (9-29), Phosphorus 5.1 (1.9-5), Globulin 3.9 (2-3.6) rads: Suspected mass in cranial aspect of abdomen, suspect fluid in abdomen 4/20: PCV 28%, TS 8.2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes were 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. Left kidney measured 7.2 cm. Right kidney measured 7.0 cm.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland exhibited potential asymmetrical enlargement exhibiting homogeneous, hypoechoic parenchyma, possibly measuring 1.4 cm at the caudal pole.

### Spleen

The spleen was normal in size with non-homogeneous subtle micronodular parenchyma and areas of mild capsule asymmetry. Non-capsule deforming, indistinctly marginated hypoechoic lateral splenic nodule noted measuring 1.3 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The appearance of the spleen is highly suggestive of infiltrative neoplasia such as lymphoma but may also represent benign changes such as nodular or lymphoid hyperplasia.



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## Liver

The liver revealed an ill-defined, irregular, mixed echogenic mass in the cranial abdomen that appeared to efface and likely derive from the caudal aspect of the liver, extending caudally past the level of the gastric axis. Subjective gastric displacement of the stomach was indistinctly visualized secondarily. The mass measured approximately 15-17 cm in diameter. Intact liver exhibited mild generalized enlargement with homogeneous to mildly non-homogeneous parenchyma. The gallbladder was non distended in size with mild, non-organized debris. 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.

Visualized segments of small intestine were sonographically normal with empty lumen.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## 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

Cranial abdominal to perihepatic non-homogeneous, hyperechoic to nodular appearing omentum noted. Minor cranial abdominal to perihepatic effusion noted. Multiple variably enlarged, asymmetrical, non-homogeneous mesenteric lymph nodes were noted, exhibiting width to length ratio >0.5. Example of a larger lymph node measured 6.6 cm x 4.0 cm.

## ULTRASONOGRAPHIC FINDINGS

- Cranial abdominal mass appearing to involve/derive from the liver, with cranial abdominal to perihepatic non-uniform nodular omentum and associated variable mesenteric lymphadenopathy.
- Micronodular to focally nodular spleen.
- Minor peritoneal effusion.
- Sonographically unremarkable visible colon.
- Possible right adrenomegaly/mass versus periadrenal lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met and likely suggestive of high-grade neoplasia i.e., carcinoma, round cell neoplasia, or other. FNA cytology of the mass and screening splenic +/- lymph node FNA cytology could be considered for further clarification with oncology consult. However, unfavorable prognosis indicated. A definitive cause of the straining to defecate was not obvious, although non-visible enterocolic pathology is not excluded.



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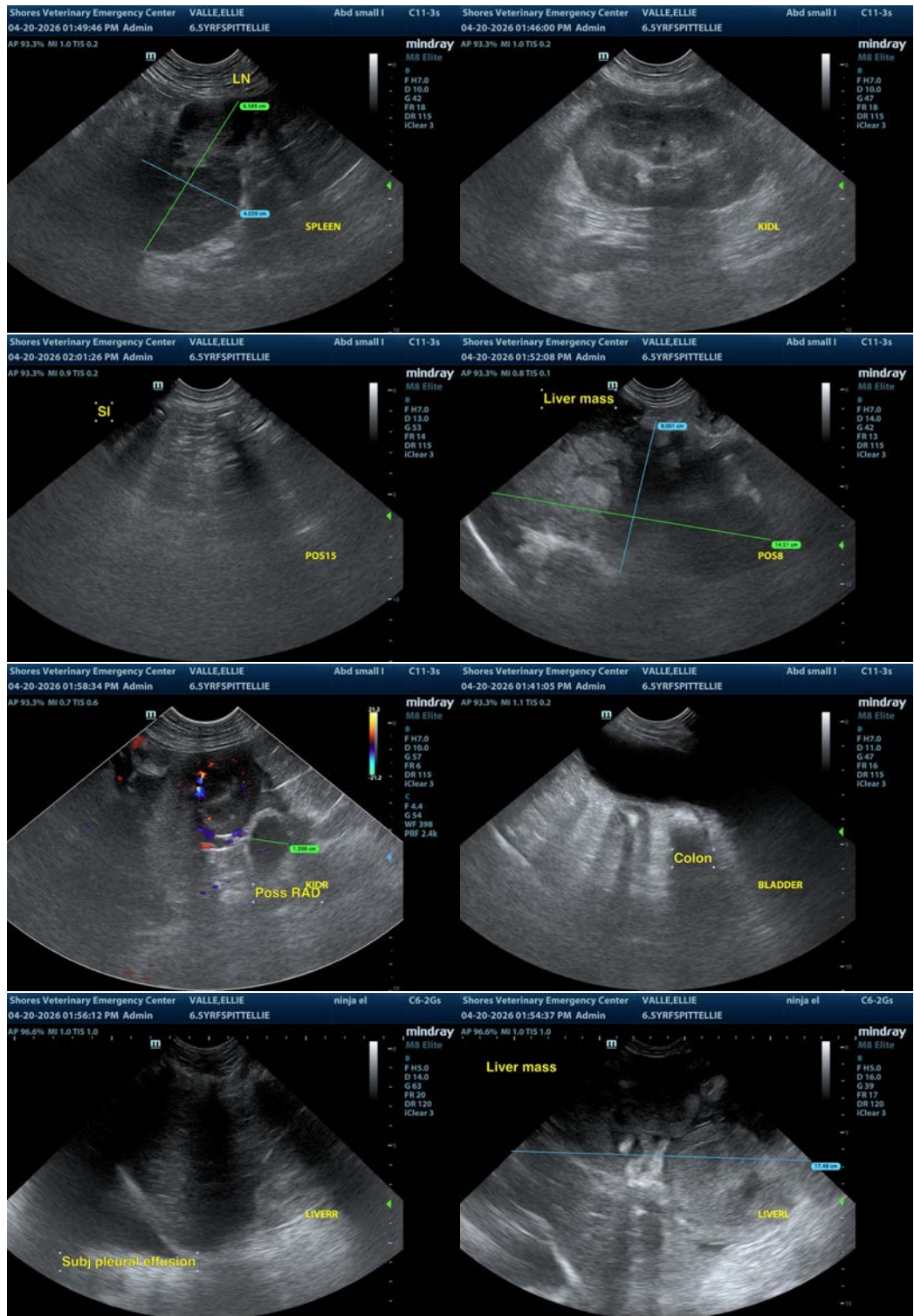
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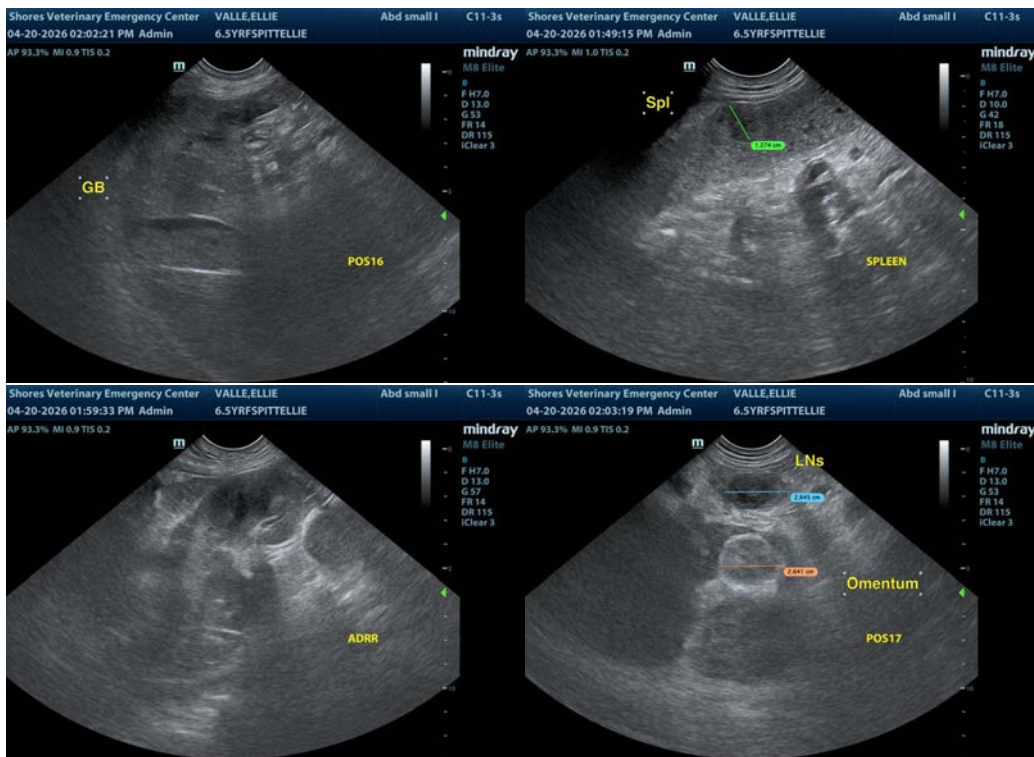
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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