



## PATIENT

Leddy Haake

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

23.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wilberger, DVM

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wilberger, DVM

## INVOICE

74593

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

Gradual appetite loss over a few weeks

- Intermittent V+ for a few weeks
- PU/PD
- Today resp issues, lethargic
- Mast cell tumor removed RH 3/18
- Severely hypoglycemic on intake (41)
- arrhythmia noted
- hypotensive on intake
- concern for insulinoma
- scant free abd fluid

Abnormal PE/Chem/CBC/UA Results: Chem: Glu <10, Glob 4.7(H), CBC: Hct 58.7%, WBC 25K(H), Neut 20.1k with bands, BG: 41

## 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.5 cm. Right kidney measured 6.4 cm.

### Adrenal Glands

The left adrenal gland was indistinctly visualized yet exhibited asymmetrical enlargement with non-homogeneous, potentially focally hyperechoic to mineralized parenchyma, potentially measuring 1.9 cm in diameter.

The right adrenal gland was not definitively visualized.

### Spleen

The spleen presented normal size and contour with mild heterogeneous parenchyma. No masses or nodules visualized. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.



## PATIENT

Leddy Haake

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

23.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wilberger, DVM

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wilberger, DVM

## INVOICE

74593

## DATE

4/20/26

## Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non distended in size with mild, non-organized debris. No evidence of gallbladder wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

## Gastrointestinal

The stomach presented overtly normal intact wall layering with a normal wall layer ratio. The stomach exhibited moderate retained anechoic fluid and mild luminal gas.

The intestinal walls demonstrated largely intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild segmental ileus pattern noted, no overtly consistent with obstructive pattern. Segmental ill-defined intestinal mass noted exhibiting variably thickened asymmetrical wall, hypoechoic mural echogenicity, and associated segmental suspect paralytic ileus with lumen gas. Intestinal mass wall measured 0.90 cm in width.

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

## Pancreas

The right pancreas was mildly enlarged in size with capsule asymmetry and heterogeneous parenchyma.

## Free Abdomen

Generalized non-uniform hyperechoic omentum noted.

No obvious visualized significant omental lymphadenopathy.

Mild to moderate volume effusion present.

## ULTRASONOGRAPHIC FINDINGS

- Hypoechoic liver, non-specific – Possible emerging acute hepatopathy.
- Non-organized gallbladder debris (non-mucocele).
- Non-specific gastroenteropathy exhibiting variable gastrointestinal ileus and segmental intestinal mural mass.
- Suspect left adrenal mass.
- Prominent, non-homogeneous pancreas.
- Mild heterogeneous spleen.
- Peritonitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplasia is probable, with effusion secondary to neoplasia i.e., carcinomatosis or similar, or non-specific peritonitis likely. Correlation with effusion analysis, cytology +/- culture and sensitivity, if effusion inflammatory component, is recommended. A paired insulin to glucose ratio on same serum sample could be considered if persistent hypoglycemia of <60. Three view chest radiographs and gastrointestinal support warranted. Extremely guarded to probable unfavorable prognosis indicated.



**PATIENT**

Leddy Haake

**SPECIES**

Canine

**BREED**

Pit Bull x

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

23.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wilberger, DVM

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

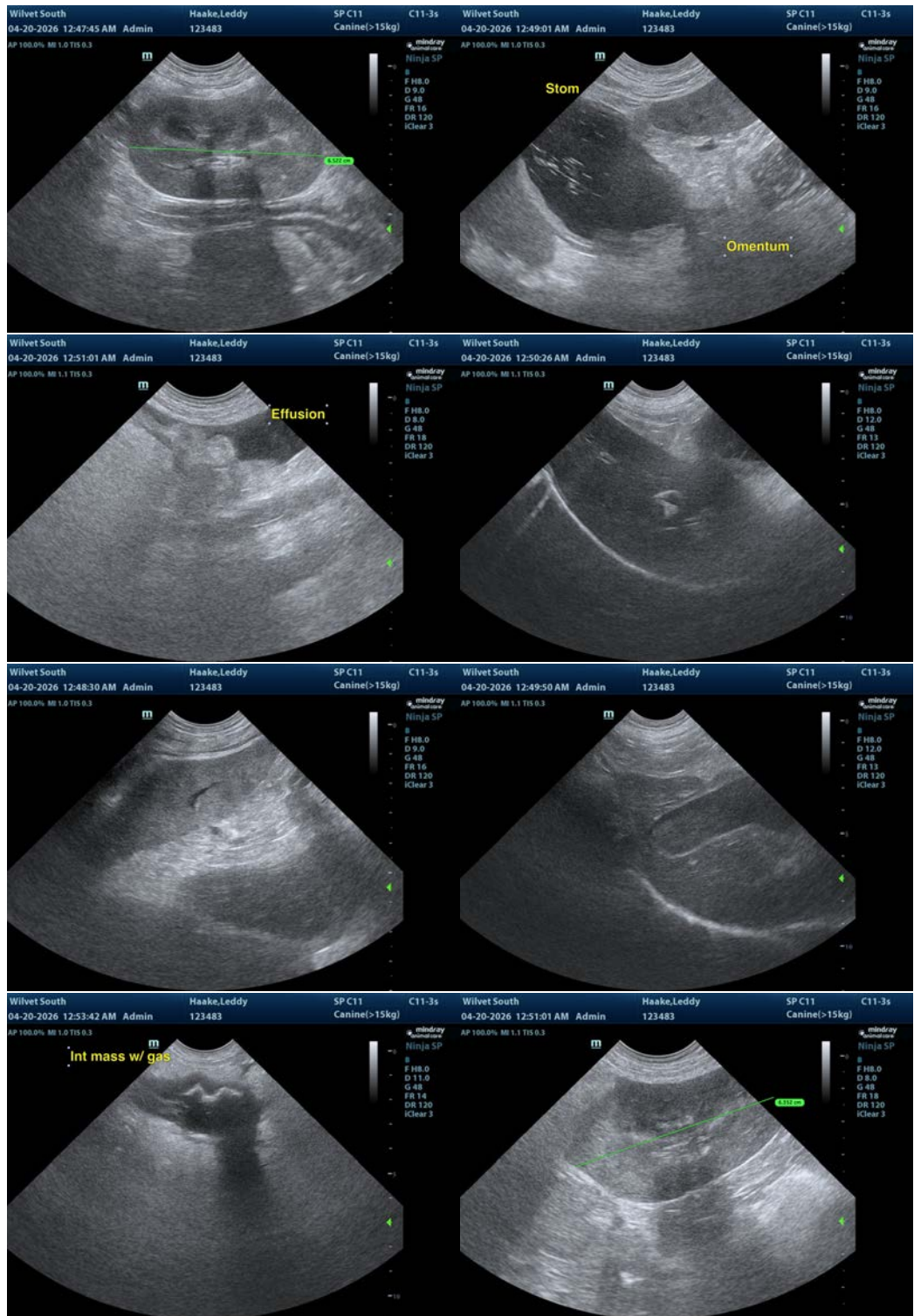
Wilberger, DVM

**INVOICE**

74593

**DATE**

4/20/26





## PATIENT

Leddy Haake

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

23.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Wilberger, DVM

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Wilberger, DVM

## INVOICE

74593

## DATE

4/20/26



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