

PATIENT

Mazy Deffenbacher

SPECIES

Canine

BREED

Coon Hound Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

74.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Heider

INVOICE

15401

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: R/O Abdominal mass vs metabolic dz ABNORMAL Labwork Values CBC: Lymphs 0.9 (L), Mono 1.25 (H) Chem: ALT 914 (H), ALP 1787 (H), GGT 15 (H) UA: USG 1.005, inactive sediment Current Medications Gabapentin 300 mg and Mirtazapine 15 mg

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to periadrenal omental artifact.

Spleen

A nonhomogenous moderately sized splenic mass was presented exhibiting microcystic to micro-cavitated parenchyma measuring approximately 8.0 cm to 9.0 cm in diameter. The remainder of the spleen was sonographically normal.

Liver & Gallbladder

Asymmetrically enlarged liver exhibiting irregular capsule contour and diffuse nonhomogenous nodular mixed echogenic parenchyma.

The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not visualized.

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.

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.



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

Pancreas

The pancreas was not definitively visualized owing to peripancreatic omental artifact.

Free Abdomen

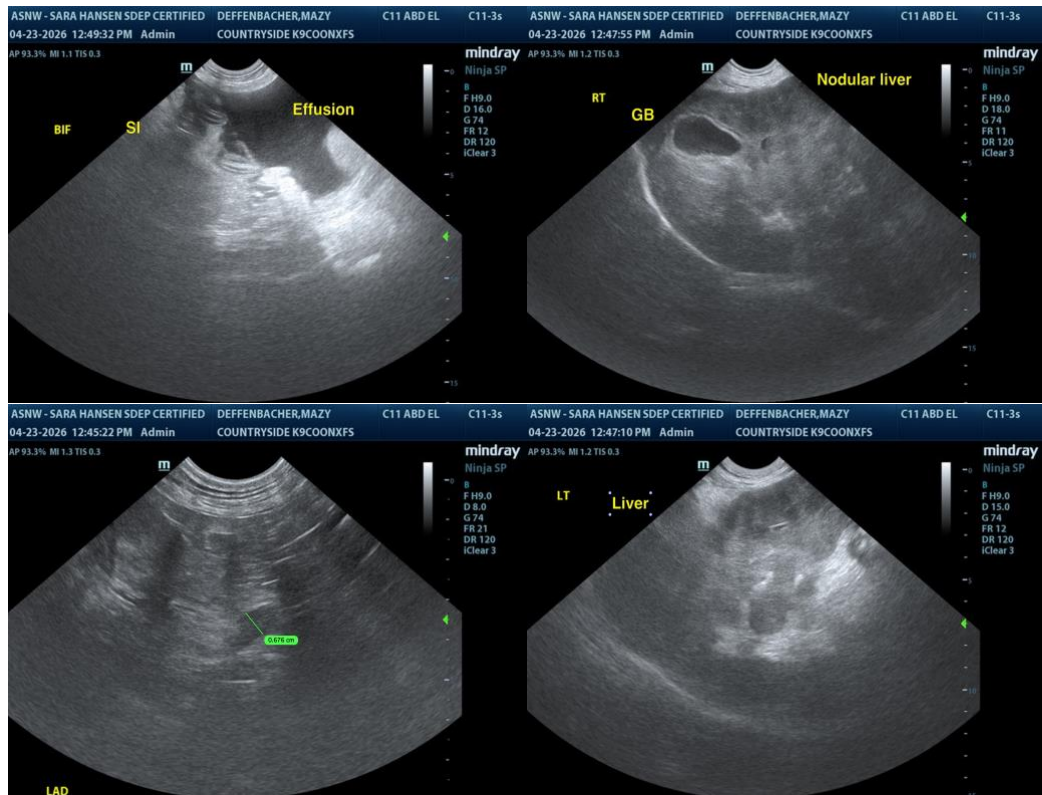
Perisplenic to generalized hyperechoic omentum and a moderate volume of mildly echogenic peritoneal effusion was present. No obvious visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Diffuse nonhomogenous nodular liver parenchyma.
- Mild edematous gallbladder.
- Perisplenic to generalized omental hyperechogenicity and moderate volume of peritoneal effusion.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the liver and spleen are consistent with multicentric neoplasia i.e. multicentric sarcoma or other. Curative surgical options are precluded. A poor prognosis is indicated.





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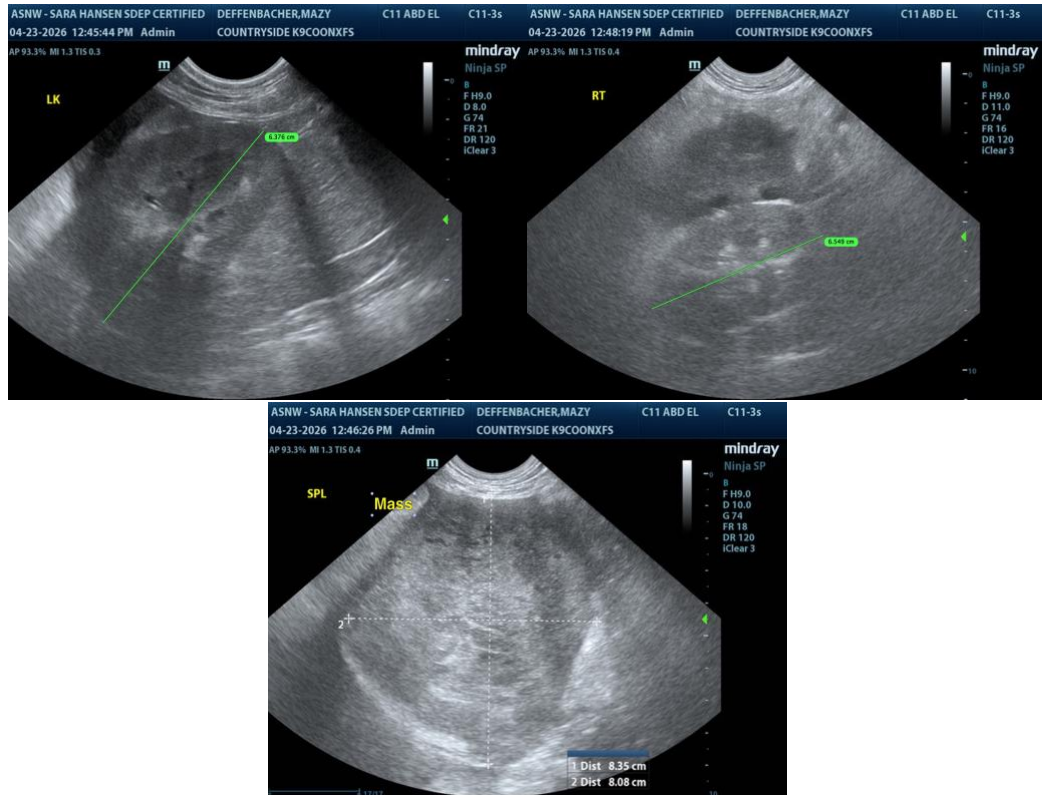
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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