



PATIENT

Rylee Deraas

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

12yr

WEIGHT

52lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE 24628

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

Presented for annual exam though noted not herself this weekend- lethargic, not as willing to get up and move. Takes Carprofen PRN. Sunday O's felt she was acting more herself after lethargic Friday and Saturday.

4/23/2025- splenectomy- path= hematoma. Seemingly has done well since that visit.

Abnormal PE/Chem/CBC/UA Results: pale pink mm, tail wag/QAR. Multifocal lipoma like masses; WBC 21.85, Lymp 8.55, Neut 12.62, HCT 24.3, HG 9, RBC 3.31, MCH 27.3, PLT 28 Chem ALP 183, Glc 112 abdominocentesis- appears as frank blood collected from near bladder quadrant BP: 167/141; 197/160 HR: 174 bpm; 137 bpm

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A thinly walled cyst occupying the majority of the cranial right kidney with moderate pyelectasia was present, the cyst measured 4.7 cm in diameter. The left kidney was primarily visualized in transverse plane. The right kidney measured 8.7 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.52 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly non-homogenous and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. A non-homogenous mass subjectively deriving from the caudal aspect of the mid to right liver measuring ~ 7-8 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

Pancreas

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

Free Abdomen

Moderate volume echogenic peritoneal effusion.

Generalized non-homogenous hyperechoic omentum.

No definitive visualized significant mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-homogenous liver with caudal liver mass
- Non-visualized spleen-previous splenectomy
- Non-homogenous hyperechoic omentum and echogenic peritoneal effusion
- Sonographically normal gastrointestinal tract with mild gastric and segmental intestinal ingesta- most consistent with food echogenicity
- Mildly prominent non-homogenous pancreas
- Chronic renal changes with right kidney cranial cyst and pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is highly suggestive of neoplastic criteria, i.e. carcinoma, sarcoma, or other with benign etiologies such as concurrent hepatic hematoma or other possible. Bleeding associated with the liver mass is a primary concern given reported hemoabdomen although a more diffuse neoplastic process with perihepatic to generalized omental seeding or possible unspecified cranial abdomen mass of non-hepatic origin effacing the caudal liver not excluded. Further assessment may include if normal clotting status, mass FNA cytology and cytospin cytology of abdominal effusion. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A spec CPL and UA may be considered if not recently done.



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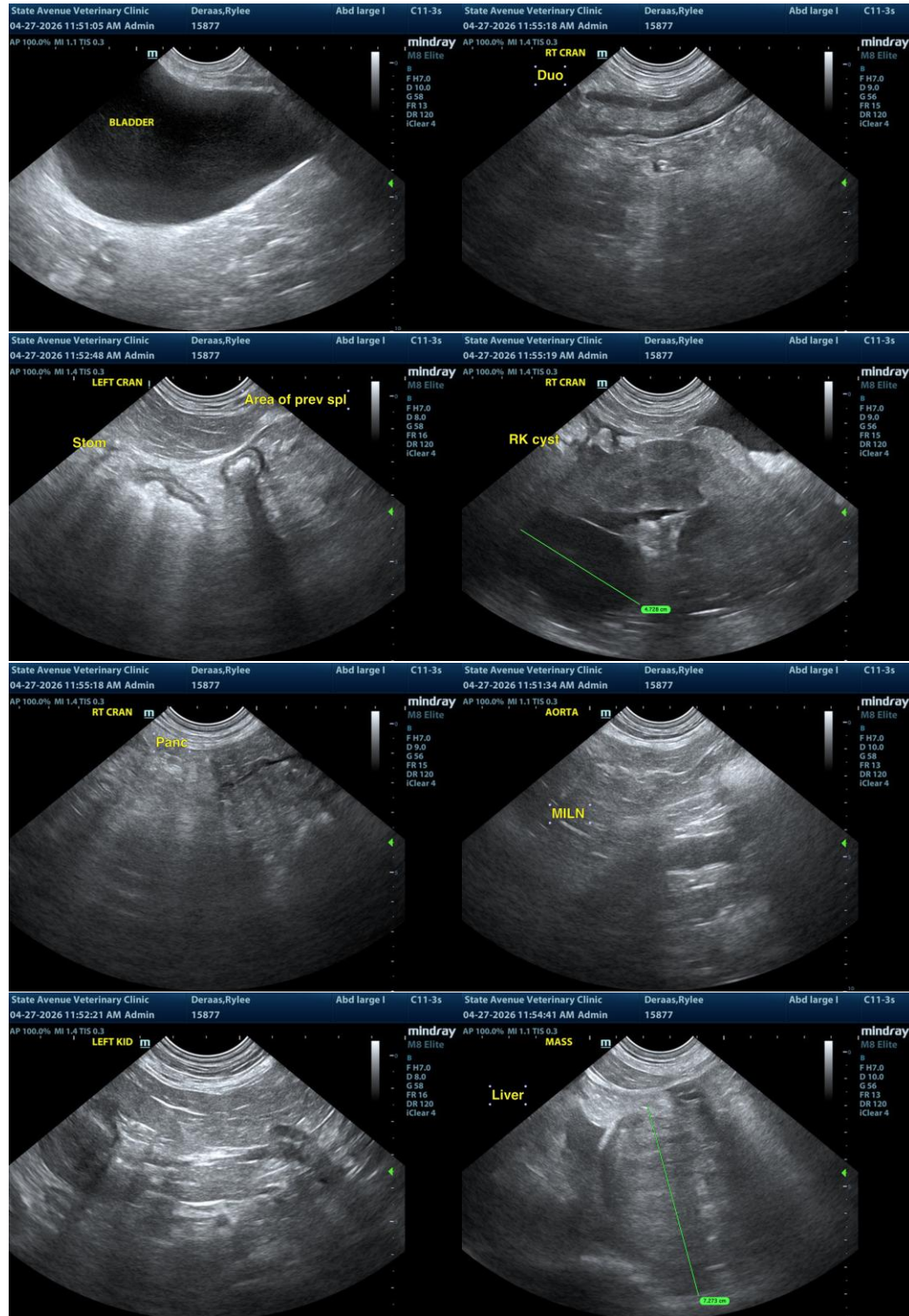
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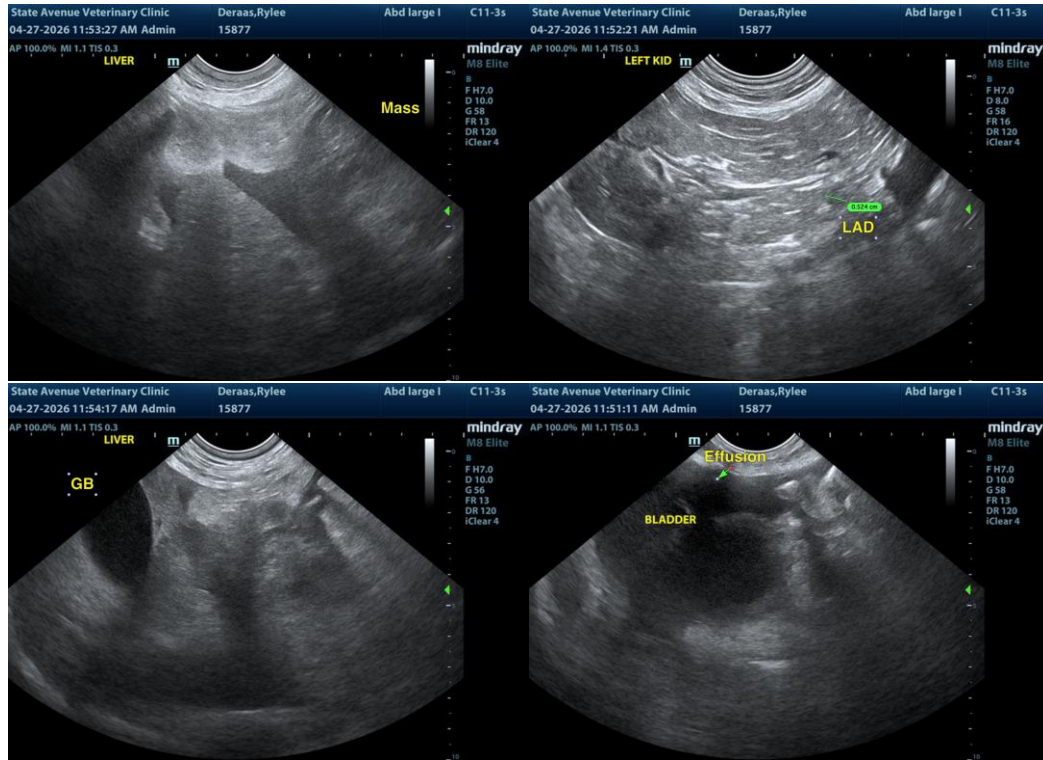
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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