



PATIENT

Kai Pippin

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

70 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Dr. Camille Sieger

INVOICE

15530

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Acute lethargy, vomiting, fever in last 24 hours. Normal appetite and attitude up until last night. O at least noticed this morning, may have started overnight. Current on vaccinations

Abnormal PE/Chem/CBC/UA Results: severely elevated liver enzymes today, no previous labwork run

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 0.50 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt visualized pathology. The right adrenal gland subjectively measured 0.56 cm width at the caudal pole.

Spleen

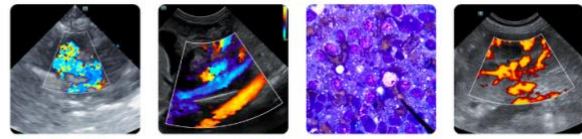
The visualized spleen exhibited normal size with asymmetrical contour and maintained homogenous parenchyma.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary mild hypoechoic nondisruptive mid hepatic nodule was present measuring 1.7 cm in diameter.

The gallbladder was non distended in size with moderate gravity dependent to mild congealed yet nonorganized hyperechoic nonshadowing biliary sludge. The common bile duct was not definitively visualized.

Gastrointestinal



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The stomach presented intact mildly prominent wall. Intact wall layering was maintained and distinct. The gastric lumen contained a mild amount of retained fluid along with a small amount of progressively shadowing suspect partially fluid absorbing content measuring 1,4 cm in diameter.

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The visualized segments of small intestine exhibited intact wall layering and maintained wall layer ratio with empty lumen to the level of the colon.

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

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Pancreas

No obvious pathology in the area of the left pancreas. The right pancreas was indistinctly visualized owing to unspecified right cranial abdomen mass.

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Free Abdomen

A moderately sized unspecified nonhomogenous right cranial abdomen mass was present appearing to efface the caudal aspect of the right lateral caudate liver and was located cranial to the right kidney in the area of the right pancreatic limb with possible mild duodenal displacement. Surrounding non-uniform hyperechoic omentum and intermittent indistinct yet subjective mildly swollen to nonhomogenous mesenteric lymph nodes were visualized. An example of lymph node measured 2.2 cm x 1.0 cm. A mild volume of primarily cranial abdomen effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Hepatopathy with intraparenchymal nodule.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically unremarkable visualized spleen.
- Unspecified mass in the right cranial abdomen, peripheral to surrounding nonhomogenous hyperechoic omentum and indistinct nonhomogenous swollen lymphadenopathy.
- Mild volume of primarily cranial abdomen effusion.
- Mild hypomotile stomach with mild retained fluid and nonspecific possible fluid absorbing content.
- Sonographically unremarkable generalized empty small intestine.

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Secondary Findings

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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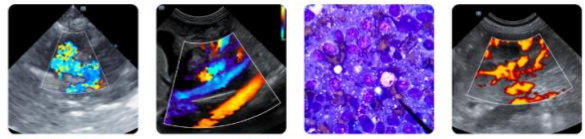
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The unspecified right cranial abdomen mass is consistent with neoplastic criteria with hepatic or non-obvious splenic origin favored, although alternative origin is not definitively excluded. Concurrent nonspecific hepatitis, vacuolar/cholestatic hepatopathy, nodular hyperplasia, hematopoiesis, or occult hepatic neoplasia/metastasis are all potentials. Highly suspect regional lymphatic metastasis and a small partial fluid-absorbing and non-obstructive gastric foreign body.

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Assuming no pathology on three view chest radiographs and ideally brief sonographic assessment of the heart, abdominal CT is recommended for further clarification of the mass as well as suspected regional metastasis or omental seeding and surgical planning if surgery is indicated in this patient.



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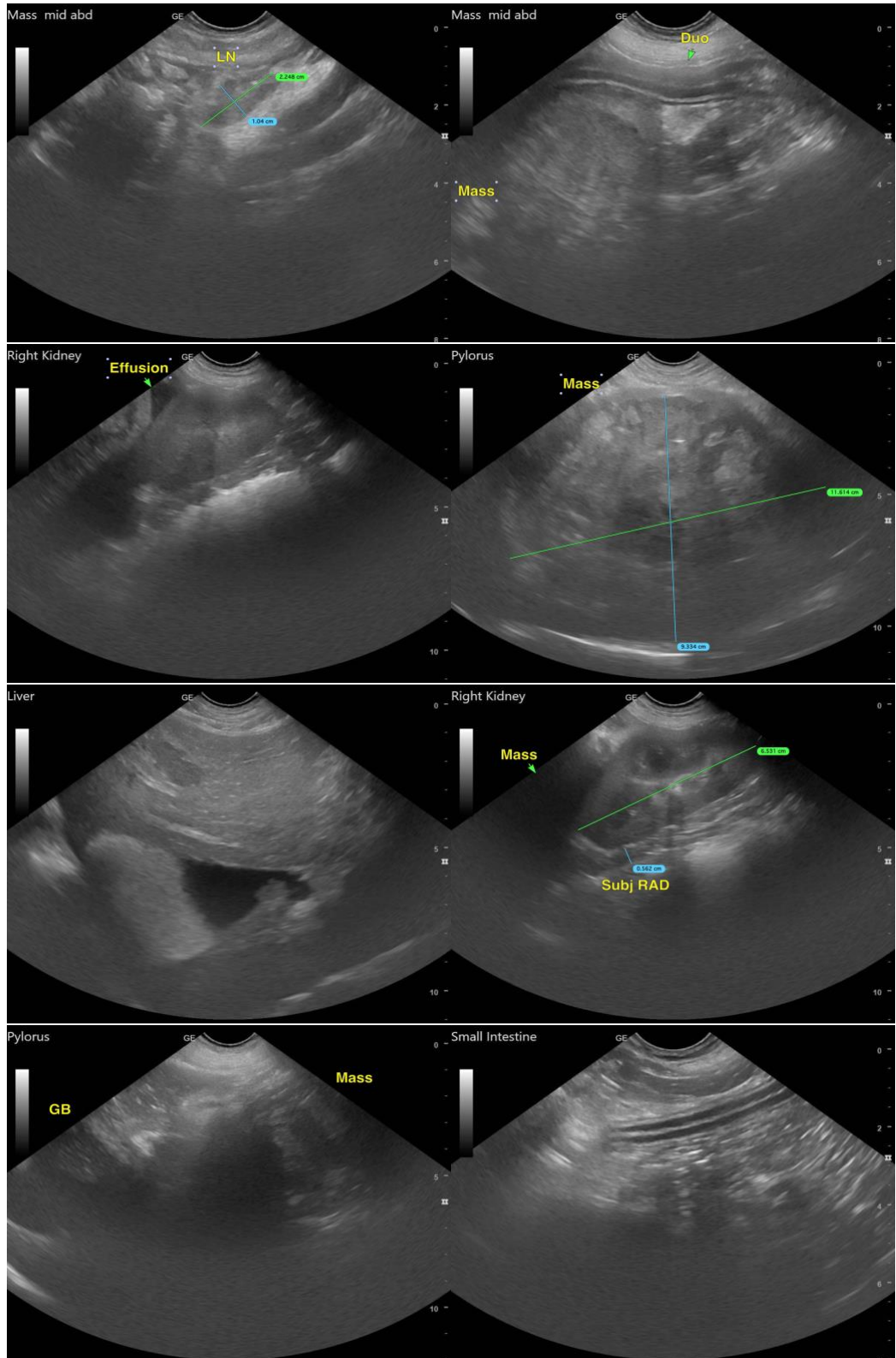
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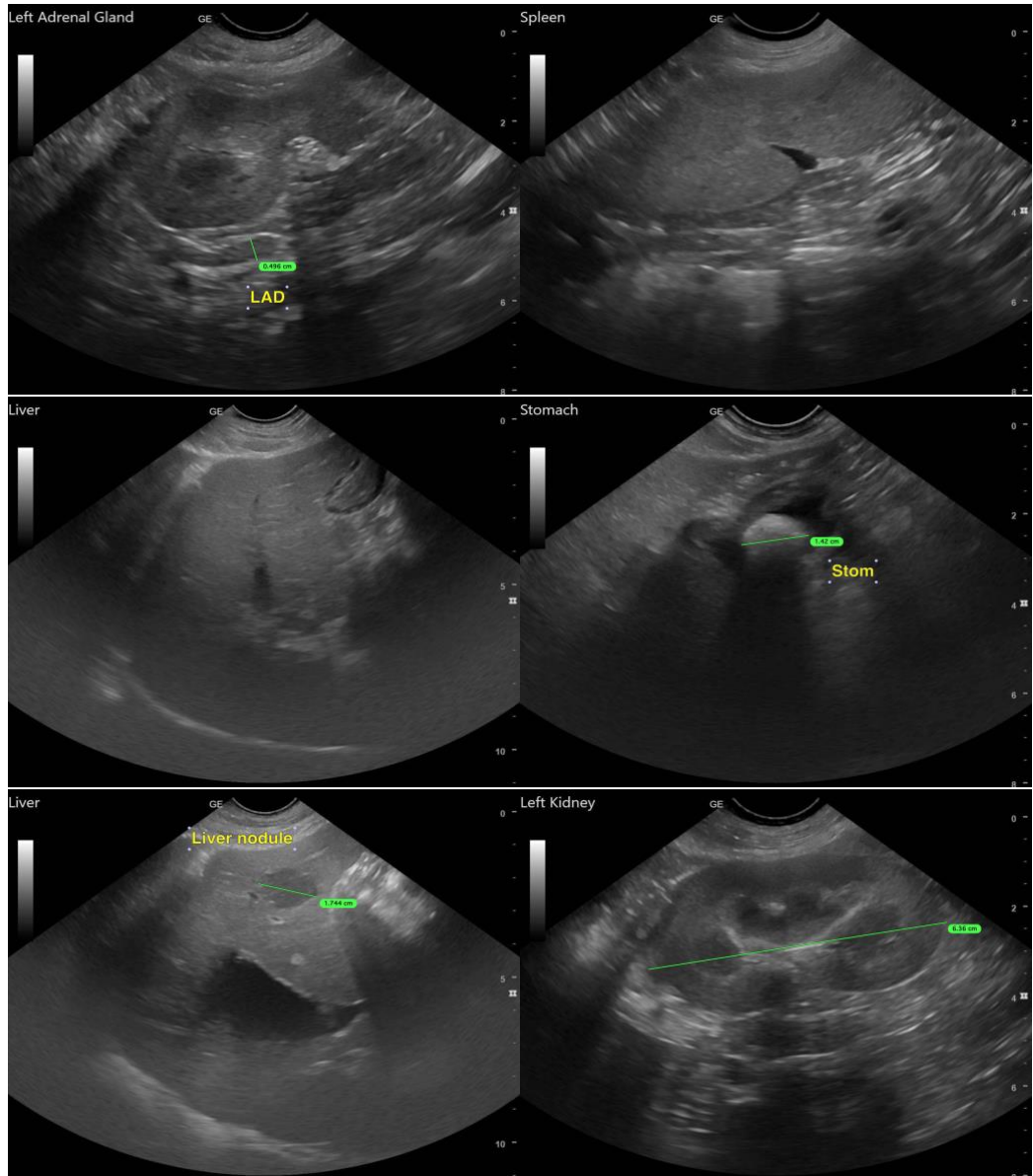
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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