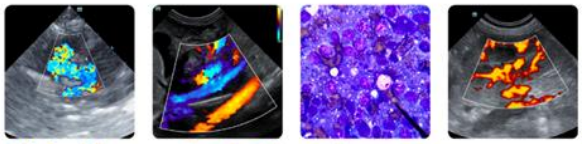


PATIENT
Scout Smith

SPECIES
Canine

BREED
Pointer

SEX
FS

AGE
10yr

WEIGHT
39.4lb

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

IMAGING PERFORMED BY
Harold Mike Beard

HOSPITAL NAME
Animal Care Vetrerinary Center

REFERRING VET
Kayla Anthony

INVOICE
24422

DATE
04/08/2026

PRESENTING CLINICAL SIGNS

Not eating, lethargic. Started about one month ago, got better, same symptoms started back up. Slightly soft stool. Positive for Giardia one month ago, treated. No vomiting.

Abnormal PE/Chem/CBC/UA Results: One month ago: CBC inflammatory leukogram. Chem slight lead decreased albumin. UA 2+ protein. Radiographs enteritis pattern.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size position and shape subjectively measuring 0.5 cm caudal pole width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

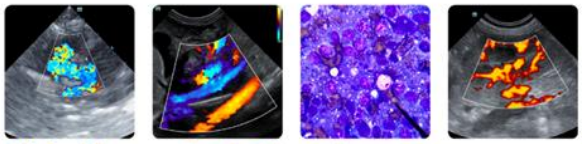
Liver/Gallbladder

The liver was subjectively mildly enlarged with primarily homogenous hepatic parenchyma exhibiting multifocal primarily small non-capsule deforming hypoechoic non-homogenous nodules. An example measured 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 primarily intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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

Pancreas

The area of the pancreas was sonographically normal with indistinct visualization owing to increased peripancreatic omental artifact.

Free Abdomen

An ill-defined mid-abdomen mass was present exhibiting hypoechoic non-homogenous parenchyma measuring ~ 6 by 5 cm.

Regional to generalized non-homogenous hyperechoic omentum and mild volume effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Ill-defined mid-abdomen mass with regional peritonitis.
- Mildly enlarged liver exhibiting multiple hypoechoic parenchymal nodules
- Sonographically normal spleen
- Overall empty gastrointestinal tract with soft fecal matter in colon
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid-abdomen mass is strongly consistent with neoplastic criteria with potential for regional omental seeding. Intestinal mass origin is suspected with non-intestinal origin i.e. lymphatic, omental or unspecified neoplasia not definitively excluded.

The hepatic nodules are strongly suggestive of metastatic hepatic nodular criteria. Necrotic, inflammatory or unspecified abscess with benign hepatic nodules thought less likely. Assuming normal clotting status and if accessible, mass and hepatic FNA cytology is warranted for further clarification in conjunction with effusion analysis. Thoracic radiographs recommended if not done. Abdominal CT could be considered for further evaluation.

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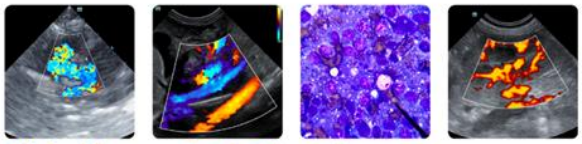

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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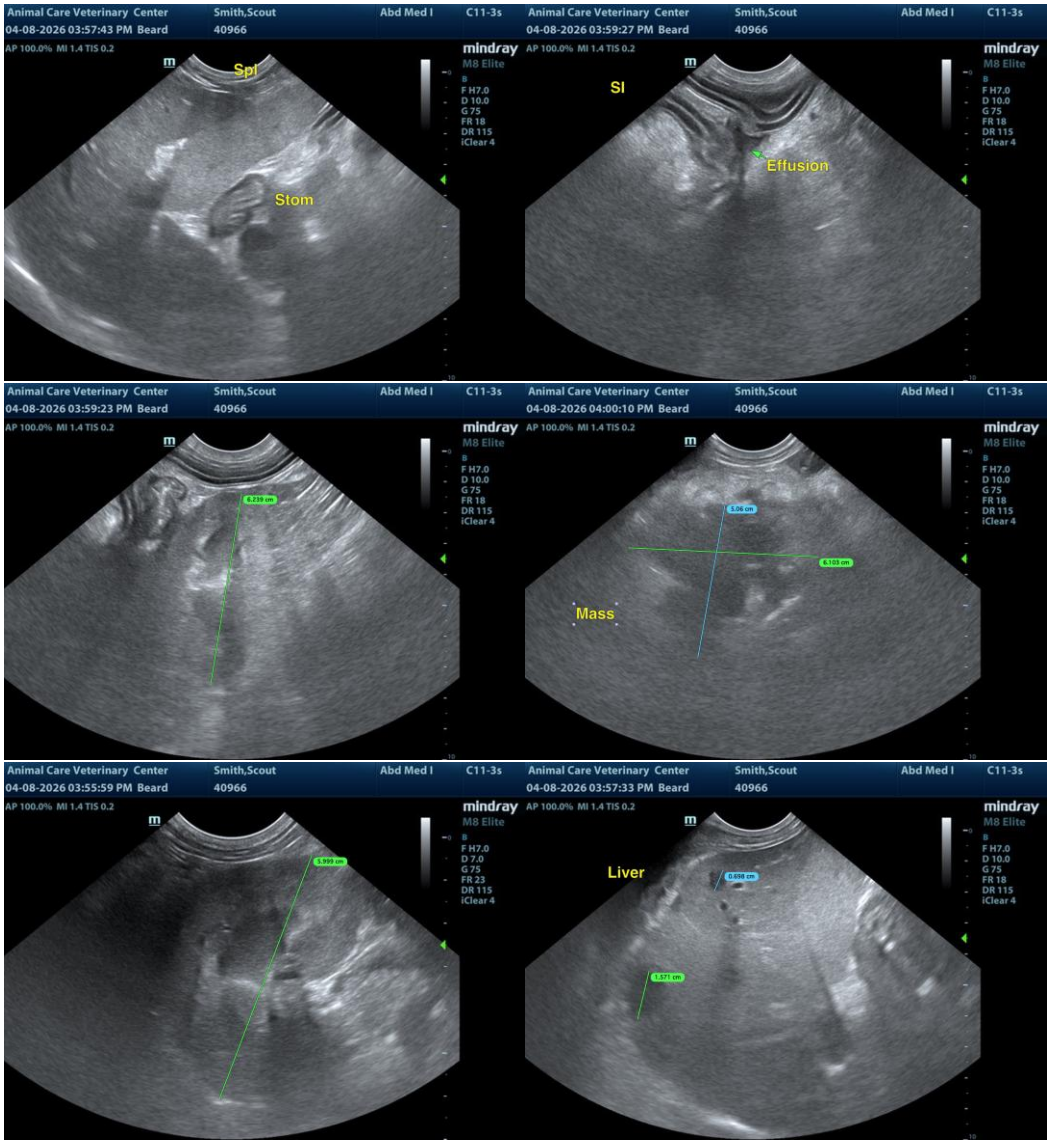

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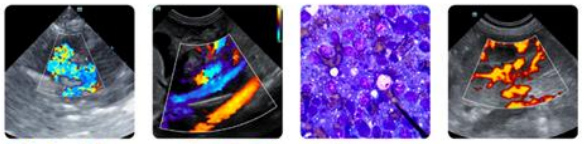

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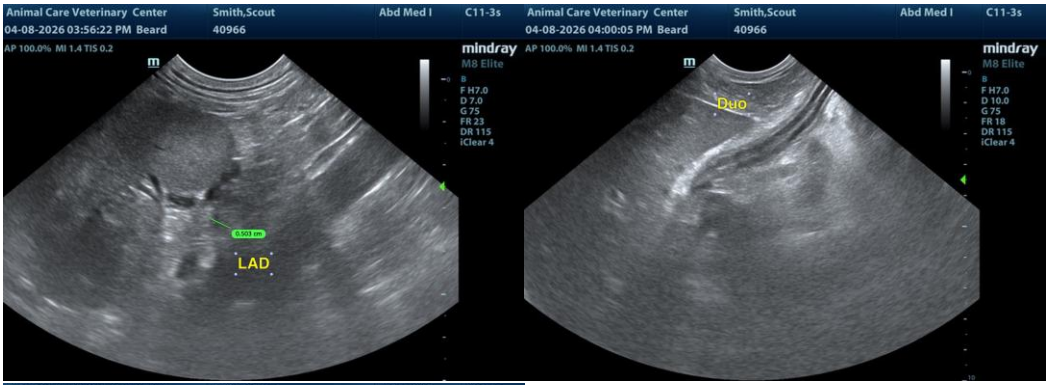

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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