

**PATIENT**

Edmond Beamenderfer

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10Y

**WEIGHT**

74.5lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS,  
Certified Veterinary  
Sonographer

**HOSPITAL NAME**

VCA Palmer Animal  
Hospital

**REFERRING VET**

Alex Glittenberg, DVM

**INVOICE**

75078

**DATE**

5-20-26

**PRESENTING CLINICAL SIGNS**

Edmond presented on 4/15/26 for not being interested in playing, panting more than normal, drinking more water, and limping on left front leg. Owner noted he has appeared off for a couple of days. Musculoskeletal issues noted on PE. Chem: glob 3.7, amylase 7188 x two samples. UA: protein 3+, MA 14.6 \*FNA of liver taken

**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 evidence of urine or 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.

The area of the residual prostate appeared normal and free of pathology.

Several to multiple swollen hypoechoic nonhomogeneous medial iliac/sublumbar lymph nodes were present. An example of a lymph node measured 3.1 x 1.5 cm. Mild surrounding perilymphatic hyperechoic omentum was present.

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 7.0 cm in length. The right kidney measured 7.3 cm in length.

*Adrenal Glands*

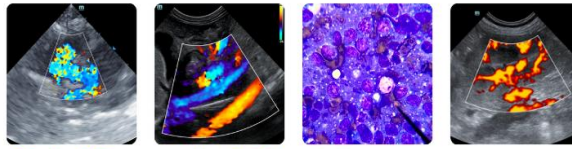
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.86 cm width in the caudal pole. The right adrenal gland measured 0.81 cm width in the caudal pole.

*Spleen*

The spleen was overall normal in size with mild parenchyma heterogeneity. A mildly expansive nonhomogeneous cystic to cavitated cranial splenic mass with associated capsule distortion was present measuring 3.3 cm in diameter. No evidence of capsular escape. A concurrent, similar appearing, and non-capsule distorting perihilar splenic nodule was present measuring 1.4 cm in diameter. 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.

*Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour with a nonhomogeneous remodeled parenchyma with variable coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. A nonhomogeneous nodular mass was present in the mid to right ventral right liver measuring approximately 7.0-8.0 cm in diameter. Concurrent separate smaller nonhomogeneous nodular masses subjective ventrocaudal mid to left liver with an example measuring 3.2-3.5 cm in diameter. Mild parenchyma and mass cysts were visualized.



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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. Mild gas distension was present. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

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

***Pancreas***

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

***Free Abdomen***

No evidence of effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

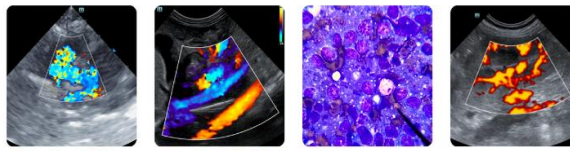
- Liver masses.
- Splenic mass with concurrent perihilar splenic nodule.
- Hypoechoic swollen nonhomogeneous medial iliac/sublumbar lymphadenopathy.
- Age related renal/adrenal changes.
- Pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric hepatosplenic and medial iliac/sublumbar lymphatic neoplastic criteria is met. Correlation with pending hepatic cytology with consideration for concurrent screening splenic mass and accessible lymph node cytology recommended for further assessment and potential for oncology consult assuming neoplastic process is confirmed.

Three-view chest radiographs suggested if not done.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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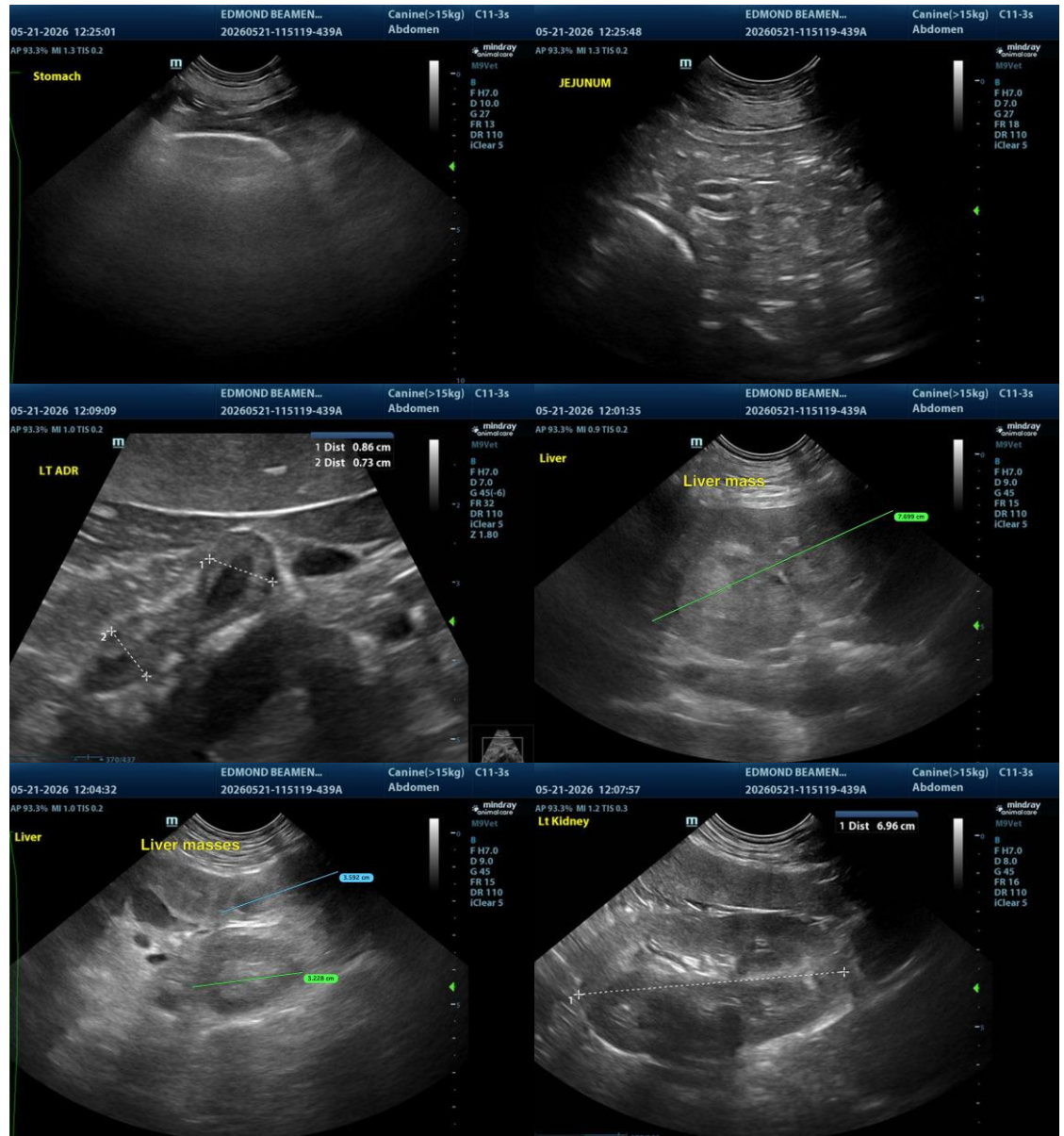
Alex Glittenberg, DVM

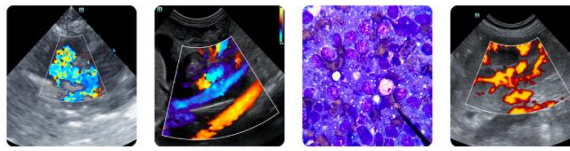
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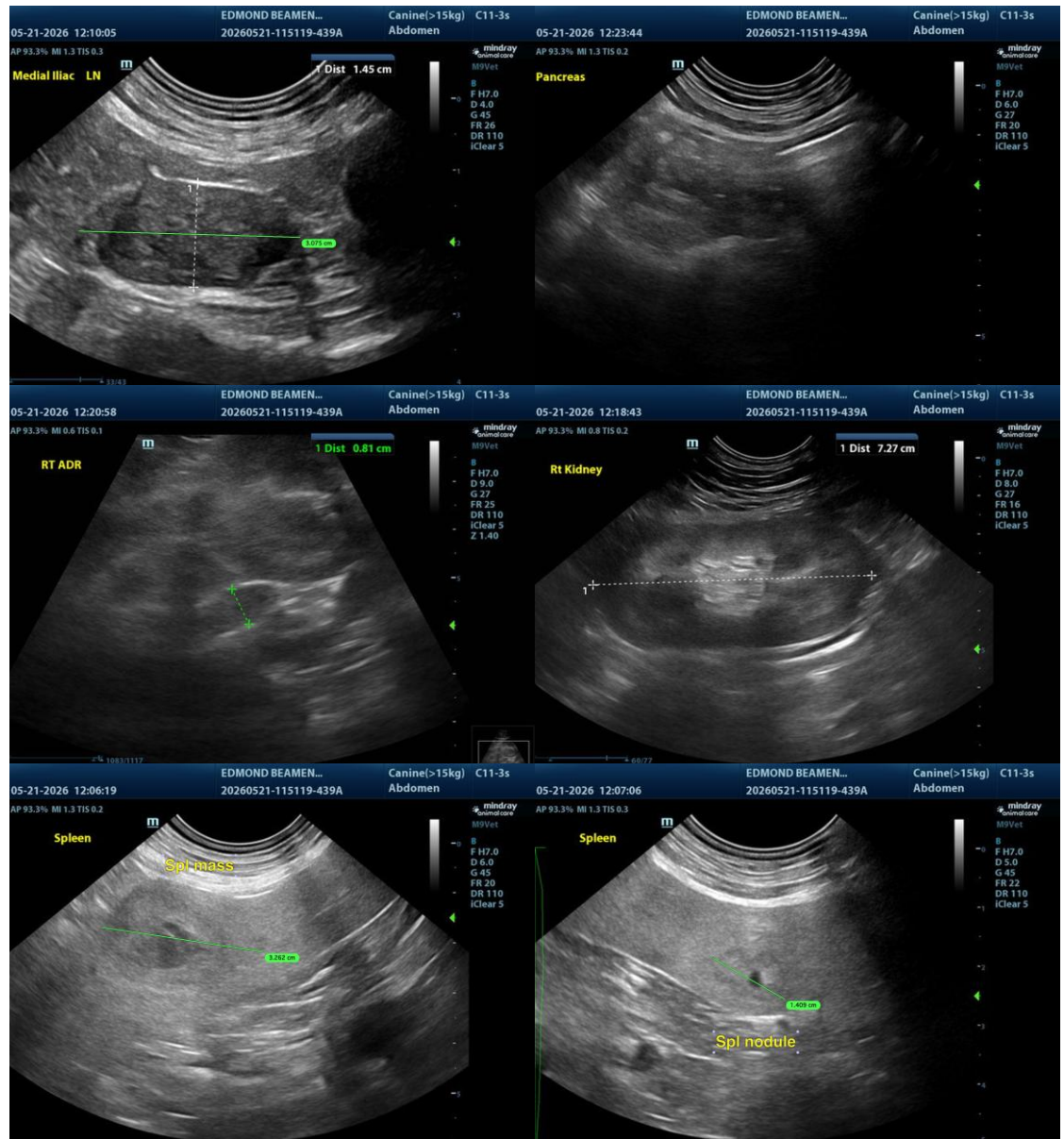
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)