



## PATIENT

Sasha Kunkle

## SPECIES

Canine

## BREED

Husky

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

25.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

## INVOICE

16374

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate abdominal effusion determined to be hemoabdomen at time of ultrasound. Abdominal mass and elevated LES persistent hyperthermia/Fever. Presented to the ER for unproductive retching. Clinician view rad concerning for bloat w/o volvulus. Initial POCUS showed scant effusion, not enough for sample on ER triage. Progressive abdominal effusion (hemoabdomen suspected to be actively bleeding)

Abnormal PE/Chem/CBC/UA Results: SBP 88 mmHg with HR 173 bpm at time of AUS. Abdominocentesis sample: 3 mls of non-clotting bloody fluid obtained. PCV/TS - 47/8.0 CBC - Unremarkable EPOC - Bicarb - 15.3, BE - -8.8 Chem: ALP - 694, Chol - 356, ALT - too high to read (tried to dilute but sample not running to elected to forego dilution at this time) Lepto - negative Lipase - WNL Radiographs - decreased detail but can still make out organs, concern for mass effect in liver and possible splenic mass FAST - scant ascites and possible liver mass? (not enough fluid to get a sample initially)

## 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.

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 6.0 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole.

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

### Spleen

The spleen exhibited normal to borderline subnormal size, symmetrical contour, mild heterogeneous parenchyma and normal vascular volume. No splenic vein thrombus, splenic masses or nodules.

### Liver & Gallbladder

The liver revealed asymmetrical hepatomegaly primarily owing to multiple variably sized non-homogenous cystic to cavitated masses with a larger liver mass present in the right lateral to caudate liver. Associated asymmetrical capsular to caudal expansion measuring approximately 14.0 cm x 8.5 cm. A smaller cystic to cavitated mid liver mass measuring 6.7 cm and a mildly expansive non-homogenous non-cavitated left ventrocaudal liver mass measuring 3.8 cm in diameter. Normal vascular volume.



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The gallbladder was non-distended in size with mildly thickened hyperechoic wall containing mild echogenic to hyperechoic gallbladder debris. 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 contained mild retained fluid 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.

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

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

A moderate volume of mildly echogenic peritoneal effusion with non-homogenous mildly hyperechoic omentum. No obvious visualized significant omental lymphadenopathy.

Subjective echocardiogram revealed mild left ventricle pseudohypertrophy, and decreased cardiac volume, adequate LV systolic function. No evidence of left or right heart chamber enlargement, cardiac tumors or pericardial effusion in the visible window. No obvious arrhythmia.

## **ULTRASONOGRAPHIC FINDINGS**

- Multiple non-homogenous cystic/cavitated liver masses.
- Sonographically normal to volume contracted spleen.
- Moderate volume of peritoneal effusion.
- Volume contracted heart.
- Mild chronic renal changes.
- Sonographically normal gastrointestinal tract with mild retained gastric fluid.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Multicentric hepatic neoplastic criteria is met with high suspicion for multicentric hepatic hemangiosarcoma in conjunction with reported hemoabdomen. No evidence of splenic or cardiac neoplastic criteria/metastasis. Unfortunately, curative surgical options appear precluded. An unfavorable prognosis is indicated.



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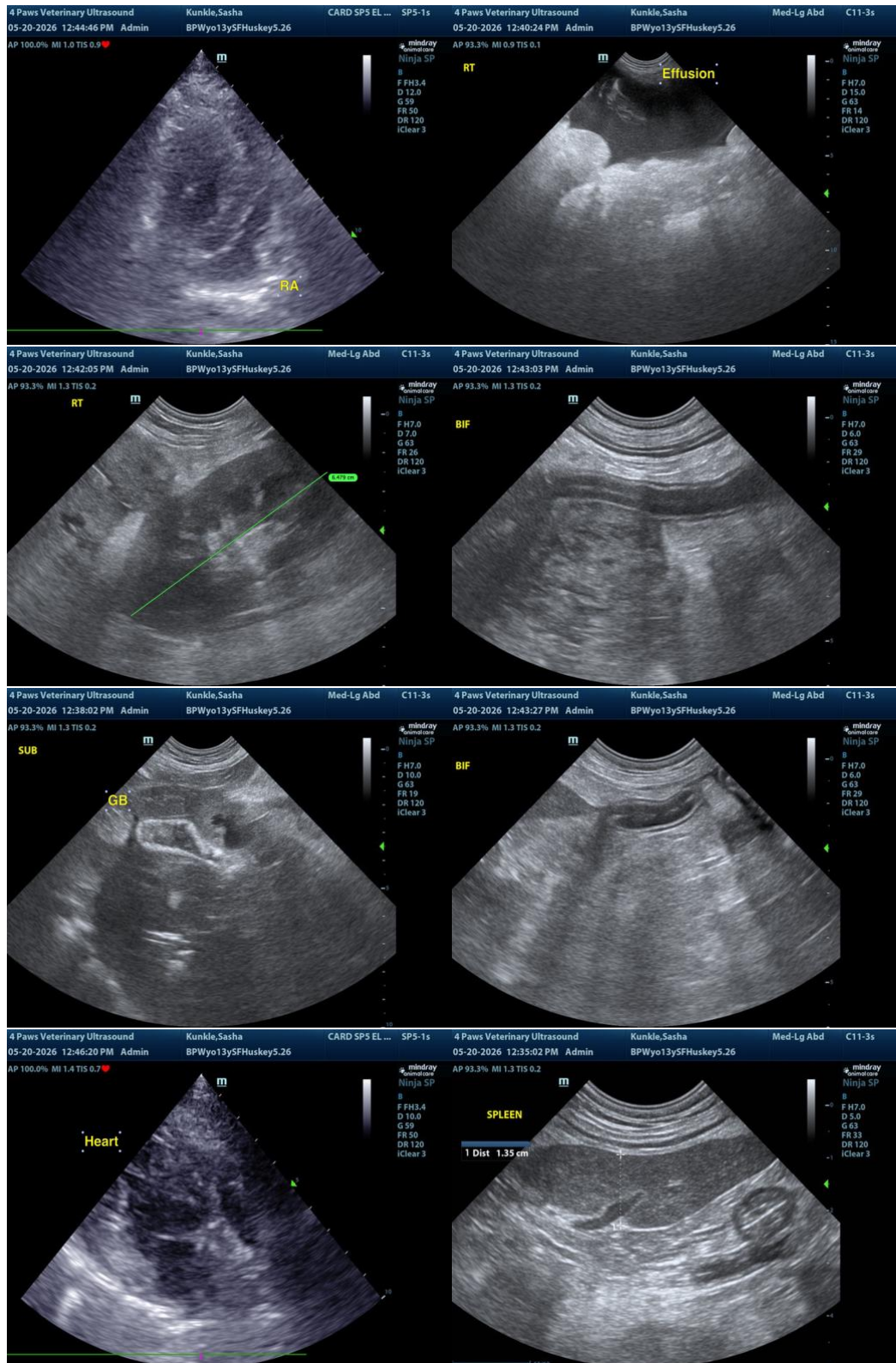
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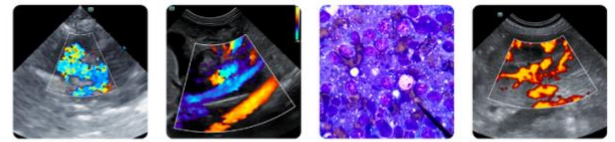
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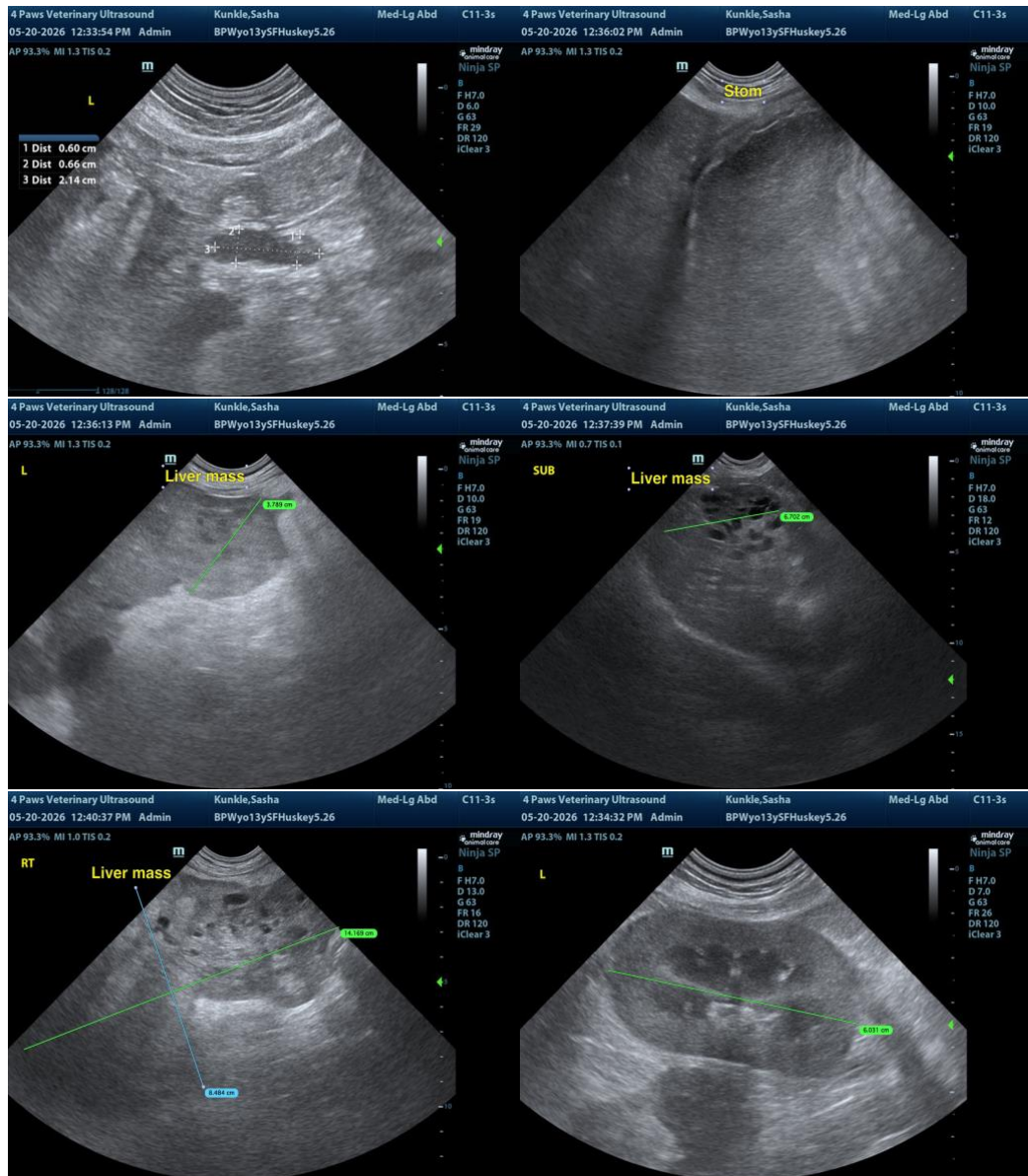
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)