



PATIENT

Penelope Diamond

SPECIES

Canine

BREED

Whippet Mix

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

40.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hagadon

INVOICE

16394

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Palpable cranial abdominal mass – irregular, weight loss

Abnormal PE/Chem/CBC/UA Results: HCT - (lo) 31.1, poss. toxic neutrophils, bands (hi) 292, SDMA (hi) - 18, alb (lo) 2.5, ALT - (HI) 1.016, AST - 97, ALK PHOS - 1677 plus. protein in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The visualized intact spleen exhibited symmetrical contour and homogenous parenchyma. An irregular to expansive nonhomogenous hypoechoic mass was present in the area of the mid cranial spleen measuring approximately 8.0 cm in diameter.

Liver & Gallbladder

The liver presented markedly and asymmetrically enlarged, exhibiting a diffuse non-homogenous parenchyma with multicentric parenchymal nodules, as well as variably sized non-homogenous nodular masses. Example of liver mass measured approximately 8.0 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 was not definitively visualized, potentially owing to gastric displacement.

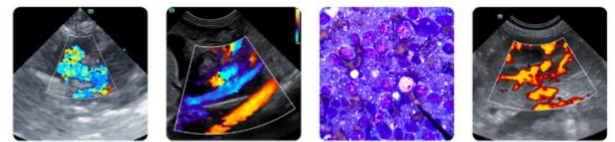
The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The distal colon at the level of the urinary bladder was sonographically normal with a subjective semiformal fecal matter.

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



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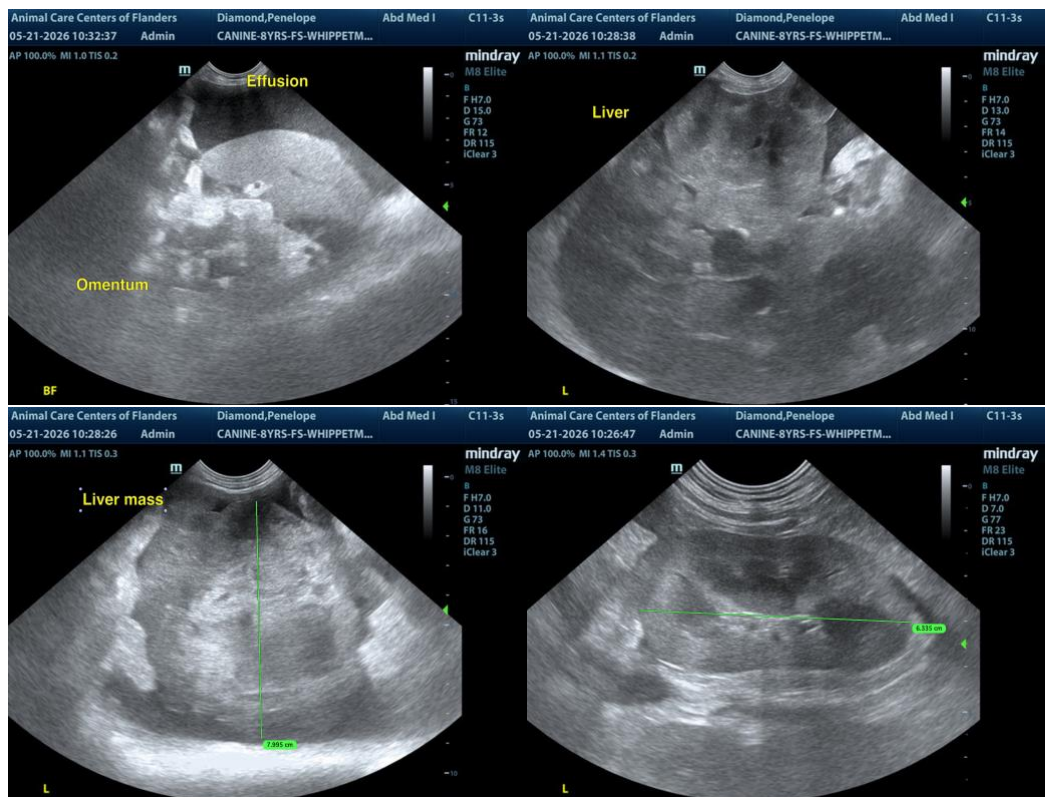
Moderate volume of echogenic peritoneal effusion was present. Nonhomogenous nodular mid to cranial abdomen primarily perihepatic to perisplenic omentum. No definitive visualized significant or swollen mesenteric lymphadenopathy, although not exclude given nonhomogenous to nodular omental presentation.

ULTRASONOGRAPHIC FINDINGS

- Multicentric abdominal neoplastic pattern involving the diffuse liver, including probable splenic mass, non-homogenous nodular omentum, and echogenic peritoneal effusion—carcinomatosis, lymphomatosis, sarcomatosis, or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, curative surgical options are precluded. Further assessment may include hepatosplenic FNA cytology and effusion analysis. However, a poor prognosis is indicated.





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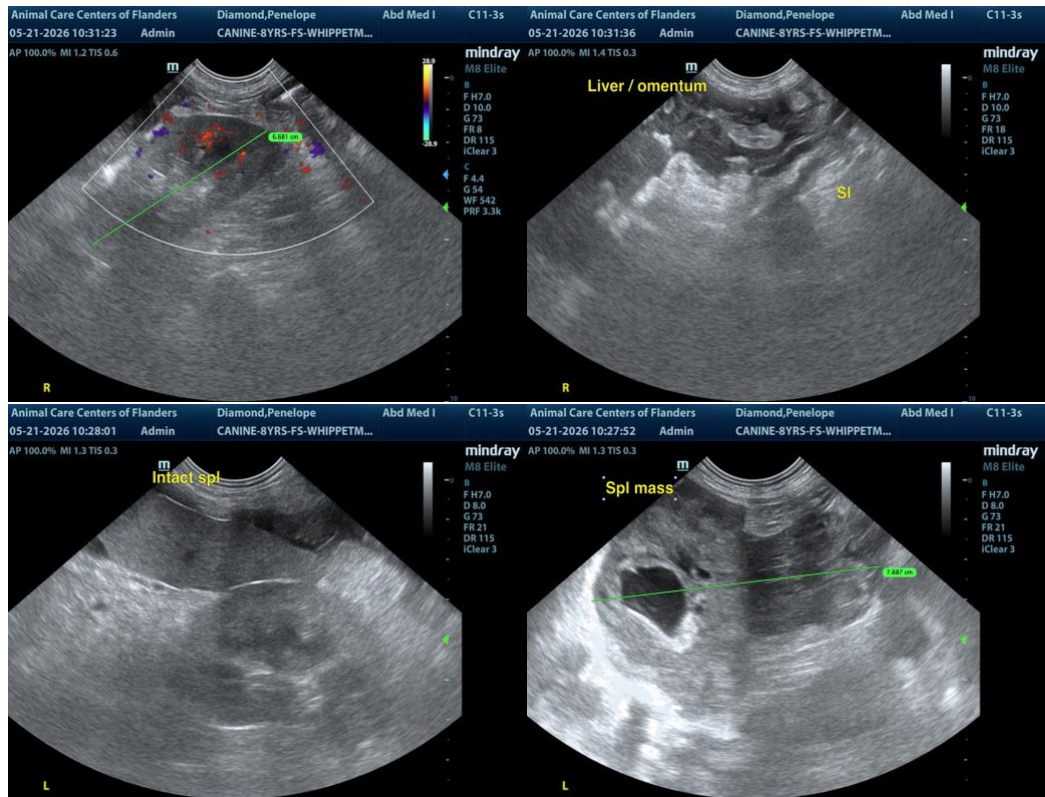
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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