



PATIENT

Samson Wtulich

SPECIES

Canine

BREED

Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

104 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Loving Care Veterinary
Hospital

REFERRING VET

Dr. Steele

INVOICE

16390

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Not eating, fb in stomach eating everything he finds, licking for severe diarrhea

Abnormal PE/Chem/CBC/UA Results: Elev ggt alp tp glob plt Decr bun lymph T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 7.4 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without obvious pathology. The left adrenal gland subjectively measured 0.83 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to patient's size and adrenal depth.

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 revealed generalized hepatomegaly with areas of mild asymmetrical hepatic capsule contour and indistinctly marginated nonhomogenous cystic potentially cavitated liver mass in the subjective caudal mid to right liver measuring approximately 10.0 cm in diameter. Concurrent separate discrete to indistinctly marginated ventrocaudal left liver intraparenchymal nodule measuring approximately 2.8 cm in diameter.

The gallbladder was non distended in size with mild to moderate hyperechoic nonorganized gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented non-distended with overtly normal intact visible wall. The stomach contained strongly shadowing mild irregular content extending into the pyloric outflow without evidence of obstructive pyloric mural pathology. The shadowing content in the gastric body measured approximately 4.0 cm in diameter and approximately 3.0 cm in diameter at the level of the pylorus.



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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.

The colon was indistinctly visualized, containing subjective colon gas and soft fecal matter, likely consistent with patient's history.

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

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body, sonographically unremarkable empty visualized small intestine.
- Non-homogenous cystic/cavitated liver mass with concurrent separate to discrete left liver parenchymal nodule.
- Non-organized gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass and concurrent separate hepatic nodule are nonspecific, yet neoplastic criteria with potential for intrahepatic metastasis is favored. The margins of the hepatic mass were indistinct given liver depth and patient conformation with potential extension of the mass into the area of the porta hepatis possible.

Three view chest radiographs are recommended. If no pathology on thoracic radiographs and assuming normal clotting status, laparotomy with gross inspection of the gastrointestinal tract and liver with expectation toward gastrotomy with gastrointestinal biopsies given patient's history/pica, as well as hepatic biopsies versus resection or debulking of the hepatic mass could be considered. Non-sonographically evident metastasis or micrometastasis associated with the hepatic mass/nodule may be possible.





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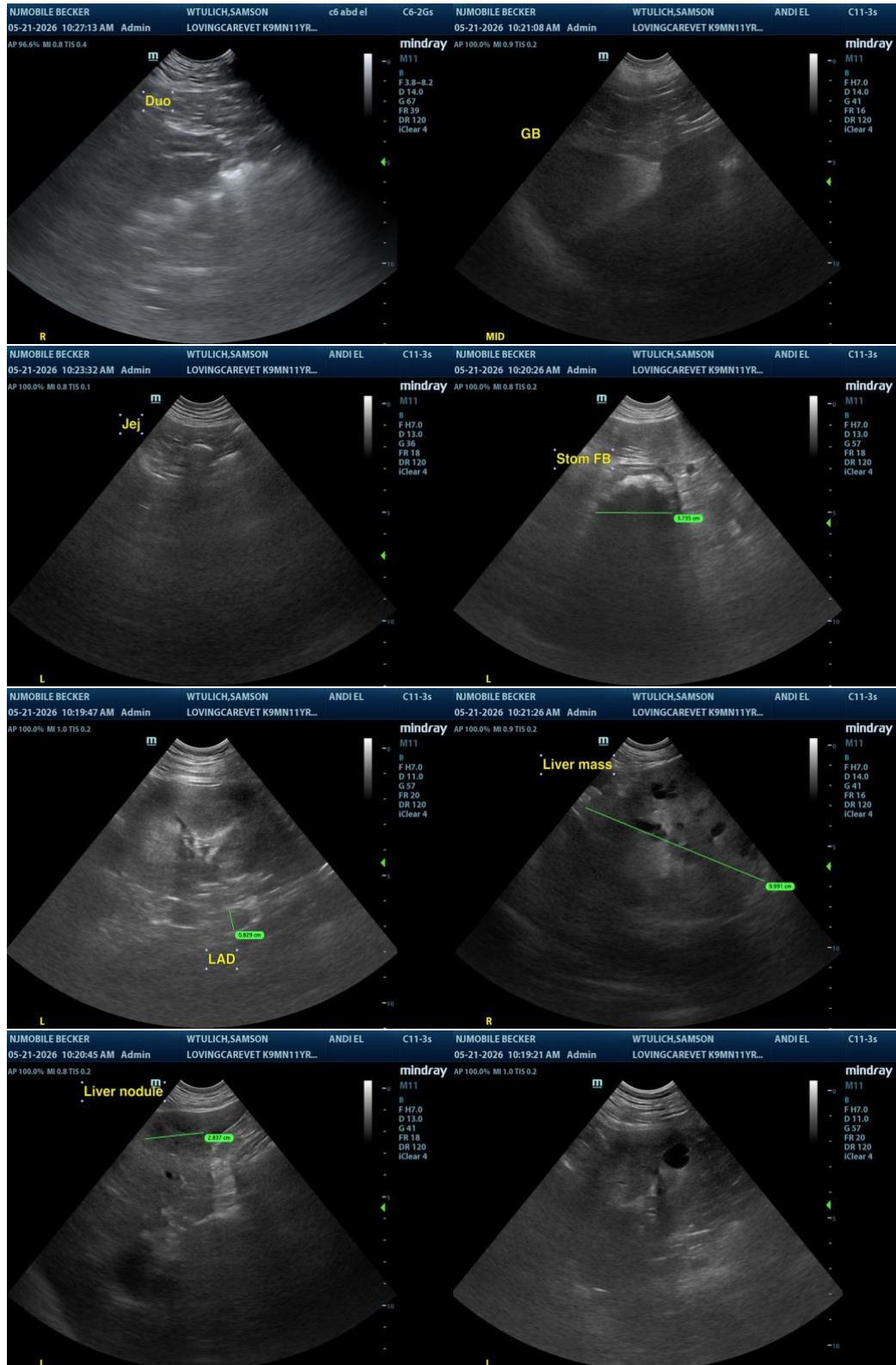
Dr. Steele

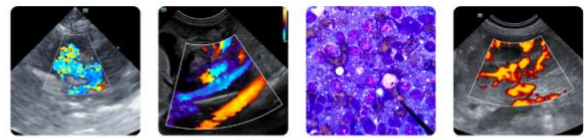
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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