



## PATIENT

Daisy Grover

## SPECIES

Canine

## BREED

Chinese Crested x

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

5.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Laurie Brewer

## INVOICE

75547

## DATE

5/30/26

## PRESENTING CLINICAL SIGNS

\*P presented after fall down the stairs, got up by the time O got to her, defecated normally. P was also vocalizing. P did not eat breakfast on 5/29 and no interest in treats. Lethargy and weakness at home. Prior history of dental disease, heart murmur, and elevated liver values. P takes denamarin.

\*concern for abdominal mass(s): liver, spleen, other; neoplasia

Abnormal PE/Chem/CBC/UA Results: PE: moderate pain 3/4, to abdominal palpation; at triage mm pale/grey crt ~3; Reactive to abdominal palpation, possibly enlarged organ such as spleen or liver; Muscle atrophy, moderate generalized muscle wasting rads: large irregular mass taking up most of the abdomen and seems to involve the spleen and possible the intestines. irregular liver cbc: wbc 17.92 H, neu 14.62 H, ret 119.8 H, ret 2.19 % H, plt 546,000 H epoc: TCO2 15.7 L, lactate 4.14 H chem: phosphorus 6.9 H, total protein 5.1 L, albumin 2.2 L, glucose 130 H, ALT >1,000 H, ALP > 993 H, ggt 20 H

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 3.7 cm. Right kidney measured 4.6 cm.

### Adrenal Glands

The left adrenal gland was indistinctly visualized, overtly normal in size, position and shape, measuring 0.49 cm at the caudal pole.

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

### Spleen

The discernable intact spleen was overall normal in size with symmetrical contour and mild heterogeneous parenchyma exhibiting mild non-homogeneous centrally to non-uniform hyperechoic, non-capsule deforming nodules. An example of a splenic nodule measured 0.68 cm.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete, non-homogeneous hyperechoic intraparenchymal nodules were noted. An example measured 0.95 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### ***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 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 area of the pancreas was sonographically normal.

### ***Free Abdomen***

A large, irregular, non-homogeneous, hyperechoic mass was occupying the majority of the mid to cranial abdomen, effacing both the medial spleen and caudal aspect of the liver. The mass measured at least 11.0 cm in diameter. The mass exhibited subjective focal cystic to cavitated component.

Mild to moderate volume peritoneal effusion present.

No obvious visualized significant omental lymphadenopathy.

### **PRIMARY FINDINGS**

- Large mass effacing both the liver and spleen
- Hepatic and splenic nodules
- Peritoneal effusion

### **SECONDARY FINDINGS**

- Gallbladder debris (non mucocele), chronic renal changes

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

Differentiation between primary liver vs splenic mass is difficult to ascertain given size of the mass with both liver and splenic origin possible. The mass is most consistent with neoplasia and there is high concern for either splenic or hepatic nodular metastasis, or combination. FNA of the mass could be considered in conjunction with effusion analysis for further definition. Three view thoracic radiographs indicated if not done.



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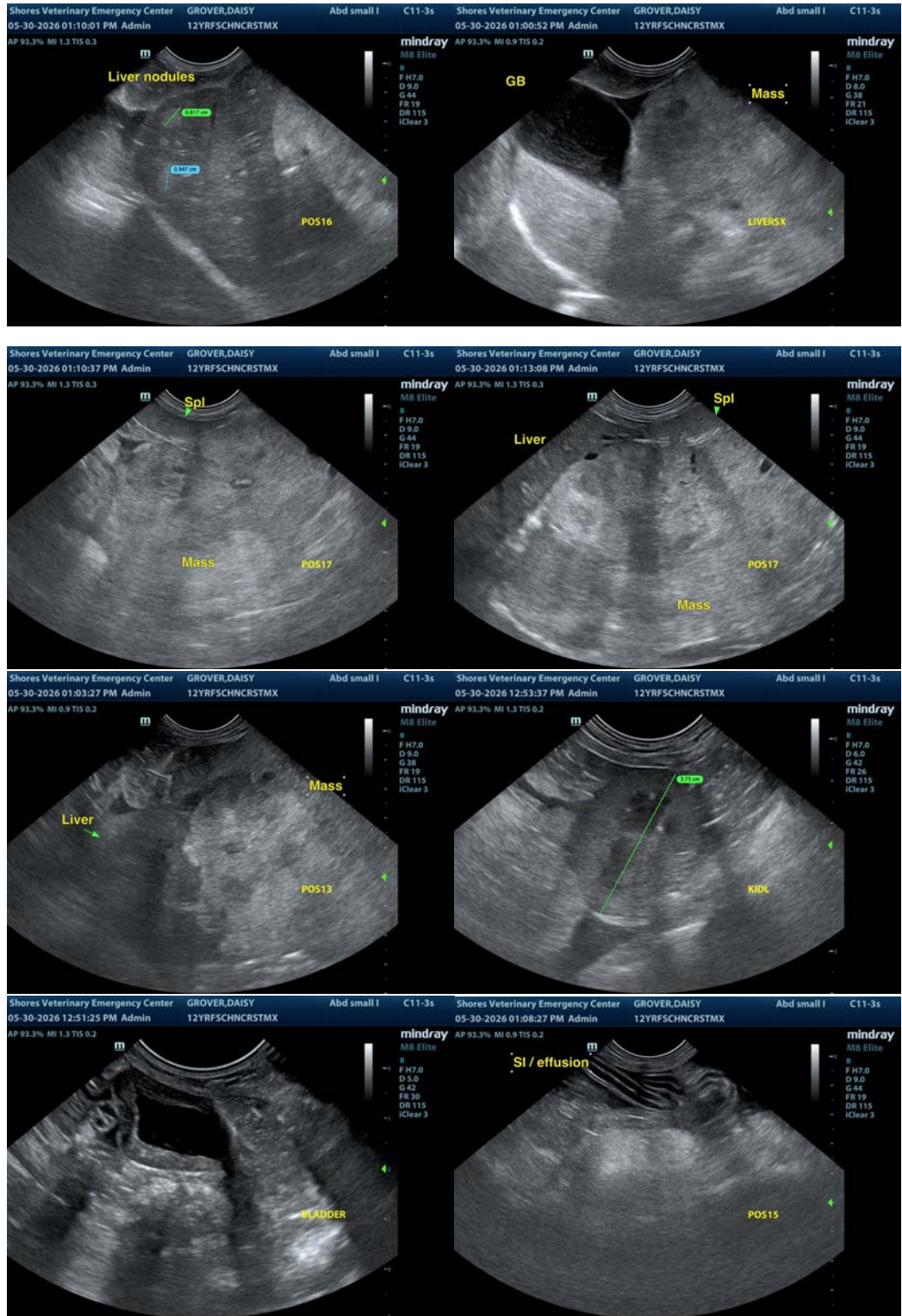
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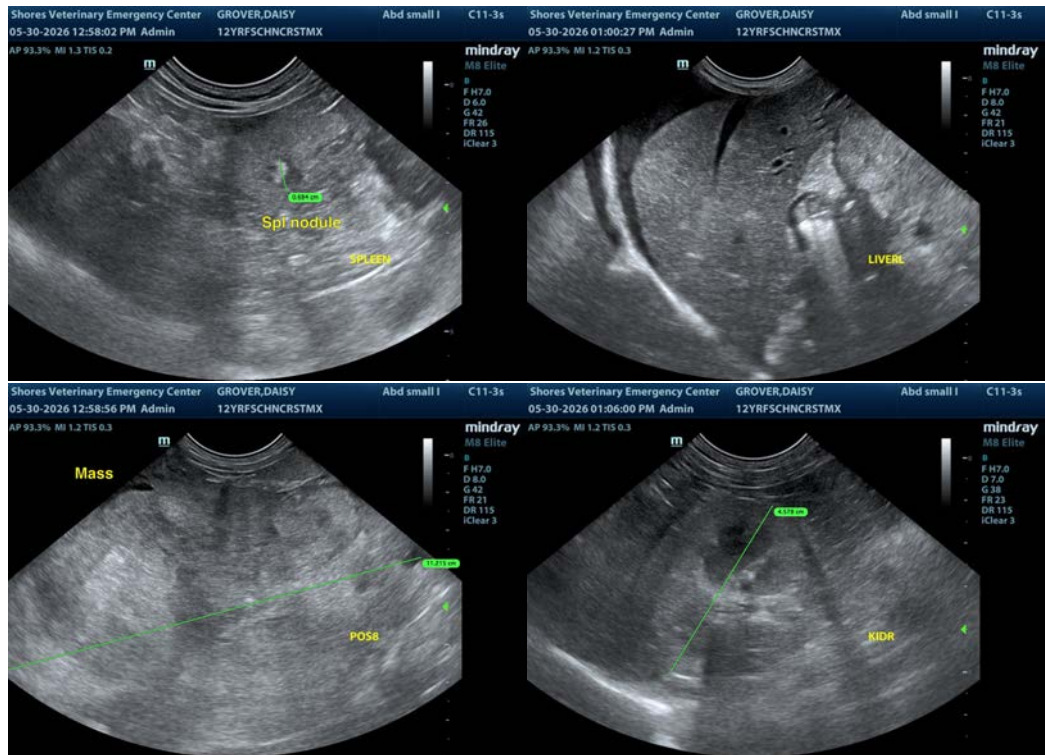
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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