



PATIENT

Molly Tillett

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

14

WEIGHT

36

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Arculli

INVOICE

10878

DATE

5/7/26

PRESENTING CLINICAL SIGNS

distended bladder, no stranguria, r/o bladder mass, rads neg for cystic calculi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size and non-distended with urine. Minimal anechoic urine was present. Probable displaced urinary bladder owing to an undifferentiated caudal abdomen mass, as well as concurrent subjective ventral proximal urethral displacement. Normal proximal urethral tone and structure were noted to a depth of 1.0 cm.

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney hydronephrosis. No visualized right hydroureter. No evidence of left kidney hydronephrosis. The left kidney measured 5.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited multiple, variably expansive, nonhomogeneous masses. An example of splenic mass measured 2.5-3.0 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The visualized segments small intestine presented as sonographically normal.

Normal visible colon wall layers were present with 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.



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Free Abdomen

Large undifferentiated nonhomogeneous cavitated mass occupying the majority of the caudal abdomen was present, measuring at least 10.0 cm in diameter. The mass was not obviously associated with a definitive caudal abdomen structure. Undifferentiated similar appearing yet smaller, nonhomogeneous, potentially cavitated mass was noted in the area of the right kidney and right liver, measuring ~3.2 cm in diameter. No obvious visualized peritoneal effusion was noted.

A caudal abdomen to potentially medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Large undifferentiated caudal abdomen mass
- Multiple splenic masses
- Concurrent smaller undifferentiated cranial abdomen mass adjacent to right kidney / right caudal liver
- Chronic renal changes with mild right kidney hydronephrosis
- Nondistended urinary bladder with suspect bladder and proximal urethral displacement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric unspecified neoplastic criteria are met with evidence of probable splenic and caudal right liver to right kidney metastasis. Multicentric sarcoma or other are possible. Suspect associated non-visualized right ureter obstruction, given evidence of mild right kidney hydronephrosis. Surgical options appear precluded. An unfavorable prognosis is unfortunately indicated.

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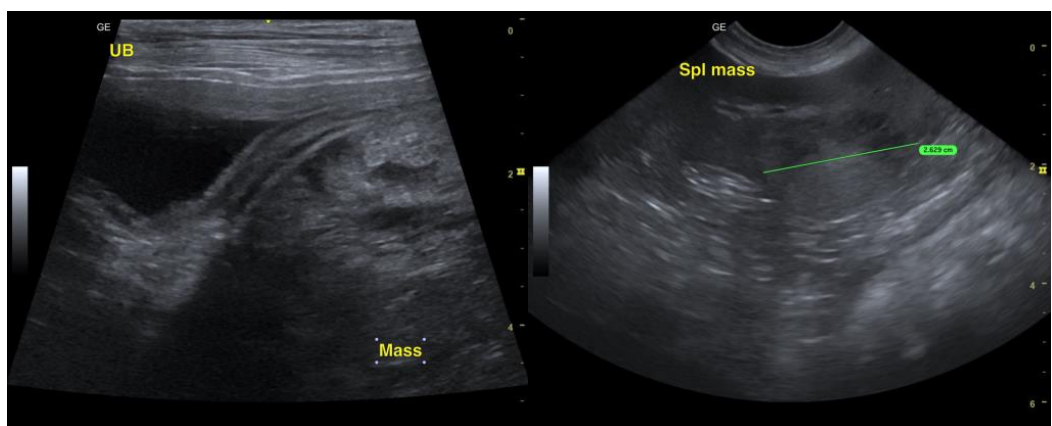
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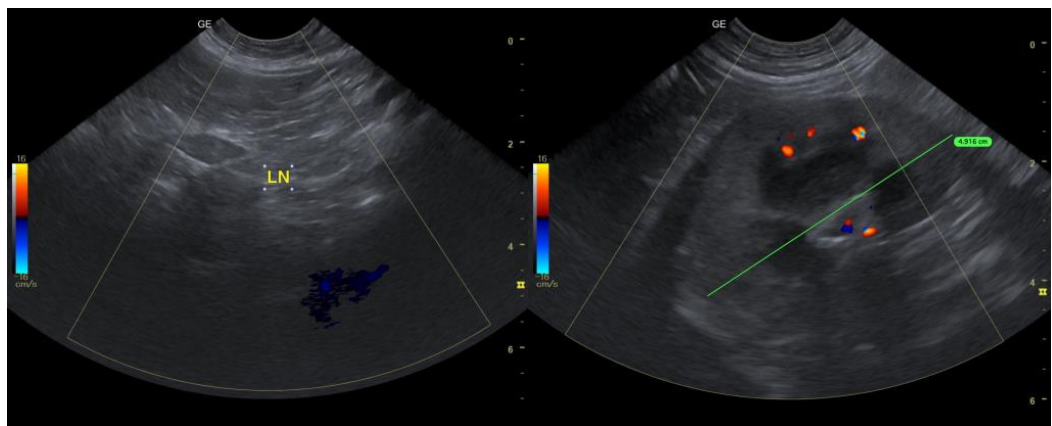
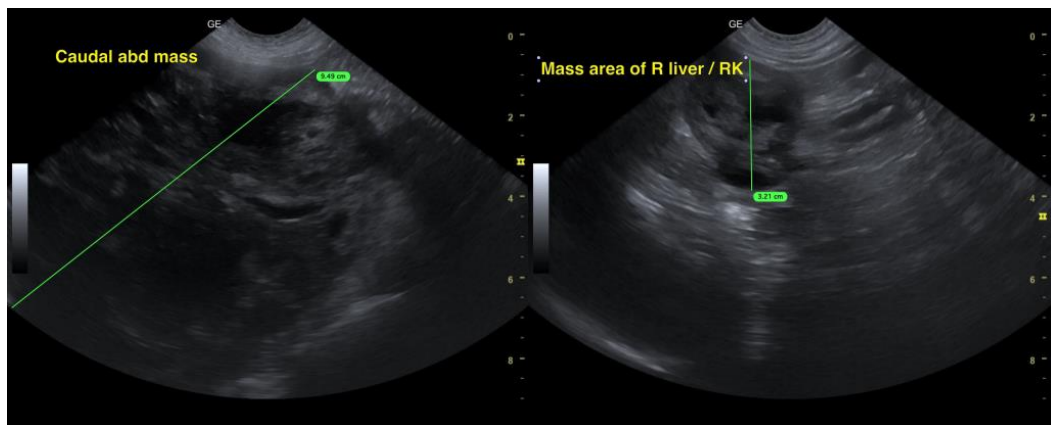
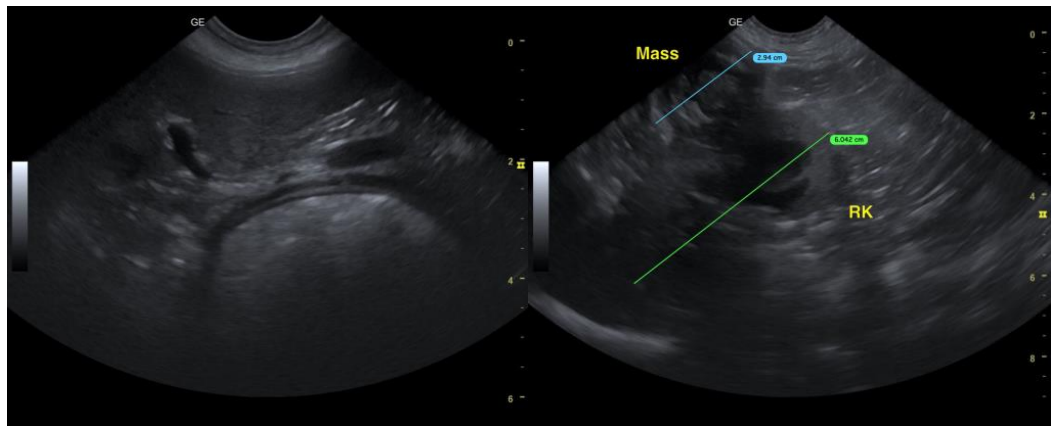
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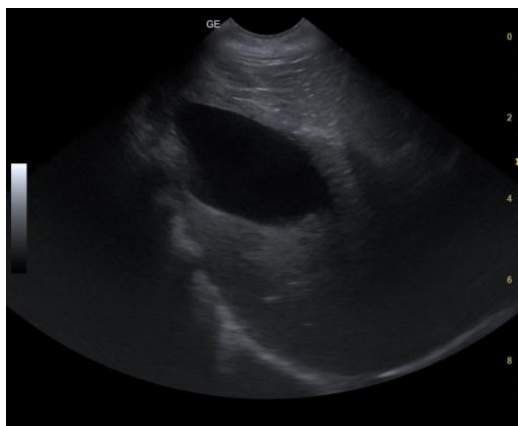
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com