



PATIENT	PRESENTING CLINICAL SIGNS
Phoenix Massie	History: Wellness blood work abnormal values . Lethargic and weigh loss poor appetite and pica Patient sedated with butorphanol for scan
SPECIES	Abnormal PE/Chem/CBC/UA Results: Mod to severe elevation of liver enzymes No bilirubin on blood no urobiligen in UA
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labradoodle	Urinary System
SEX	The urinary bladder was normal in overall size and tone. Focal mild thickening of the ventral apical urinary bladder was present without evidence of mural mineralization. The ventral apical urinary bladder wall width measured 0.42 cm. Anechoic urine was present with no sediment or calculi. The urethra was normal to a depth of 3.0 cm.
Spayed Female	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.
AGE	
11 Years	
WEIGHT	Adrenal Glands
12 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 0.36 cm width at the cranial pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.46 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Belan	
HOSPITAL NAME	Liver
Sabadilla AH	The liver revealed a moderately size nonuniform to nodular mass, which appeared to extend caudally to the potential level of the gastric axis was present. The mass appeared to occupy the majority of the mid to left liver, measuring approximately 8.0 cm in diameter, but potentially larger. Normal appearing hepatic parenchyma, exhibiting moderate coarse echotexture was present in the subjective right and caudate liver lobes.
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria.
Dr. Gira	
INVOICE	Gastrointestinal
16190	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.
DATE	
6/20/22	



PATIENT

Phoenix Massie

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.

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This change is likely consistent with mild age-related parenchymal remodeling and considered incidental.

BREED

Labradoodle

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed Female

Heart

A rapid view of the heart was normal.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

- Nonuniform to nodular liver mass
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Minor ventroapical cystitis pattern

WEIGHT

12 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the primary finding of the liver mass is most suggestive of neoplastic criteria, given its nonuniform nodular appearance and distortion of the hepatic capsule. Nonneoplastic etiologies, i.e., significant hyperplasia, hematopoiesis, granuloma or other is considered less likely differential diagnosis. Correlation with pending liver cytology is recommended. Core surgical biopsy may be required for a definitive diagnosis. complete resection of the hepatic mass is considered unlikely given its likely involvement of more than one liver lobe.

No overt evidence of cardiac metastasis. Three-view chest radiographs recommended, if not done.

A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to rule out concurrent gastrointestinal disease as a contributing factor to the weight loss. As needed gastrointestinal support recommended.

INTERPRETED BY

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

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HOSPITAL NAME

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REFERRING VET

Dr. Gira

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PATIENT

Phoenix Massie

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 kg

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REFERRING VET

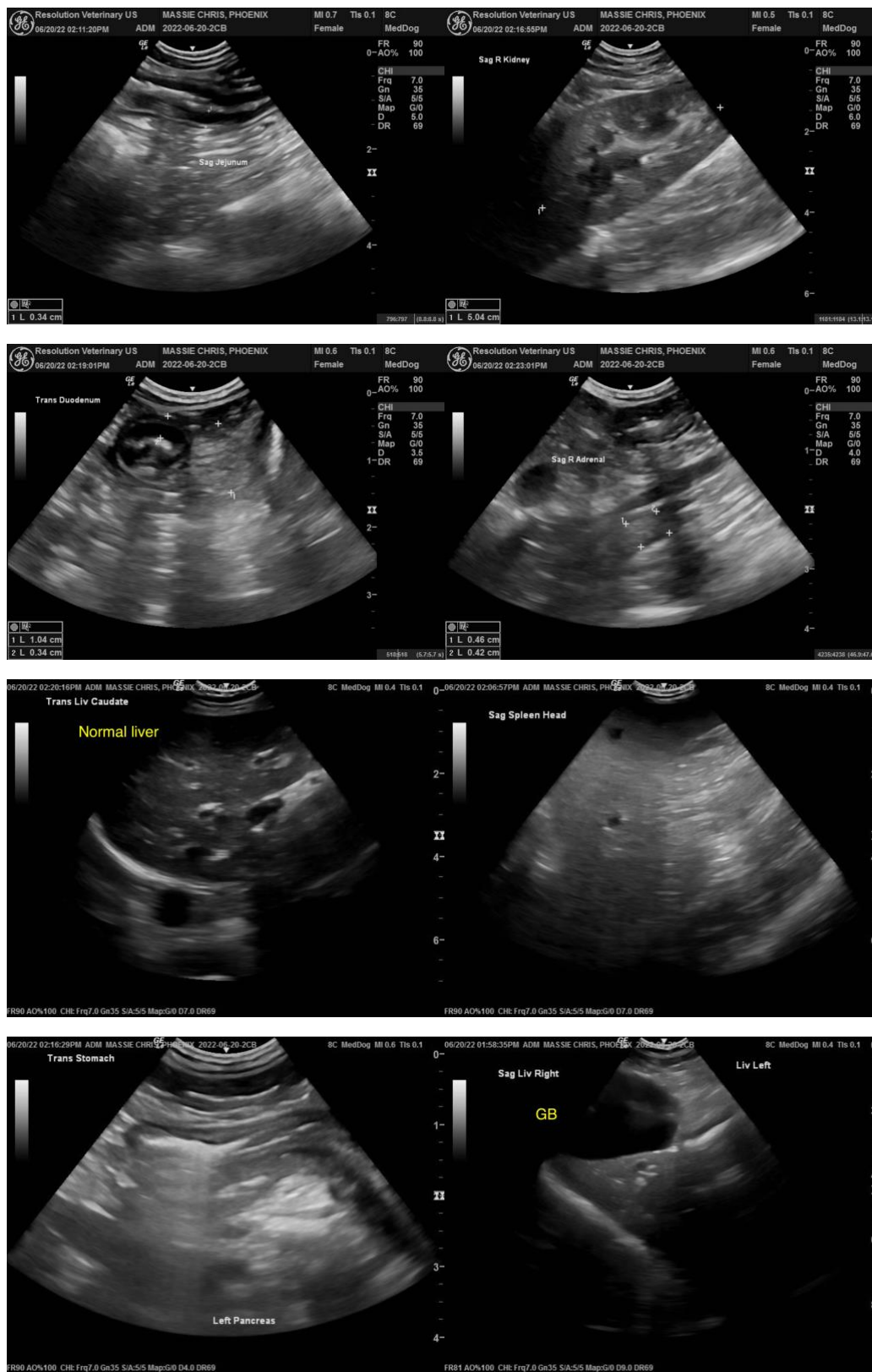
Dr. Gira

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PATIENT

Pheonix Massie

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 kg

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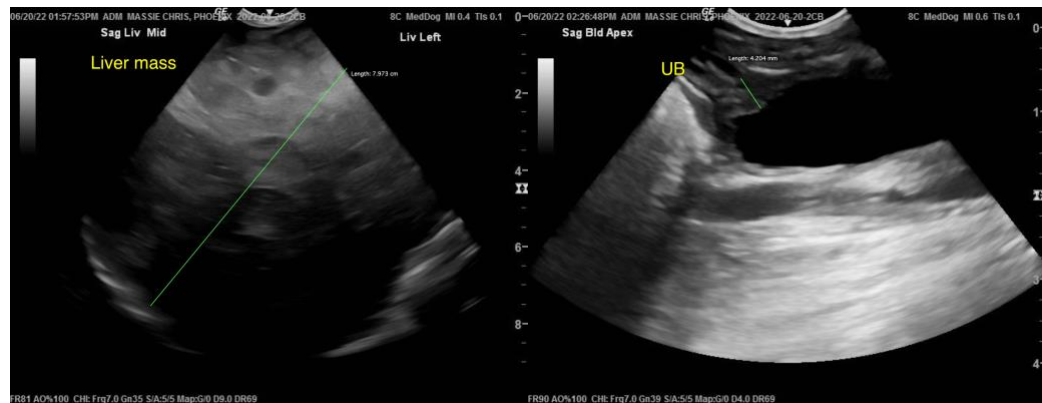
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INVOICE

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DATE

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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