



**PATIENT**

Oso Knutson

**SPECIES**

Canine

**BREED**

Shar Pei Mix

**SEX**

MN

**AGE**

15yr

**WEIGHT**

73.2lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Companion Pet Salem

**REFERRING VET**

Dr Mills

**INVOICE**  
25049

**DATE**

06/08/2026

**PRESENTING CLINICAL SIGNS**

Currently dealing with allergy issues.  
Patient now dealing with right rear leg swelling.  
ABNORMAL Labwork Values

no bloodwork done

Current Medications

Apoquel 16mg chewable tablets, Meloxicam 7.5mg 20ct 1/2 PO SID

Radiographic Findings

Distended abdomen, fluid wave present in x-ray.

Enlarged liver present in x-ray.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate appeared normal and free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral medullary hyperechogenicity and mineralization, potential for medullary amyloidosis given patient breed possible. Minor left kidney pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm length and 1.1 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length and 0.80 cm width in the caudal pole.

**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 exhibited generalized hepatomegaly, primarily owing to expansive non-homogenous liver mass subjectively occupying primarily the mid to left liver potentially extending into the right liver, measuring at least 12 to 13 cm in diameter. Associated asymmetrical hepatic capsule distortion. No



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overt capsular escape. The gallbladder was non-distended in size with thin walls and mild to moderate non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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.

**Free Abdomen**

No omental masses, overt swollen lymphadenopathy or significant peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Hepatomegaly with liver mass
- Non-organized gallbladder debris (non-mucocele)
- Normal spleen
- Chronic renal changes with medullary mineral and mild left kidney pyelectasia
- Bilateral mild non-homogenous adrenomegaly- hyperplasia, adenomatous change, unilateral or bilateral adrenal tumor thought less likely

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Liver mass sampling either via initial FNA cytology or gold standard biopsy with histopathology could be considered for further clarification. Subjectively, the liver mass appears to involve more than one liver lobe with potential extension into area of the porta hepatis.

Correlation with lab work, UA, and 3 view chest radiographs are recommended. Adrenal screening or workup could be considered if clinical signs consistent with adrenal disease. Assessment of systemic BP for evidence of hypertension is suggested.



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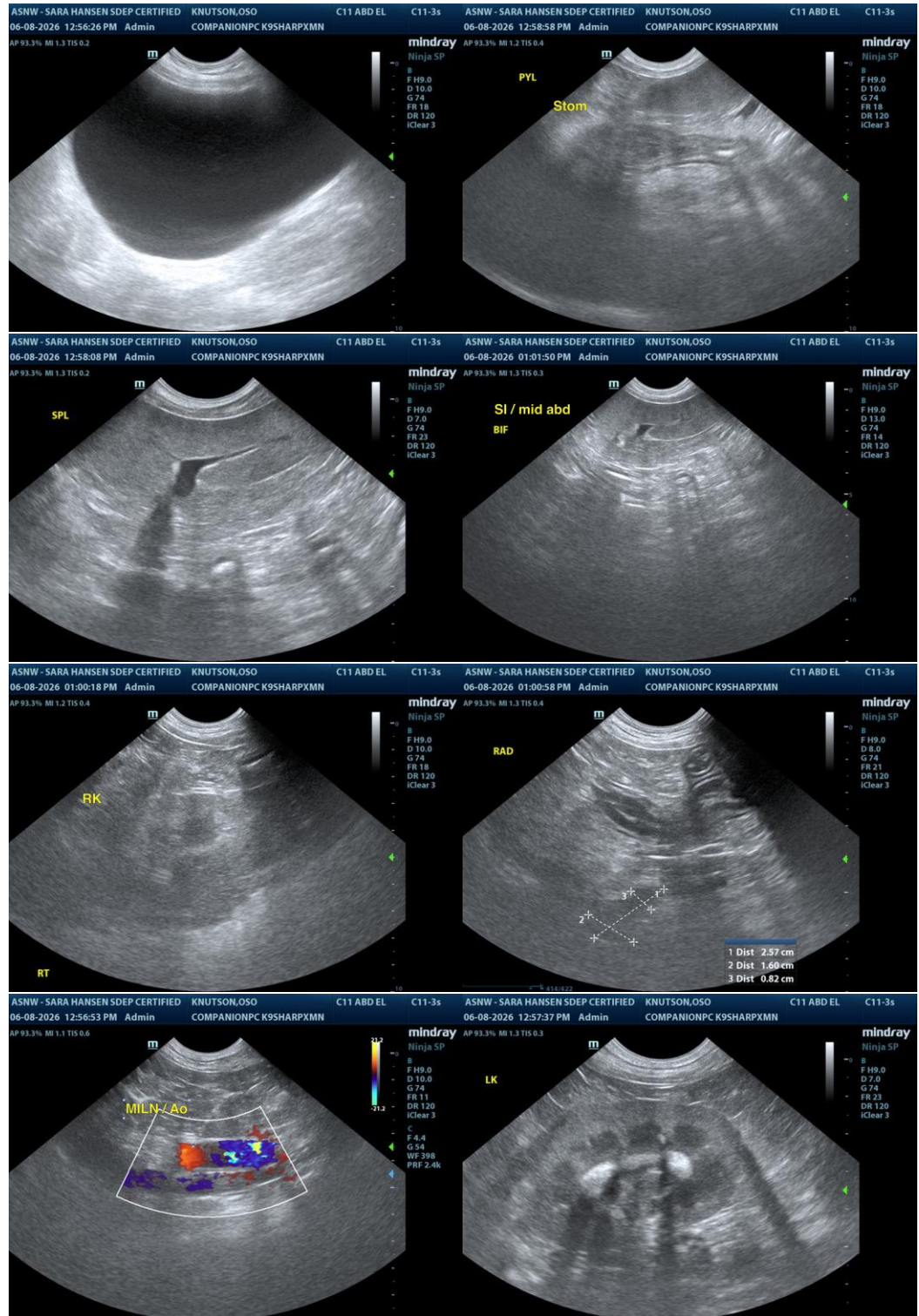
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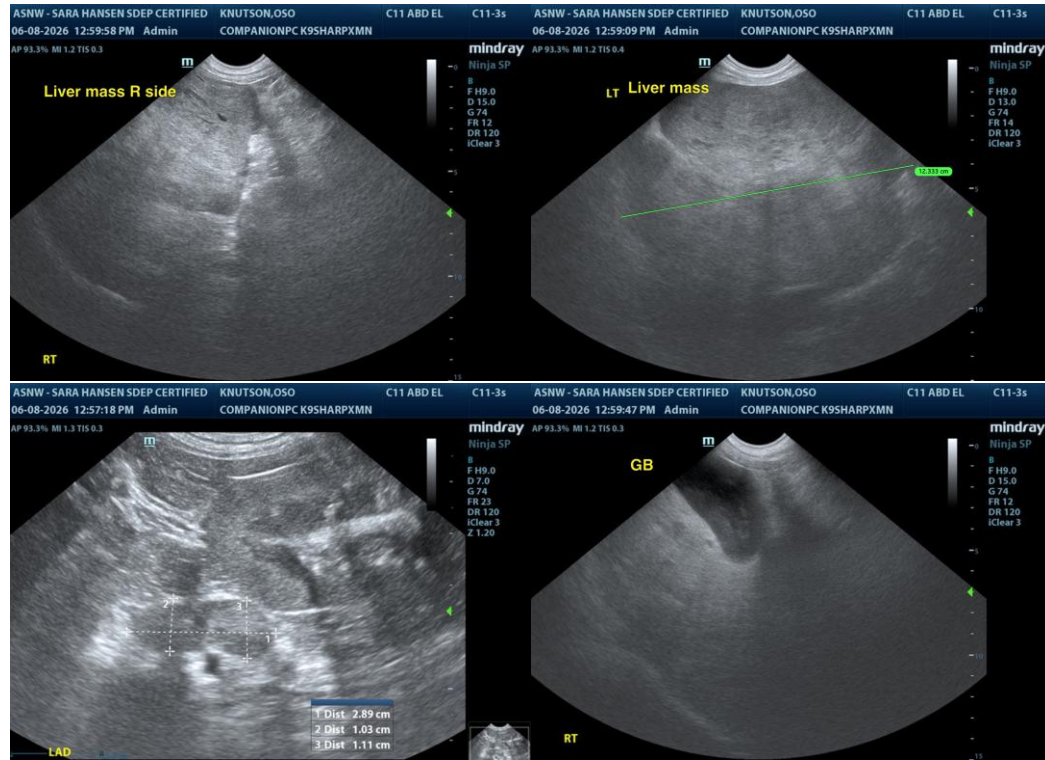
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)