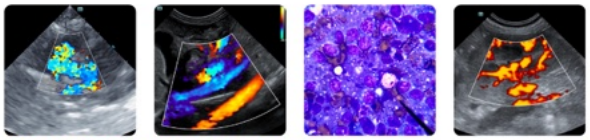


PATIENT

Astro Simonsen

SPECIES

Canine

BREED

Labrador Mix

SEX

Male

AGE

5 years

WEIGHT

59 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

69352

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Pet was acquired after a family member passed away, acquired in Nov 2025. Limited information on previous medical history is available. Pet was living in TX and relocated to WA state. Routine bloodwork in 11/2025 had mild azotemia, severe hypoalbuminemia, hyperproteinemia, and hookworms on fecal. Repeat labwork ~3 weeks later was similar. Per owners pet is asymptomatic for any illness.
Abnormal PE/Chem/CBC/UA Results: From 12/5/2025 -- Mild lymphocytosis (4,576/ul), mild monocytosis (1,235/ul), mild thrombocytosis (450,000/ul). SDMA 22 ug/dl, creatinine 1.6 mg/dl, BUN 33 mg/dl, hyperproteinemia 8.7 g/dl, hypoalbuminemia 1.8g/dl, hyperglobulinemia 6.9 g/dl. Recheck fecal was negative. UA and tick borne disease testing are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended; however, due to relative underdistension, bladder wall thickness may be overestimated. The bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 7.37×3.71 cm, with a cortical thickness of 0.79 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.79×2.97 cm, with a cortical thickness of 0.71 cm in the sagittal plane. In both kidneys, the renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

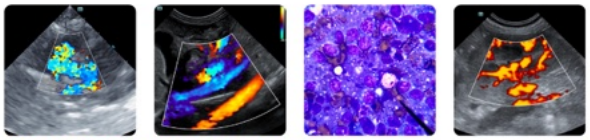
The prostate gland is difficult to measure accurately due to its size exceeding the field of view; however, it measures approximately 6.24 × 3.49 cm. A small cyst measuring approximately 2 × 3 mm and an additional cystic structure measuring approximately 0.9×0.3 cm are identified.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.56 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.58 cm at both the cranial and caudal poles.

Spleen

Splenic thickness is 0.99 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. A rounded lesion containing turbid fluid, measuring approximately 4.33×4.75 cm, is identified, appearing to originate from the left lateral hepatic lobe, although the exact origin cannot be definitively confirmed.

The gallbladder lumen is moderately to markedly distended. The wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering. The pylorus measures approximately 5.82 mm.

The duodenum measures 3.33 mm. The jejunum measures approximately 3.0 mm. The ileum measures 2.20 mm. Wall layering is preserved throughout the small intestine. The ileocecal junction is not visualized. No signs of obstruction, ileus, or foreign material are identified.

The colon wall thickness measures approximately 1.0 mm, with formed feces present in the descending segment.

Pancreas

The pancreas is not clearly visualized in the provided images.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. However, a very mild focal increase in echogenicity of the adjacent abdominal fat is noted near the hepatic cystic lesion, suggesting low-grade localized inflammatory change. Cranial mesenteric lymph nodes are not visualized. A hepatic lymph node measuring approximately 1.44×1.21 cm, mildly hypoechoic, is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large rounded hepatic lesion containing turbid fluid (approximately 4.33 × 4.75 cm), likely originating from the left lateral hepatic lobe.
- Mild enlargement and hypoechogenicity of a hepatic lymph node.
- Bilateral increased renal cortical echogenicity.
- Prostatic enlargement with small intraprostatic cysts.
- Mild focal increase in echogenicity of the adjacent abdominal near the hepatic cystic lesion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals a large cystic hepatic lesion with a very thin wall, containing turbid fluid, representing the most clinically significant abnormality identified. The ultrasonographic appearance and size of this lesion raise concern for a complex hepatic cystic process, with differential considerations including hepatic abscess, infected or hemorrhagic cyst, biloma, or unlikely, cystic neoplasia. The turbid nature of the fluid and the presence of a mildly enlarged, hypoechoic hepatic lymph node support the possibility of an active inflammatory or infectious process.

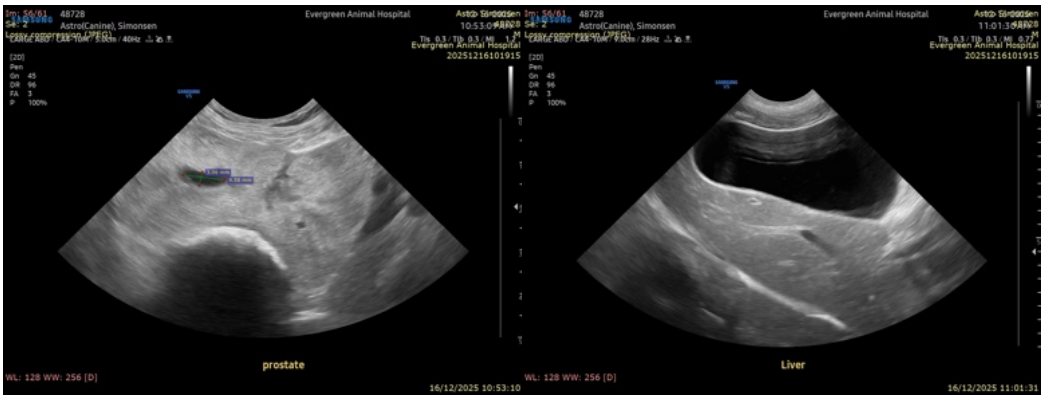
These findings are particularly relevant when considered alongside the patient's marked hypoalbuminemia and severe hyperglobulinemia, which raise concern for a chronic inflammatory, infectious, or immune-mediated process. Protein-losing nephropathy or enteropathy remain important concurrent considerations given the biochemical abnormalities.

Both kidneys demonstrate diffuse increased cortical echogenicity, consistent with intrinsic renal parenchymal disease, correlating with the mild azotemia and elevated SDMA. No obstructive or postrenal cause for azotemia is identified.

Prostatic findings are most consistent with benign prostatic hyperplasia and cystic change in an intact male dog, and are considered likely incidental in the context of the current clinical presentation.

Recommendations

- Further evaluation of the hepatic cystic lesion is recommended. Given the lesion's size, turbid fluid content, and associated lymphadenopathy, ultrasound-guided sampling may be considered to help differentiate between inflammatory, infectious, and neoplastic processes, provided the patient's clinical condition allows.
- Comprehensive assessment for protein loss is strongly advised, including UPC to evaluate for protein-losing nephropathy.
- Pending urinalysis and tick-borne disease testing results. Additional infectious disease testing may be warranted depending on geographic exposure and clinical suspicion.
- Given the combination of marked hyperglobulinemia, hypoalbuminemia, and renal parenchymal changes, infectious or immune-mediated diseases associated with chronic antigenic stimulation should be considered. Depending on the patient's geographic history and exposure risk, testing for diseases such as leishmaniosis may be warranted.
- Continued monitoring of renal function (SDMA, creatinine, BUN), serum proteins, and systemic blood pressure is recommended.



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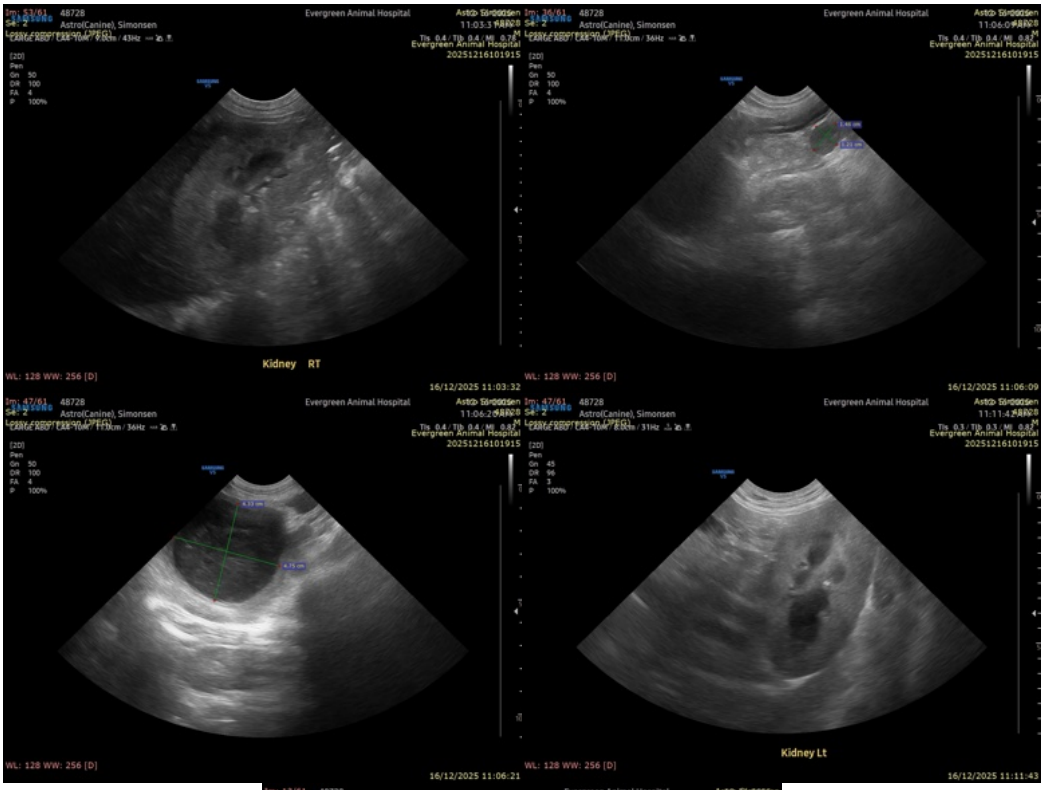

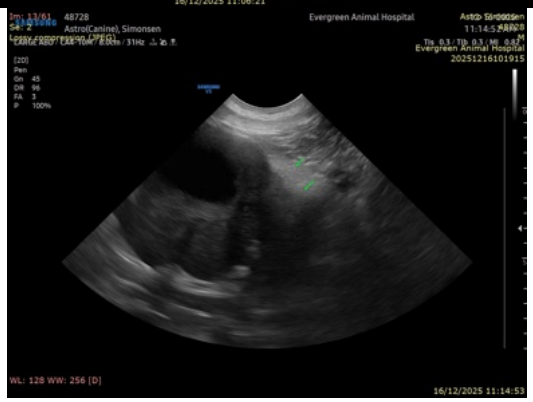

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com