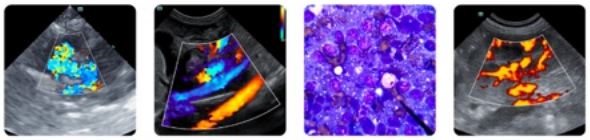


PATIENT

Pippi McCue

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Spayed female

AGE

14 years

WEIGHT

45.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

72254

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Painful Abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.91×3.15 cm, and the thickness of the cortex is 0.61 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 6.47×3.50 cm, and the thickness of the cortex is 0.60 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane. The left adrenal gland cranial pole was not visualized. The caudal pole measures 0.63 cm. The right adrenal gland measures 0.61 cm at the cranial pole and 0.65 cm at the caudal pole.

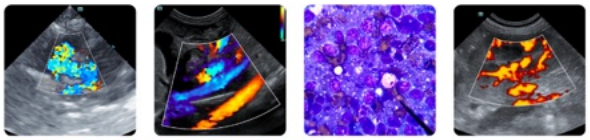
Spleen

Splenic thickness is 1.95 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture. A few small hyperechoic nodules are identified. The splenic capsule is smooth and regular.

Liver

A large mass is identified in the cranial abdomen, suspected to originate from the left hepatic division, most likely the left lateral liver lobe, although the exact lobe of origin cannot be definitively determined on this examination. The lesion appears to arise from the hepatic parenchyma through a narrow pedicle and extends caudally and ventrally, displacing the stomach. The mass demonstrates heterogeneous echogenicity with mixed echogenic areas and irregular internal architecture. The remainder of the hepatic parenchyma appears normal in size, contour, and echogenicity, with no additional focal hepatic lesions identified.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is semi-empty with a small amount of ingesta. Gastric wall thickness measures 2.29 mm with preserved wall layering. The pylorus measures 4.56 mm.

The duodenum measures 3.23 mm. The jejunum measures 3.29 mm with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.69 mm with formed fecal material present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large pedunculated hepatic mass in the cranial abdomen.

SECONDARY FINDINGS

- Small incidental splenic hyperechoic nodules (myelolipomas or Bate bodies).
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large pedunculated hepatic mass is identified, suspected to arise from the left hepatic division, most likely the left lateral liver lobe, extending caudally within the cranial abdomen and displacing the stomach. The remaining hepatic parenchyma appears ultrasonographically unremarkable.

In geriatric dogs, a solitary pedunculated hepatic mass most commonly represents hepatocellular carcinoma, although hepatocellular adenoma cannot be definitively excluded based on ultrasound alone. Importantly, pedunculated hepatocellular carcinomas in dogs often remain locally confined and surgically resectable, and the absence of abdominal effusion or detectable metastatic lesions on this examination is a favorable finding.

The splenic parenchyma appears largely normal, with a few small hyperechoic nodules compatible with benign splenic myelolipomas or Bate bodies, an incidental and commonly reported finding in older dogs.

Recommendations

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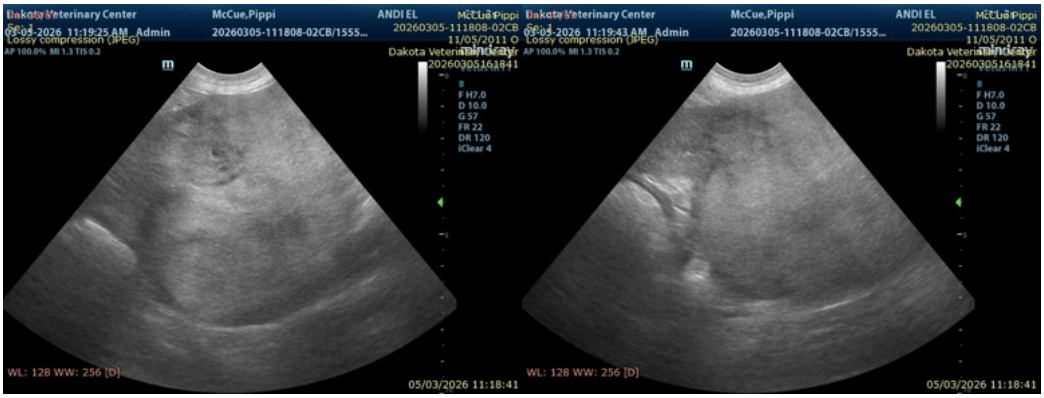
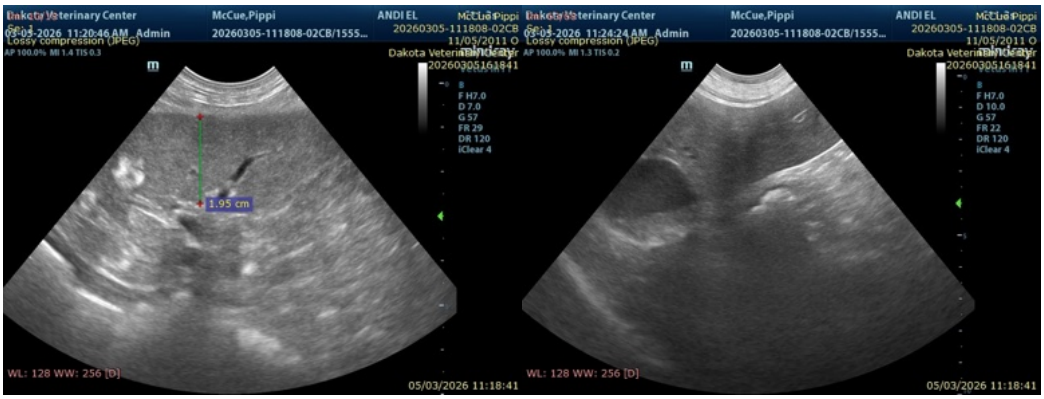
- Correlation with clinical findings and laboratory evaluation, including serum biochemistry and liver enzyme activity, is recommended. Assessment of coagulation parameters may be considered prior to any invasive procedure.
- Depending on clinical judgment and surgical planning, options may include cytologic sampling of the mass, advanced imaging such as contrast-enhanced CT to better define hepatic origin and vascular involvement, or surgical exploration.
- Final diagnostic and therapeutic decisions should be made by the attending veterinarian based on the patient's clinical condition and overall diagnostic assessment.





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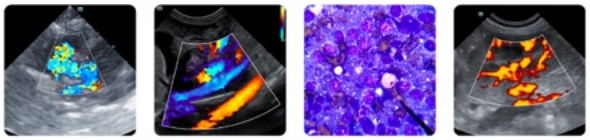

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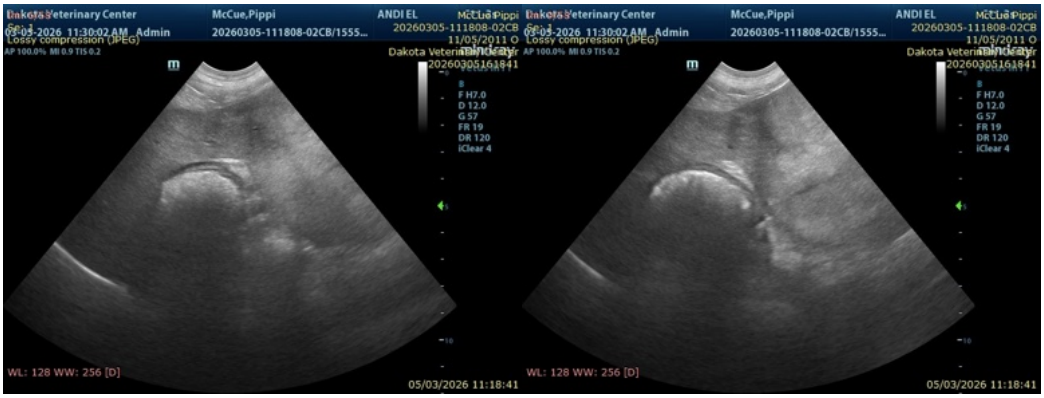

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com