Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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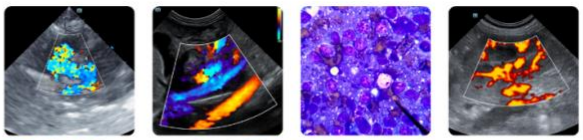

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Maggie Clugston

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Female Spayed

AGE

6/1/2013

WEIGHT

15.8

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Amy McCalla

INVOICE

22262

DATE

11-14-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recent bile acid test is consistent with a portosystemic
Abnormal lab-work values: Bile Acids Pre- 108.2. Bile Acids Post- 274.0
Current Medications: Denamarin, Ursodial 1/2 250mg sid,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.48 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.76 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subtly mottled in appearance. Several hyperechoic nodules are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged. A 7.4 x 6.8 cm isoechoic mass, with hyperechoic nodules/areas within the mass is observed on the right side. In the remainder of the liver, the margins are curvilinear. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas
The pancreas is diffusely visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is not overtly dilated.

Lymph Nodes
A 1.81 x 0.45 cm medial iliac lymph node is visualized. A 0.98 x 0.64 cm hypoechoic lymph node is observed just medial to the spleen. At least two enlarged, hypoechoic periportal lymph nodes are visualized (one measuring 1.86 x 1.06 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 2.79 x 0.59 cm).

Free Abdomen
Trace free fluid is observed.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right hepatic mass. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a lower possibility of a benign focus (i.e., vacuolar hepatopathy, large, regenerative nodule, an inflammatory lesion, other).
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis, or infiltrative neoplasia.
- The splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis, or emerging neoplasia (i.e., round cell tumor). The hyperechoic splenic nodules likely represent benign myelolipomas with a lower possibility of more insidious splenic pathology.
- Trace ascites

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the hepatic mass +/- spleen (assuming normal clotting status). Twenty-five gauge-needles should be used. If the cytology results are inconclusive consider surgical removal or debulking of the hepatic mass, as well as biopsies of the other liver lobes, and

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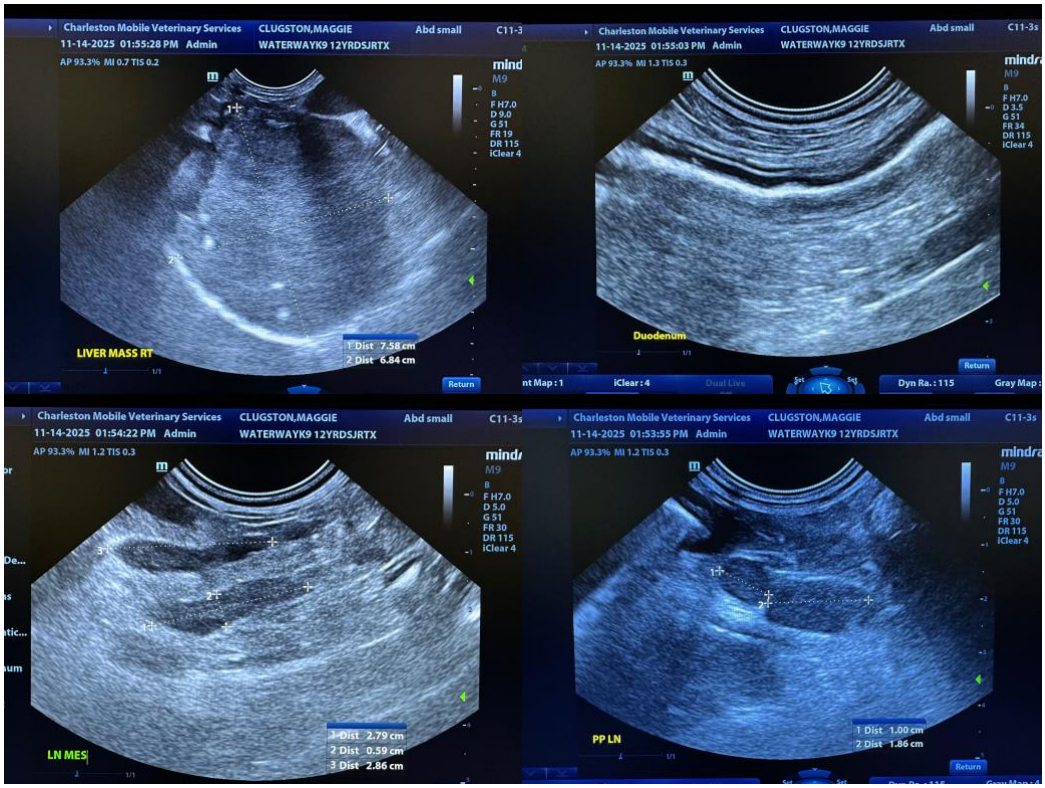
aerobic and anaerobic bile cultures. An abdominal CT scan would be useful in presurgical planning. If surgery is pursued, consider referral to a board-certified surgeon for consultation.



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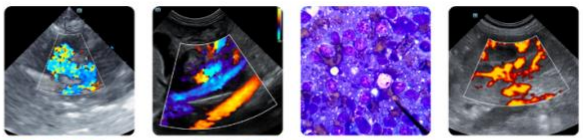

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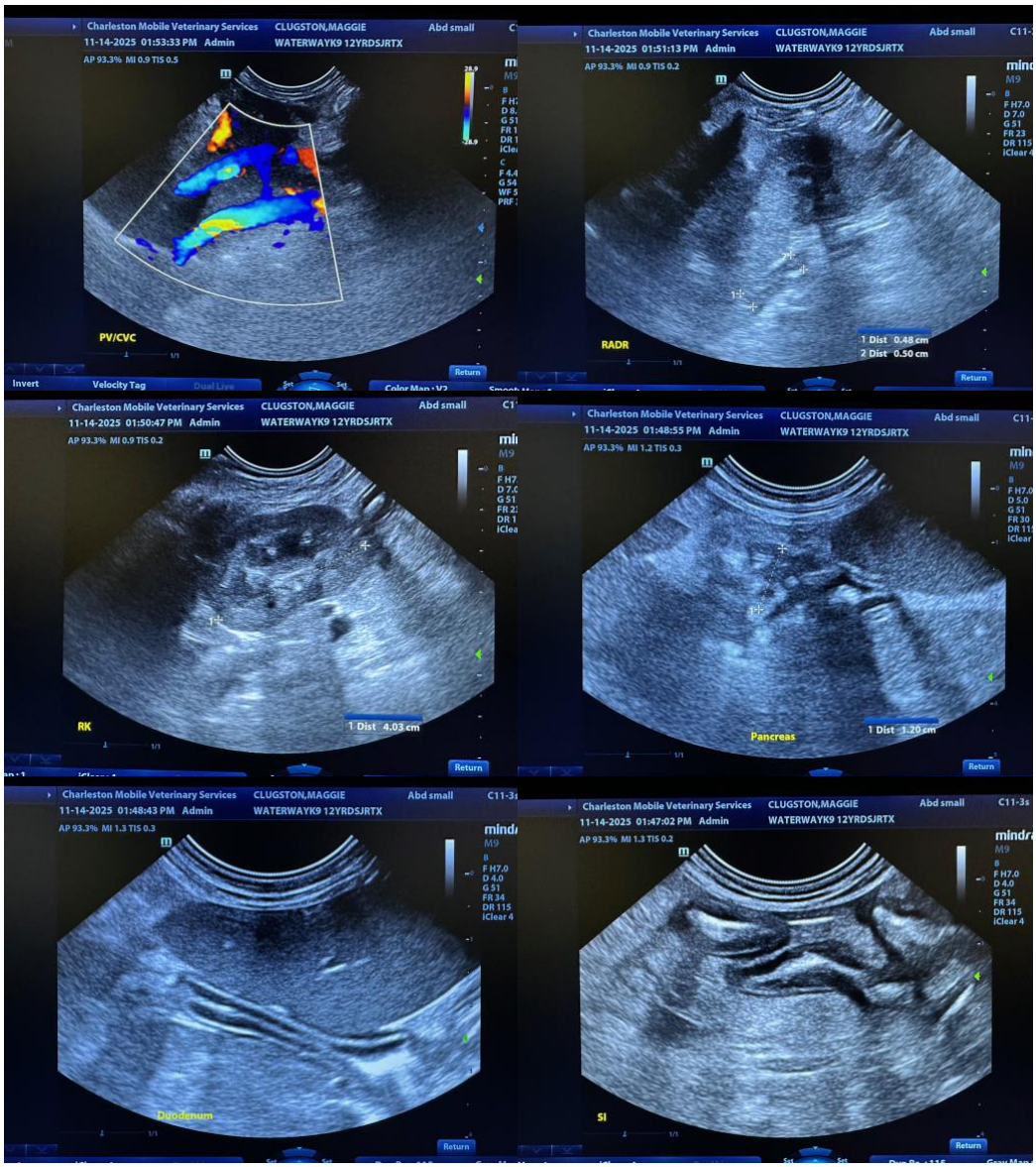

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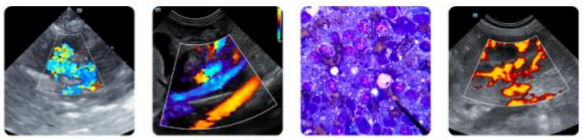

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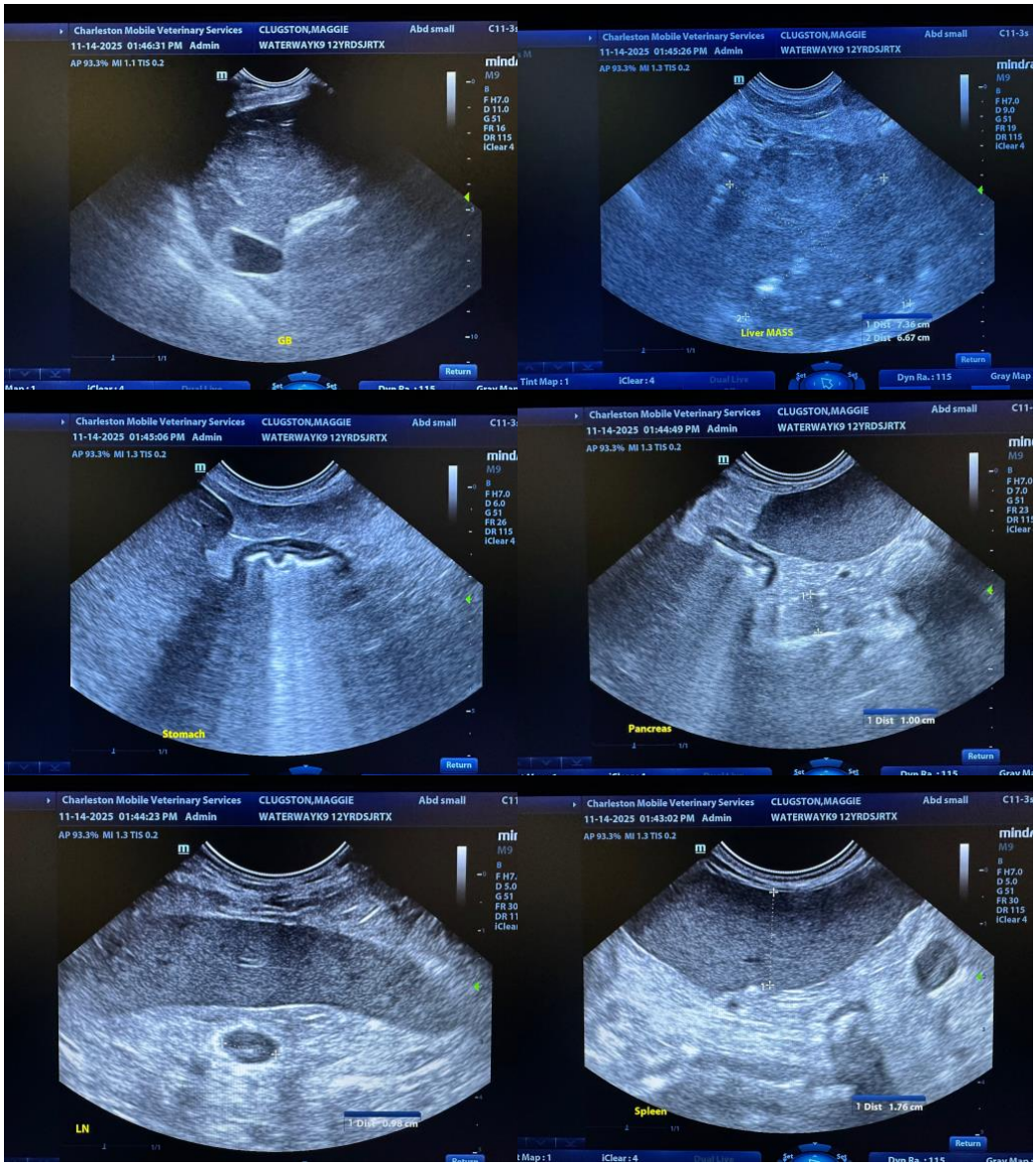

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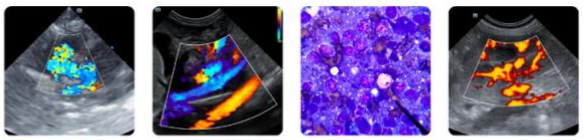

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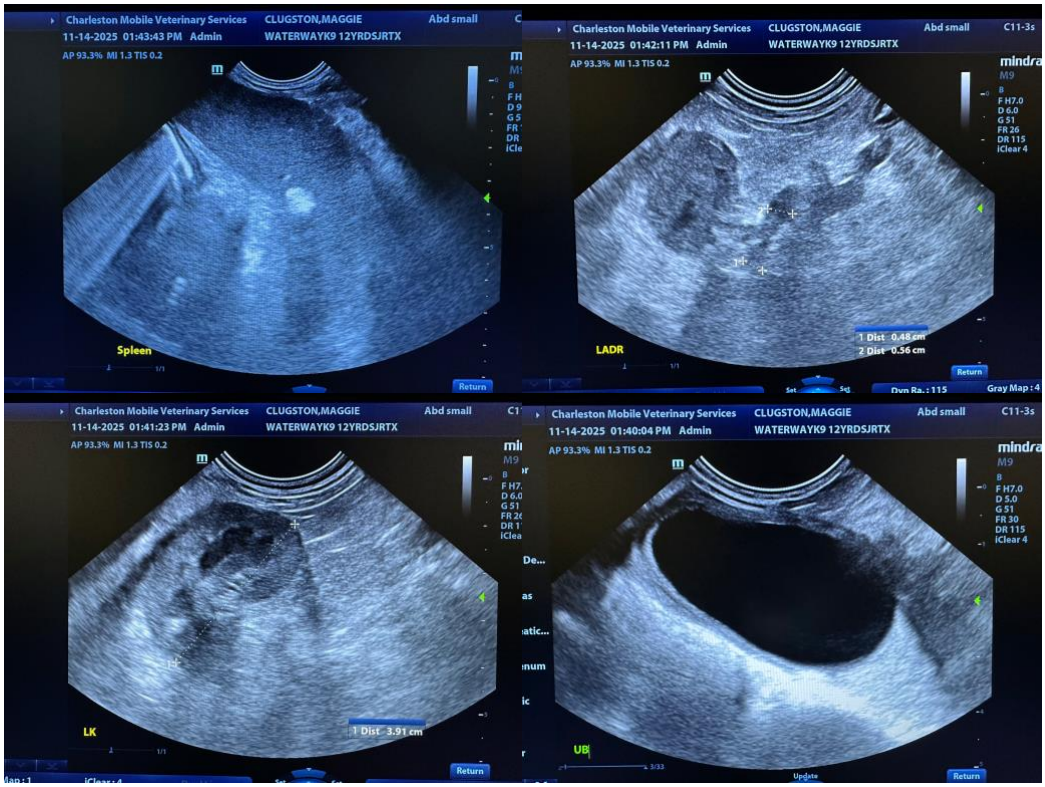

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com