PATIENT

Blanche Song

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 years 10 months

WEIGHT

28.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Dr. Kateryna Sovik

INVOICE

11165

DATE

1/19/2026

PRESENTING CLINICAL SIGNS

Previous abdominal ultrasound (September) identified a cranial pole left adrenal nodule (likely benign), small splenic nodule, solid left-sided hepatic mass (differentials: hepatocellular adenoma vs. carcinoma), and moderate gallbladder debris. No current medication for gallbladder; client previously declined treatment. No clinical signs of hyperadrenocorticism; Cushing's disease not supported. Appetite, water intake, urination, and defecation not reported as abnormal. Diet includes small amounts of kibble, turkey, brown rice, carrots, and grass-fed beef, no chicken. Would like to recheck the abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: CBC revealed no anemia, no dehydration, mild stress leukogram with slightly decreased WBCs, no evidence of infection or inflammation, and platelets within normal limits. Chemistry panel showed no diabetes, no renal disease, and electrolytes within normal limits. ALT increased from 360 U/L (August), 353 U/L (September), to 498 U/L (current); ALP increased from 391 U/L (September) to 613 U/L (current). Cholesterol improved from 517 mg/dL to 400 mg/dL. T4 and heartworm tests were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.94 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.79 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.8 cm at cranial pole and 0.8 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. A hyperechoic nodule is noted in the cranial pole measuring approximately 0.8 cm to 0.9 cm x 1.2 cm in size. Nodule does not disrupt normal shape and/or architecture.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is largely appropriately finely textured with normal echogenicity relative to surrounding tissue but very subtle, non-discrete hypoechoic densities/nodules are noted clustered throughout the parenchyma. Ranging in size between 1.0 cm and 1.1 cm in diameter. Additionally, there are several discrete homogenous, hyperechoic nodules throughout the parenchyma.

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The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture, except for in the mid to left caudal aspect of the liver, where there is an approximately 3.8 cm x 5.4 cm in size homogenous, hypoechoic mass.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The liver mass is static in appearance to the previous exam with differentials remaining unchanged, and including benign nodular hyperplasia, hepatoma/adenoma as well as infiltrative neoplasia such as a well differentiated hepatocellular carcinoma, round cell neoplasia, etc. that can't be differentiated without tissue sampling.
- The splenic nodule similarly could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, etc. Although, given the number of subtle nodules, subjectively progressive from the previous exam, metastatic nodules cant be ruled out without tissue sampling.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial

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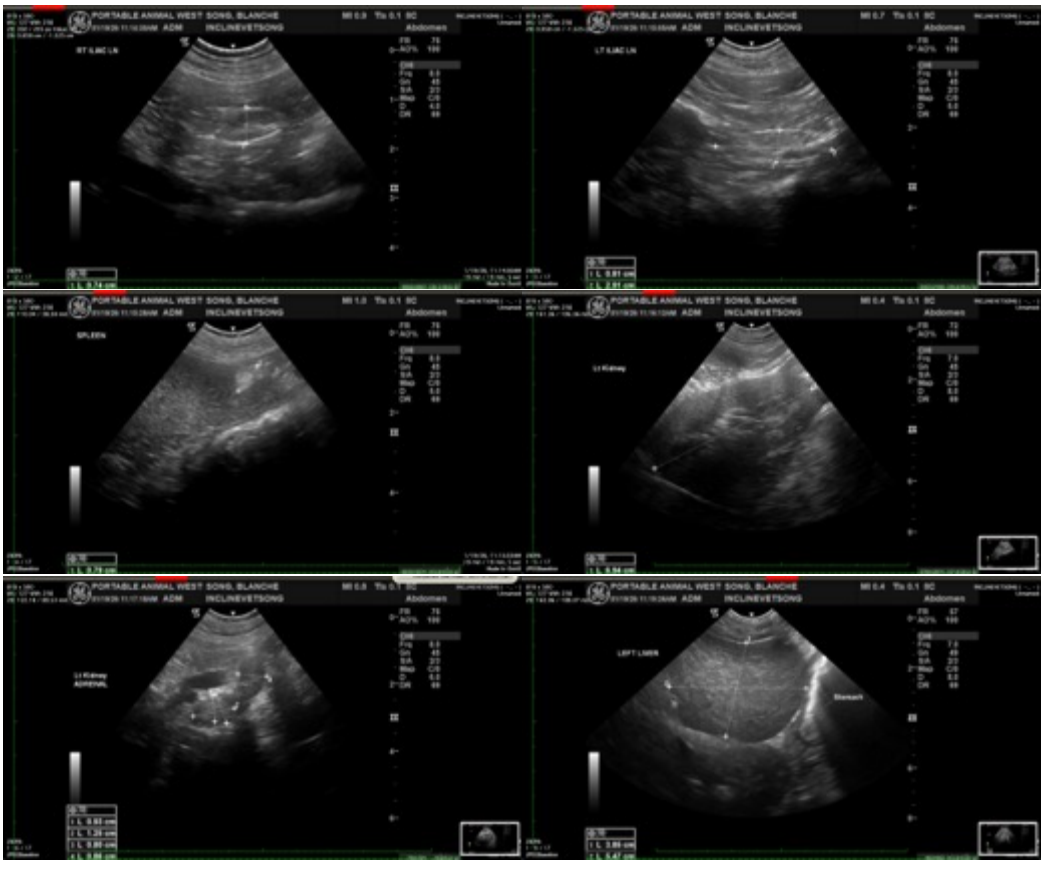
abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Mildly reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Hyperechoic adrenal nodule in the cranial pole of the left adrenal gland – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored. This is a static change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations depend in large part on previous diagnostics, those results, treatments, etc. Having said that, if not recently evaluated, Three View thoracic radiographs are recommended as are fine needle aspirates of the liver mass as well as the spleen, if patient's coagulation status is appropriate.



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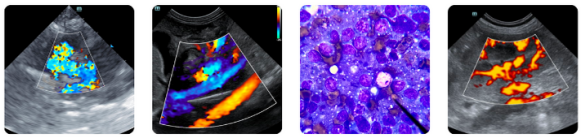

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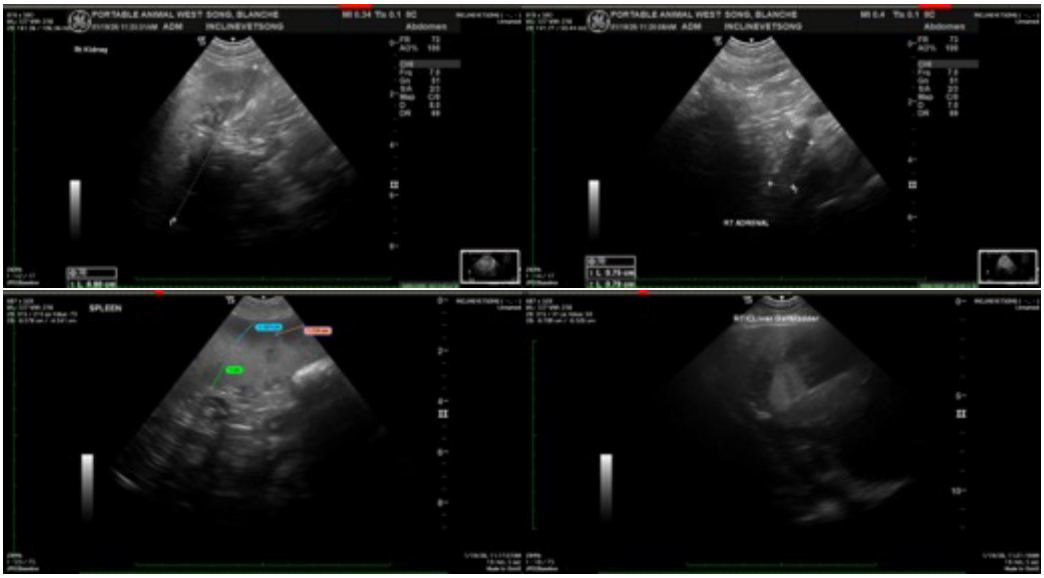

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com