



PATIENT

Shasta Wild

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

71.4 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

The Maples Animal
 Hospital

REFERRING VET

Dr. Kazienko

INVOICE

72591

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Recheck abdominal US--done Jan 12/26, Invoice# 23513. Very picky eating since last ultrasound. Not eaten anything since Monday Jan 26. Intermittent diarrhea since ultrasound--Metronidazole has helped. Diarrhea this morning--yellow. Lepto PCR Blood/Urine--Negative, Accuplex--Negative

Current Medications: Metronidazole 375mg BID, Cerenia 60mg SID, Mirtazapine 30mg SID, Omeprazole 30mg SID, +/- Doxycycline 300mg BID

Abnormal PE/Chem/CBC/UA Results: AST(SGOT) 166 (15-66 U/L) ALT(SGPT) 797 (12-118 U/L) Alkaline Phosphatase 904 (5-131 U/L) GGTP 35 (1-12 U/L) Bilirubin,Total 7.5 (0.0-5.1 umol/L) Cholesterol 12.80 (2.38-10.0 mmol/L) PrecisionPSL™ 468 (24-140 U/L) Primary Question to Be Answered in This Exam Can we confirm neoplasia? Previous report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (7.48 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 (7.78 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 (1.6 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively markedly enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is largely empty, probably contributing to the appearance of the large, which has a subjectively mildly thick, hyperechoic, irregular appearance. There is no evidence of cystic or common bile duct dilation.

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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.

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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.

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

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Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

WEIGHT

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Free Abdomen

There is a moderate amount of free fluid.

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There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- An obvious cause for the subjectively progressive and significant liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.

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- The free fluid and diffusely enhanced hyperechoic fat and mesentery throughout the cranial abdomen is likely secondary to the non-specific underlying hepatopathy. Having said that, some contribution from chronic low-grade smoldering pancreatitis can't be ruled out.

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the subjective progressive nature in the appearance of the liver pathology combined with the reported progressive nature of the liver enzymes, if not already evaluated, liver sampling is encouraged, beginning with fine needle aspirates of the liver if patient's coagulation status is appropriate. Ultimately, a biopsy of the liver, being sure to include copper level assessment may be warranted if a cytologic diagnosis is unable to be obtained.

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In the meantime, sampling of the free abdominal fluid could also be considered if patient's coagulation status is appropriate.

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Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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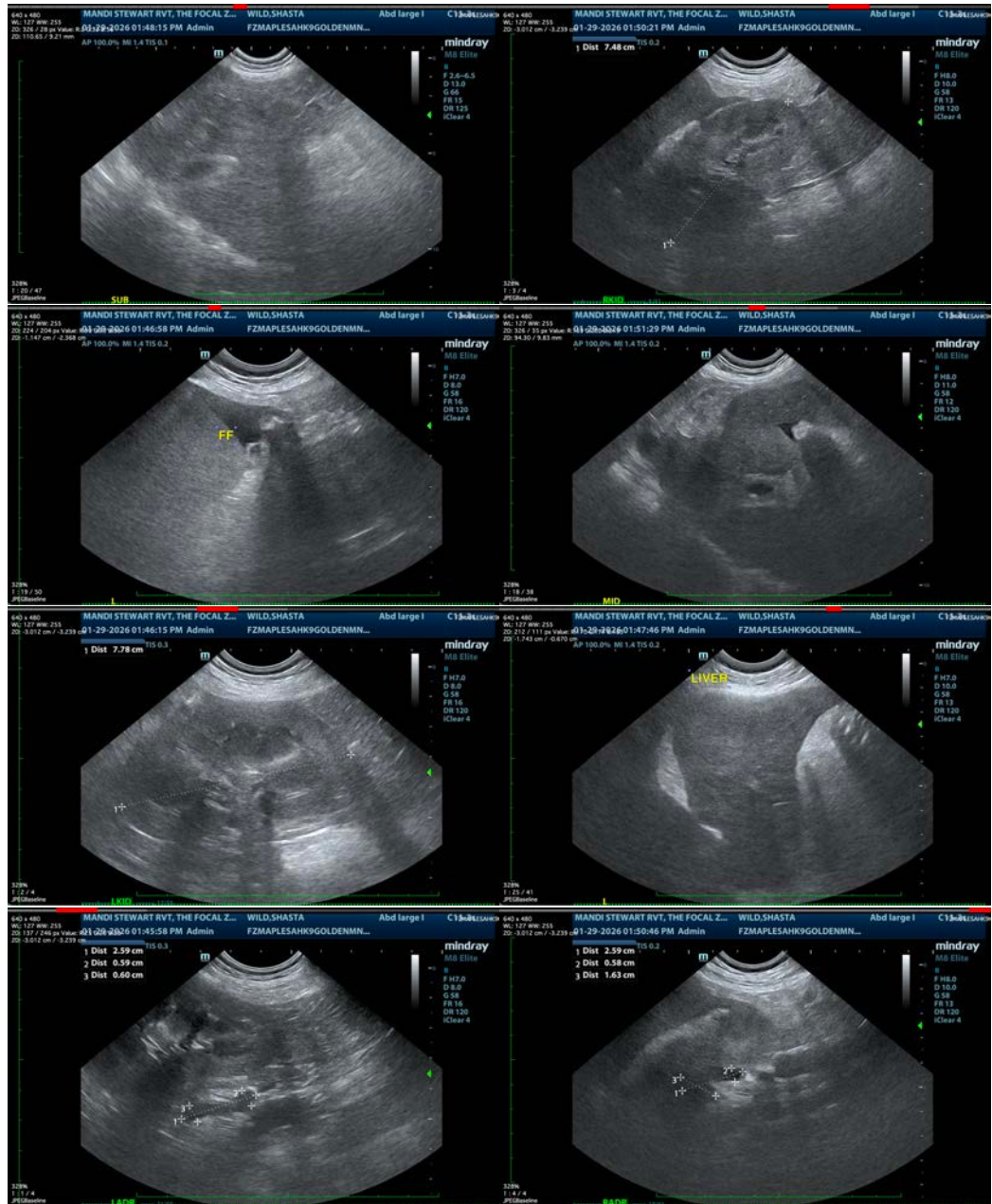
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@sonopath.com