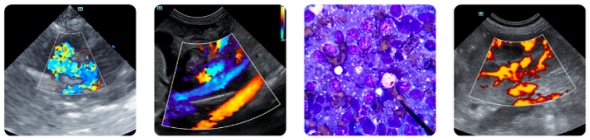


PATIENT

Lexi Brown

SPECIES

Canine

BREED

Italian Greyhound

SEX

FS

AGE

14 years

WEIGHT

14 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. John Lanier

INVOICE

11049

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

Concern for cranial abdominal mass effect on radiographs. AUS to further characterize.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.24 cm, and the right kidney measures 5.12 cm.

Adrenal Glands

The right adrenal gland is subjectively mildly flat (0.35 cm at the cranial pole and 0.5 cm at the caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is mildly plump/swollen in size (1.1 cm at the cranial pole and 0.83 cm at the caudal pole). Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

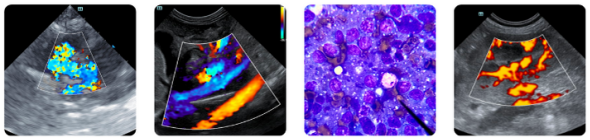
Liver

The liver appears to be the origin of a mid to right caudal liver/cranial abdominal mass measuring approximately 7.5 cm in diameter with a mixed heterogenous, irregular appearance. The remaining hepatic parenchyma is markedly heterogenous characterized by multifocal poorly defined, hypoechoic nodules as well as “target lesion” nodules, characterized by hyperechoic centers surrounded by a hypoechoic rim. Visible vasculature and biliary tree appear normal without distension or congestion.

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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

In the right cranial abdomen, there is an approximately 3.79 cm x 1.0 cm in size hypo- to anechoic density of undeterminable origin. No other lymphadenopathy or free fluid is noted in these images at this time.

PRIMARY FINDINGS

- Focal cranial abdominal/suspect caudal liver mass is concerning for infiltrative neoplasia such as hepatocellular carcinoma versus sarcoma versus round cell neoplasia versus other. A benign inflammatory process is possible but considered less likely. The diffuse liver changes, especially the “target lesions” could represent metastatic nodules, although unrelated nodular changes including nodular hyperplasia, extramedullary hematopoiesis or even chronic inflammatory disease can’t be ruled out without tissue sampling.

- The hypo- to anechoic structure in the right cranial abdomen could represent a pocket of fluid, although lymph node or other hypoechoic tissue density in that area can’t be ruled out.

SECONDARY FINDINGS

- A mild amount of echogenic urinary bladder debris.

- Age related kidney changes

- Mildly plump left adrenal gland with a subjectively flat right adrenal gland could be consistent with emerging adrenal disease such as hyperadrenocorticism versus other but should be interpreted in combination with clinical signs as non-pathologic change, normal patient variant, chronic stress, etc. can’t be ruled out.

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation,

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granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

- Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

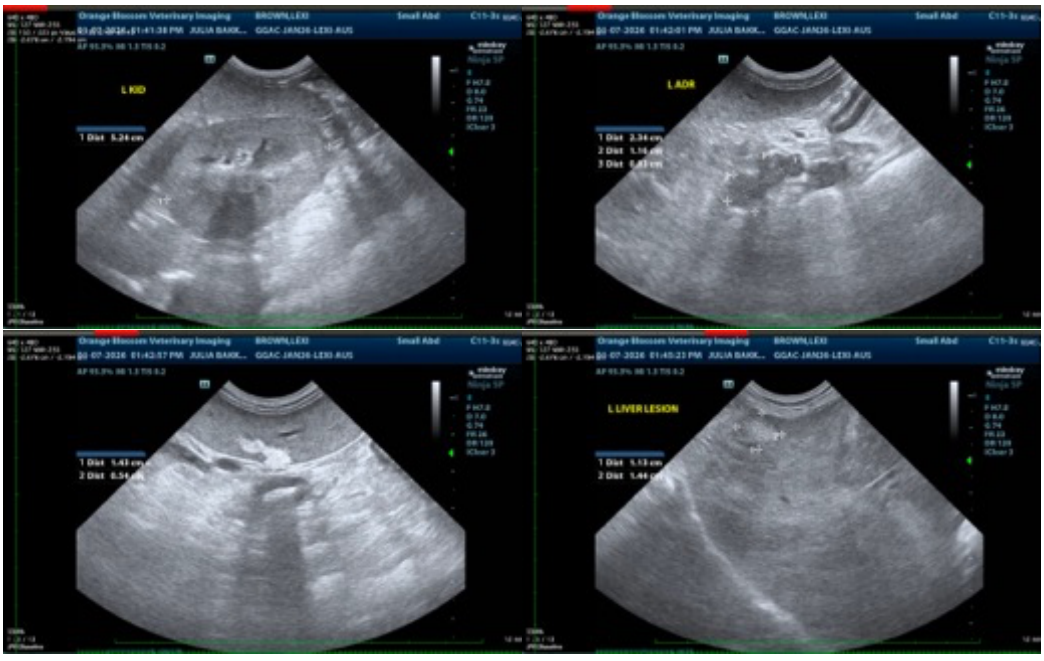
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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.

Fine needle aspirates of the liver, including both the focal liver mass as well as the diffuse changes +/- sampling of the hypo- to anechoic right cranial abdominal structure could all be considered if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained and/or the diagnosis warrants surgical excision, an exploratory laparotomy could be considered but if pursued, a presurgical planning abdominal CT scan, if possible, is recommended. Due to the diffuse liver changes, as well as the unidentifiable structure in the right cranial abdomen.



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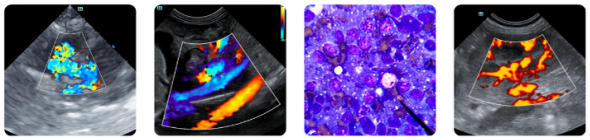

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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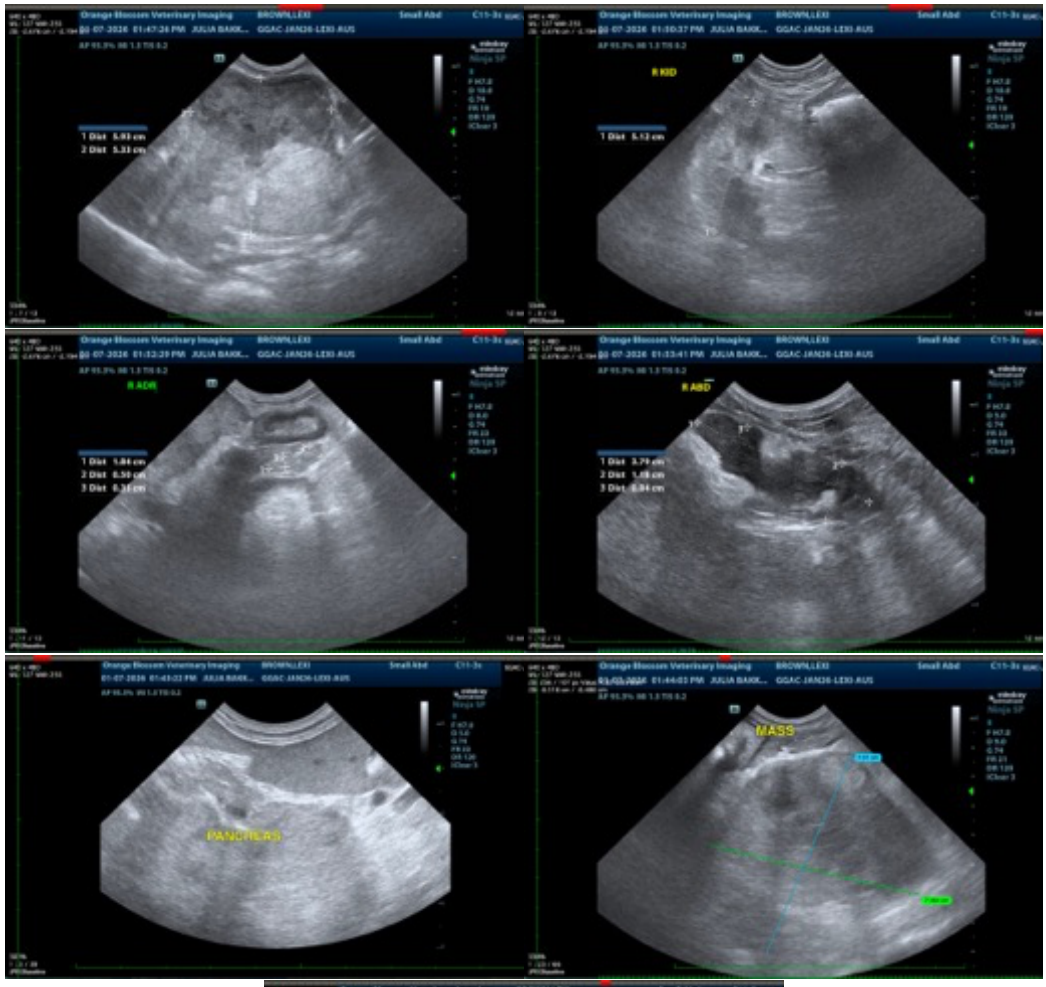

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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