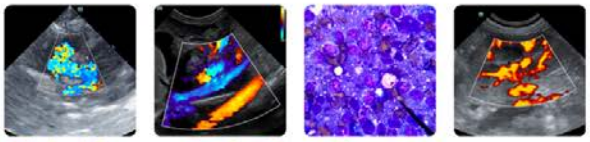


PATIENT

Gibson Heber

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

11 Years

WEIGHT

37 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

Dr. Siestke Rijin

INVOICE

71971

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Lethargy, anorexia, vomiting x3 months. diarrhea. rads show possible liver enlargement. BW unremarkable. currently on gabapentin and meloxicam.

Abnormal PE/Chem/CBC/UA Results: distended abdomen with cranial organomegaly obese with muscle wasting

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 prostate is unable to be well visualized in these images.

The right kidney is normal is size (7.3 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 (7.3 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 adrenal glands are unable to be visualized in these images.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

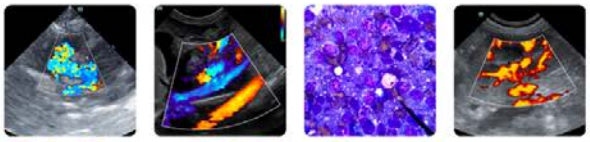
Liver

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 right caudal liver, where there is an approximately 11.5 cm x 7.2 cm mixed, irregular, hypoechoic, largely cystic/cavitated mass. 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 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 bowel is diffusely mildly thick, ranging between 0.56 cm in the jejunum to 0.60 cm thick at the duodenum, with normal intact layering. 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 apparent pathologic lymphadenopathy noted in these images.

There is a moderate amount of anechoic free fluid in these images.

ULTRASONOGRAPHIC FINDINGS

- The liver mass is concerning for infiltrative neoplasia such as hepatocellular carcinoma versus sarcoma versus other, especially given the concurrent free fluid. Having said that, benign cysts, hematomas, abscess, even extramedullary hematopoiesis, etc. can't be ruled out without tissue sampling.
- Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- The diffusely mildly thick bowel could be normal patient variant, although infiltrative bowel disease including both benign inflammatory as well as less likely infiltrative neoplastic disease can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 spleen and the liver mass could be considered if patient's coagulation status is appropriate.

If surgery ends up being warranted for removal of the liver mass or biopsies, etc., biopsies of the gastrointestinal tract could be considered at the same time in case a concurrent underlying gastrointestinal disease is the primary contributor to the clinical signs, with the liver mass being a secondary incidental finding.

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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