



## PATIENT

Maverick Erdogan-Damgard

## SPECIES

Canine

## BREED

Coonhound

## SEX

Neutered Mae

## AGE

8 Years

## WEIGHT

77.5 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Cassie Quillen, DVM

## HOSPITAL NAME

Zumbrota Veterinary  
Clinic

## REFERRING VET

Cassie Quillen, DVM

## INVOICE

72104

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

Presented to referring clinic on 11/21/25 for profuse vomiting, anorexia, straining to defecate, abdominal pain. rDVM concerned for possible abdominal mass due to appearance of radiographs, borderline high Ca, and numerous subcutaneous masses present. GI symptoms have resolved with supportive treatment with Cerenia and SQ fluids

Abnormal PE/Chem/CBC/UA Results: 11/21/25 PE: T 102.1; HR 100; RR panting; normal hydration; very tense on abdominal palpation, numerous large masses throughout the body, decreased ROM in hind limbs CBC: HGB high 20.4 g/dL (12-18) HCT high 57.13% (37-55) RBC high  $8.67 \times 10^{12}/l$  (5.5-8.5) lymph low  $0.6 \times 10^9/l$  (1.0-4.8) rest normal Chem: ALP high 1548 U/L (20-150) ALT high 157 U/L (10-118) AMY high 3550 U/L (200-1200) Ca high 11.8 mg/dL (8.6-11.8) Glu high 130 mg/dL (60-110) rest normal

## 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 area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (6.2 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 areas of the adrenal glands are examined without evident adrenal gland pathology.

### 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). There are some left caudal suspect liver nodules that I can't definitively rule out as splenic origin in these images, but the images that are definitively spleen reveal normal spleen. Splenic vasculature appears normal.

### Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly/significantly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.



## PATIENT

Maverick Erdogan-Damgard

## SPECIES

Canine

## BREED

Coonhound

## SEX

Neutered Mae

## AGE

8 Years

## WEIGHT

77.5 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Cassie Quillen, DVM

## HOSPITAL NAME

Zumbrota Veterinary  
Clinic

## REFERRING VET

Cassie Quillen, DVM

## INVOICE

72104

## DATE

11/26/25

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 mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

There is no apparent pathologic lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- The markedly heterogeneous liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or possibly chronic inflammatory disease. However, infiltrative neoplasia including possible metastatic neoplasia can't be ruled out without tissue sampling.
- Mild 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 abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

## **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 liver +/- spleen could be considered if patient's coagulation status is appropriate.



**PATIENT**

Maverick Erdogan-Damgard

**SPECIES**

Canine

**BREED**

Coonhound

**SEX**

Neutered Mae

**AGE**

8 Years

**WEIGHT**

77.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Cassie Quillen, DVM

**HOSPITAL NAME**

Zumbrota Veterinary  
Clinic

**REFERRING VET**

Cassie Quillen, DVM

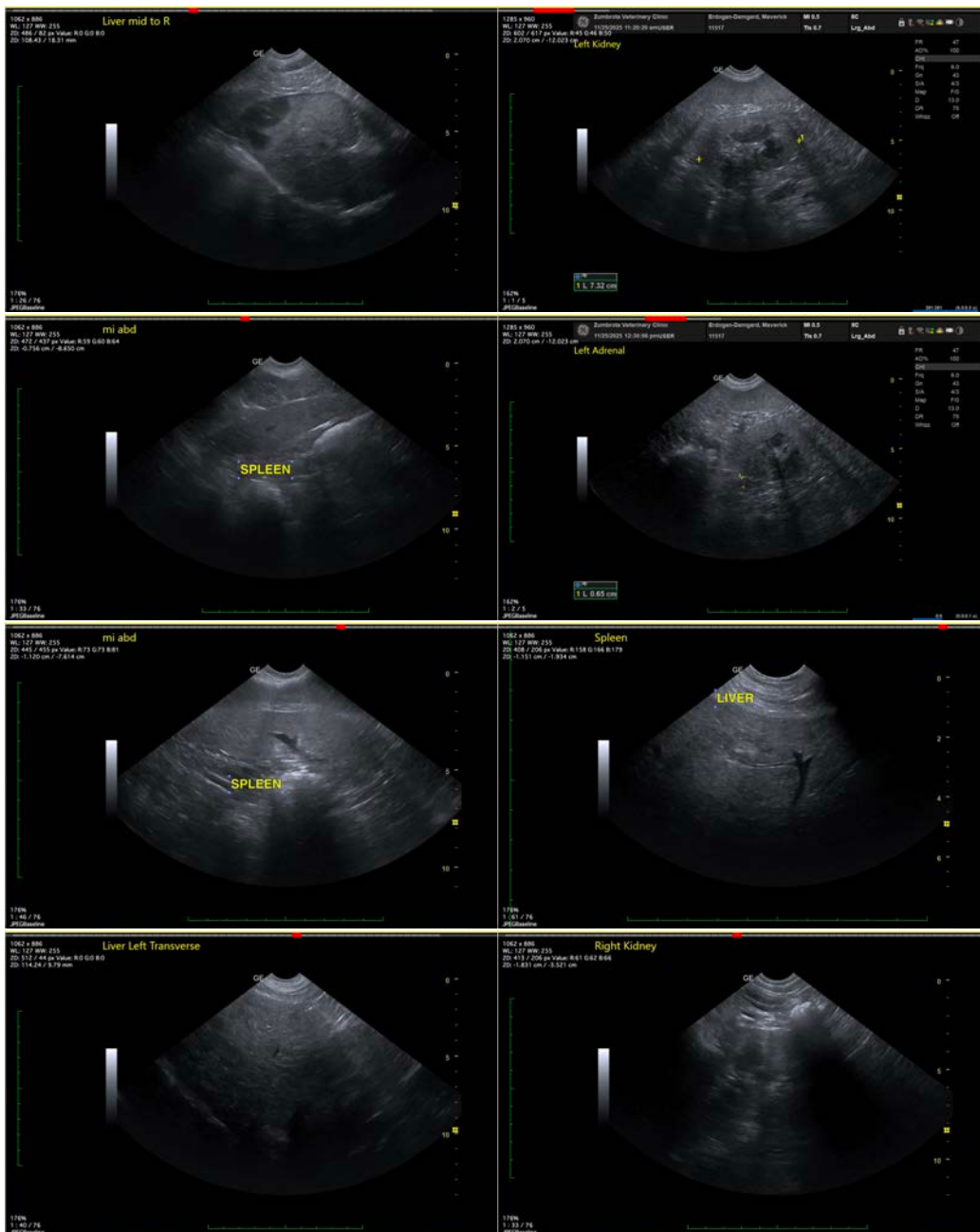
**INVOICE**

72104

**DATE**

11/26/25

Otherwise, given patient's reported clinical improvement, further workup/intervention may not be warranted unless clinical signs recur, and/or lab work changes persist and/or progress.





## PATIENT

Maverick Erdogan-Damgard

## SPECIES

Canine

## BREED

Coonhound

## SEX

Neutered Mae

## AGE

8 Years

## WEIGHT

77.5 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Cassie Quillen, DVM

## HOSPITAL NAME

Zumbrota Veterinary  
Clinic

## REFERRING VET

Cassie Quillen, DVM

## INVOICE

72104

## DATE

11/26/25



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