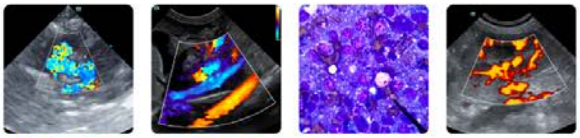


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Zeke Steeves

SPECIES

Canine

BREED

Shepherd x

SEX

Neutered Male

AGE

~5 Years

WEIGHT

48.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Gagemount Animal Hospital

REFERRING VET

Dr. Harris

INVOICE

72241

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History of chronic intermittent anorexia and GI upset since adoption. Was not on any parasite protection over the last year. Fecal results showed that he was positive for Hookworm. Very underweight with marked muscle wasting. Has been on Maropitant Nov 27 and Interceptor Plus Nov 28th.

Abnormal PE/Chem/CBC/UA Results: Mod non-regenerative anemia, monocytosis, thrombocytopenia, platelet numbers normal on manual smear, Low creatinine, Low urea, Mild hypoalbuminemia, high ALT, 4dx Negative, Random cortisol pending, USG 1.015, 2+ bilirubin, 1+ urobilinogen.

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.

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

The right kidney is normal is size (5.8 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 (7.8 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.

Adrenal Glands

The right adrenal gland is normal in size (0.80 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

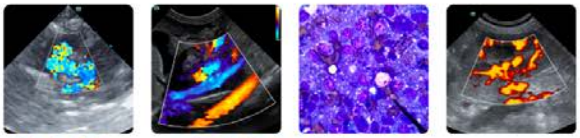
The left adrenal gland is normal in size (0.85 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

Liver

In the cranial abdomen, in the area of the liver, there is a large, expansive, mixed mass measuring approximately 12.6 cm x 13.6 cm in size with a large cystic/cavitated portion measuring 6.6 cm x 8.9 cm in size. There is no definitive normal liver parenchyma visible in these images, and the gallbladder is unable to be visualized in these images, so it is difficult to determine whether this is a large but focal mass pushing normal anatomy out of the way, or whether it is a more diffuse process.



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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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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

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.

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 large liver mass could represent infiltrative neoplasia such as a hepatocellular carcinoma, sarcoma, round cell neoplasia, other. Having said that, a benign inflammatory process, hematoma, abscess, etc. cannot be ruled out without tissue sampling.
- Mild splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

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 mass +/- spleen are recommended if patient's coagulation status is appropriate.

In the meantime, if patient has not been dewormed, then treating the reported hookworm infection is recommended.

While the liver mass is likely largely contributing to patient's clinical signs and laboratory abnormalities, other diagnostic considerations, given breed, history, etc. could also include:

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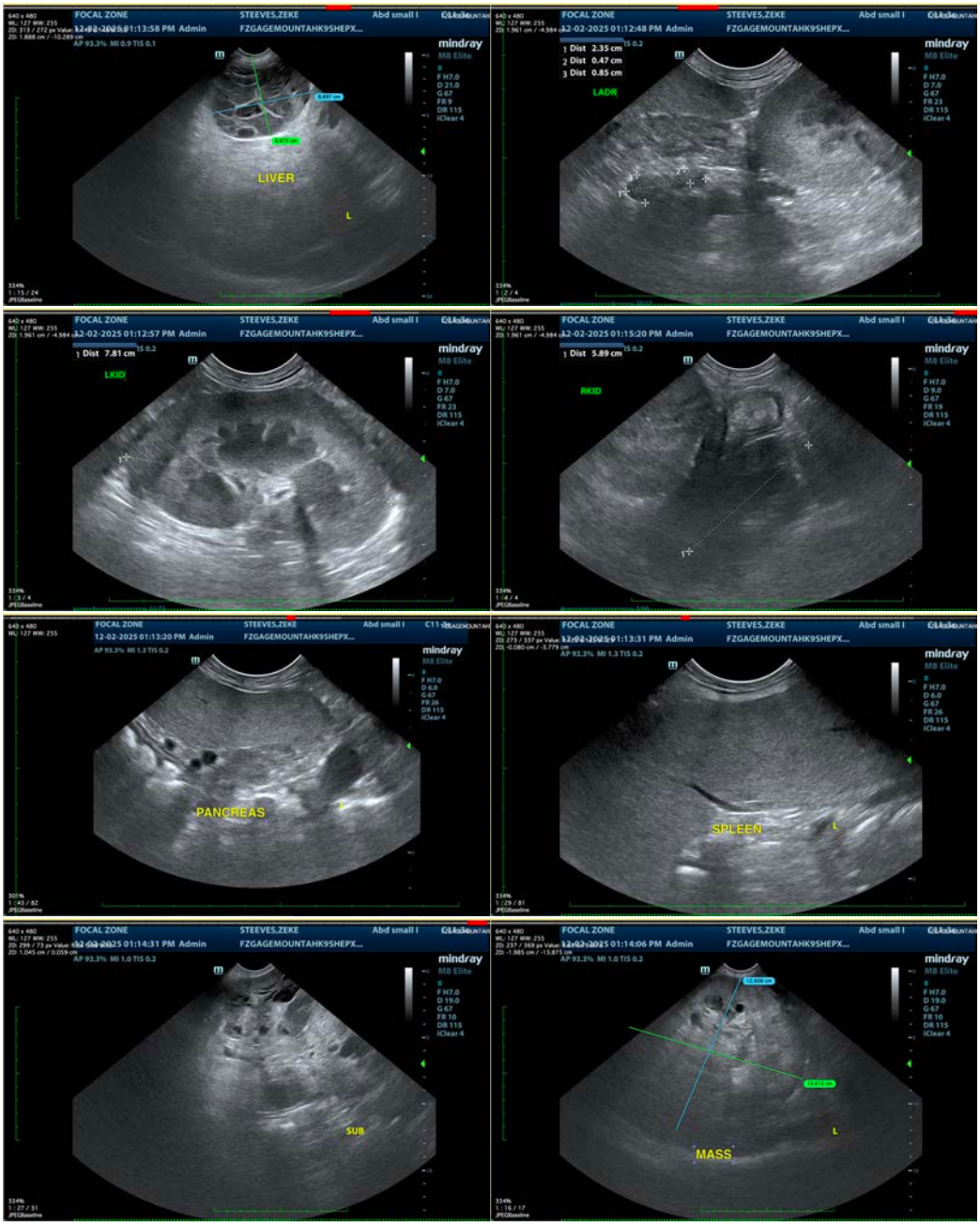
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

If a cytologic diagnosis is unable to be obtained from the liver, and/or the cytologic diagnosis warrants surgery, a pre-surgical planning abdominal CT scan could be considered to help further stage and plan, as well as potentially comment on resectability.



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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