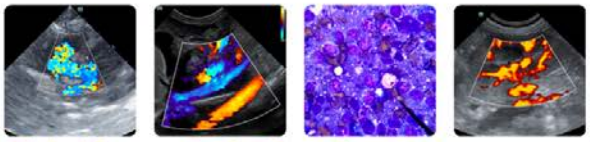


PATIENT

Lucy McDonough

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

35.4

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

72901

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History OA/cardiac disease/hypothyroidism. Previous suspicion of liver nodules a couple years ago but records not available. Overall patient had been doing well but in past couple of weeks, reduced appetite, diarrhea, weight loss. Recheck BW showed signficant elevations in ALT/ALP/GGT -- concern for GB mucocele vs hepatic neoplasia vs other hepatic disease

MEDS: Pimobendan, Galliprant, Gabapentin, Enalapril, Thyrotabs. Recently Amoxicillin for possible oral infection, Maropitant, Pepcid, Metronidazole

Abnormal PE/Chem/CBC/UA Results: RADS: Cardiomegaly, spondylosis, mild hepatomegaly

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.

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 mineral or infarcts observed. Left kidney measured 4.85 cm with mild pyelectasia. Additionally, along the cranial lateral aspect of the left kidney is an approximately 2.9 cm x 2.2 cm, mildly heterogeneous, hypoechoic nodule/mass. The right kidney measures 5.98 cm with mild pyelectasia noted.

Adrenal Glands

The right adrenal gland is normal in size (0.68 cm at cranial pole and 0.70 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

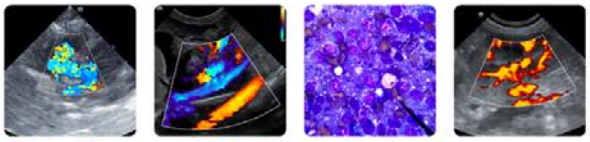
Spleen

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

The liver contains an approximately 6.64 cm x 6.06 cm, mildly mixed but solid, iso- to slightly hypoechoic, partially mineralized mass in the mid to caudal aspect of the liver.

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.



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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.

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 liver mass could represent a benign process such as a hepatoma/adenoma, chronic inflammatory lesion, other, although infiltrative neoplasia such a well differentiated hepatocellular carcinoma, round cell neoplasia, other 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.

- Similarly, the left kidney nodule/mass could represent a benign complicated cyst, hematoma, abscess versus other, although an infiltrative neoplastic nodule, potentially a metastatic nodule versus other, 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 liver mass and left kidney mass are recommended if patient's coagulation status is appropriate.

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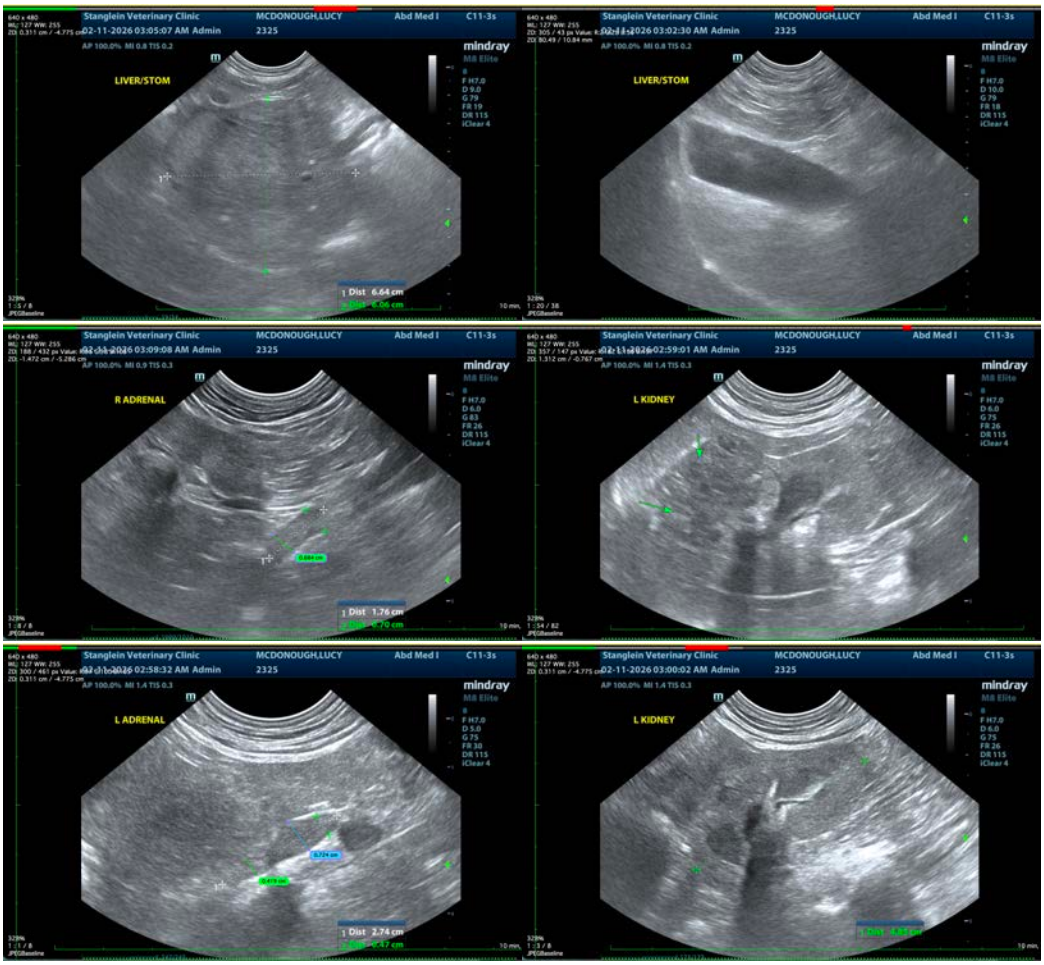
The patient's reported clinical presenting complaint of diarrhea and weight loss may or may not be related to the findings described above, and further gastrointestinal workup may also be warranted pending the results of the above tissue sampling and could include a routine fecal/giardia exam if not recently evaluated.

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 fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.



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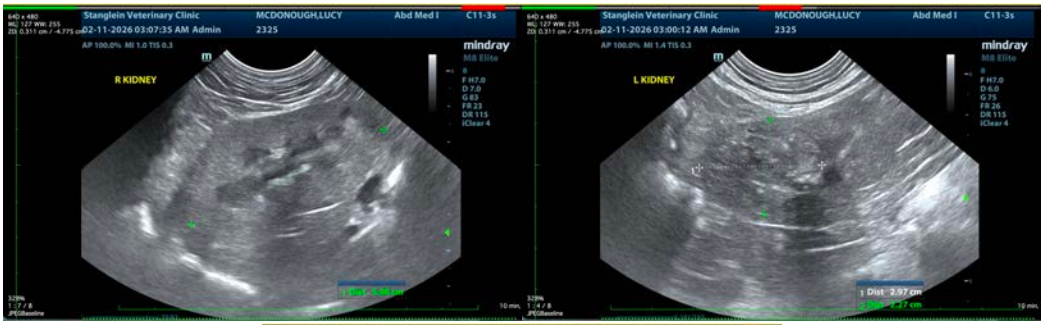

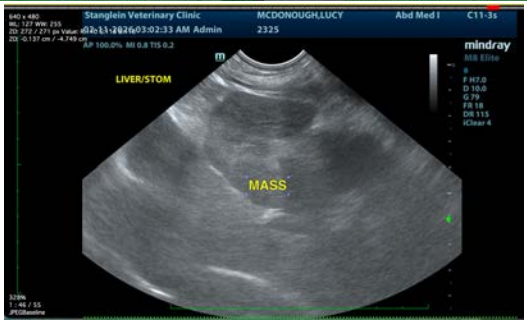

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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