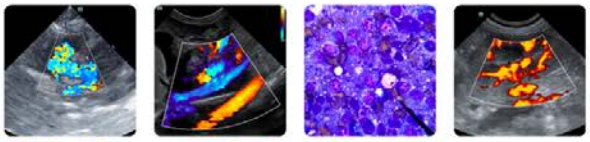

PATIENT

Charlie Johnson

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

25.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small (Corvallis)

REFERRING VET

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INVOICE

73107

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PRESENTING CLINICAL SIGNS

Hx of chronically elevated liver values (ALT/ALP), liver nodule noted on AUS @ previous DVM 5/2025 as well as previous hx of pancreatitis. No Pu/Pd noted @ home. Improvement in liver values noted w/ ursodiol, Sam -E and hepatic diet. Chronic intermittent vomiting, diarrhea and intermittent poor appetite. Tried hydrolyzed diet but patient would not eat it per owner; supplementing hydrolyzed currently w/ chicken, rice and sometimes beef.

Abnormal PE/Chem/CBC/UA Results: Pendulus abdomen, poor haircoat on exam Labwork 6/2025 (fasted) : CBC: WNL CHEM: ALT 40 (Previous >2000) Alk Phos 416 (Previous >1400) TT4: 1.2 Recheck BW 1/2026 (not fasted) CBC: PLT (404) Chem: TP (7.7), Glob (3.7), AP (629), 4+lipemia in sample. ALT normalized. LDDST pending for today.

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.

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. There is trace pyelectasia bilaterally. Left kidney measured 4.58 cm. Right kidney measured 5.28 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

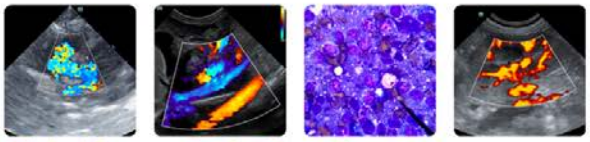
The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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), except for an approximately 0.30 cm x 0.40 cm non-capsule disrupting hypo- to anechoic nodule in the mid spleen. Splenic vasculature appears normal.

Liver

Diffusely, the liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Focally, in the mid to left caudal abdomen there is one area of homogeneous isoechoic parenchyma that appears slightly more discretely rounded, measuring 4.0 cm x 2.7 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 area of the pancreas contains irregular hyperechoic pancreatic remodeling.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Diffusely mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. The focally subjectively slightly more discrete area could represent the same differentials as described above versus a hepatoma/adenoma or emerging well differentiated hepatocellular carcinoma versus other can't be ruled out without tissue sampling.

- Hyperechoic pancreas – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

SECONDARY FINDINGS

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

- Age related kidney changes with trace bilateral pyelectasia.

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 including both the diffuse changes as well as the emerging mass-like lesion are recommended if patient's coagulation status is appropriate.

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Especially given patient's concurrent gastrointestinal history, 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 routine fecal/giardia exam is recommended if not recently evaluated.

Pending results of above, +/- 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.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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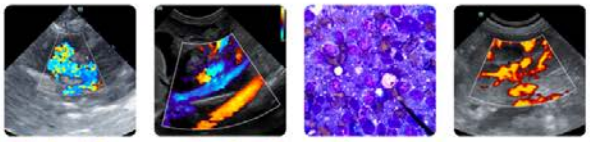

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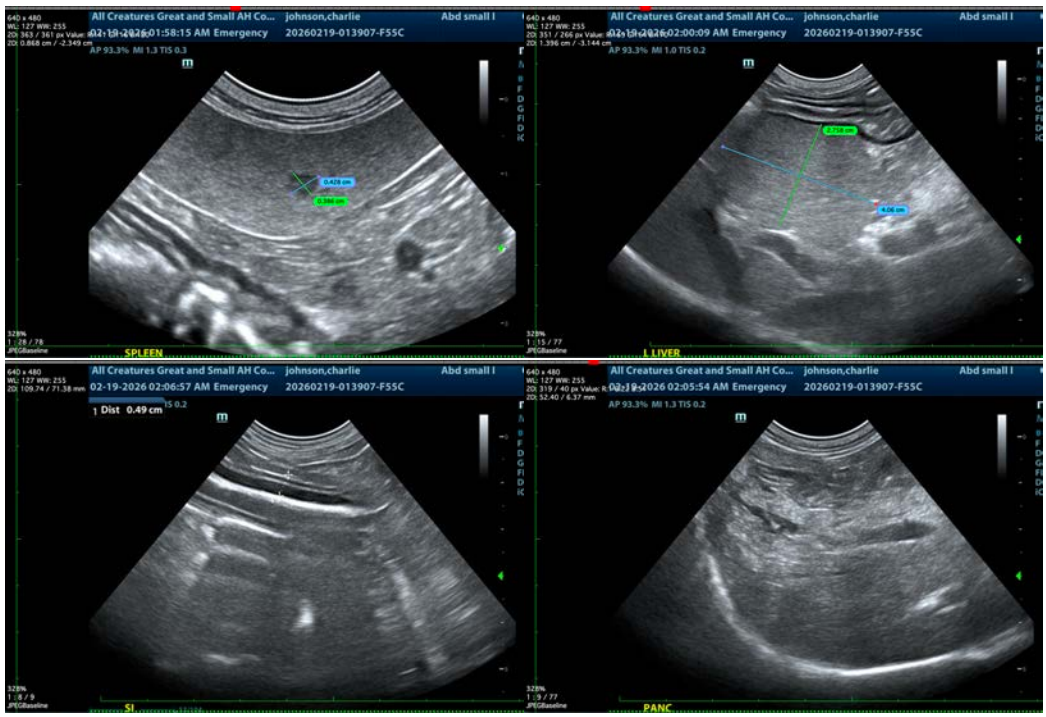

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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