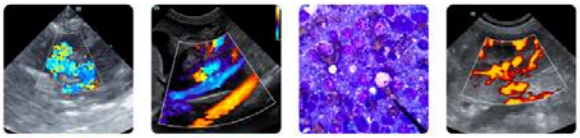


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Reilly Guidolin

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

7.6 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Snelgrove Vet Services

REFERRING VET

Dr. Ioannou

INVOICE

72713

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Bilateral lenticular sclerosis. Abdomen tense and painful on palpation with audible grunting. No obvious organomegaly or mass effect. Has been on Phenobarbital and given Gabapentin 10mg/kg today. Recommend US due to liver elevations

Abnormal PE/Chem/CBC/UA Results: WBCs 25.86(high) Neuts 22.06(high)Creatinine 41, ALT 721(high)ALKP 4033(high) Pancreatic Lipase 325 (high)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. There is a 0.42 cm in diameter shadowing mineral density settled along the dependent wall that I believe represents a cystolith. A small pile of mineral/sand debris, however, can't be ruled out. 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.

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 pyelectasia or infarcts observed. Punctate non-obstructive nephrolith are noted bilaterally. Left kidney measures 4.36 cm. Right kidney measures 4.29 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal. *See other.

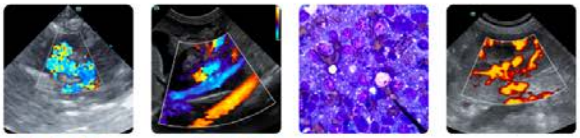
The left adrenal gland is normal in size (0.56 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Specifically, adjacent to the gallbladder is an approximately 2.9 cm x 3.3 cm, slightly more focally heterogeneous density/mass. Visible vasculature and biliary tree appear normal without distension or congestion. *See other.



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The gallbladder is non-distended in size. The wall of the gallbladder appears as a thin hyperechoic/calcified rim casting a distinct distal acoustic shadow. 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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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

In the right cranial abdomen there is a 3.4 cm x 5.1 cm mildly heterogeneous, largely coarse, hypoechoic mass that could be originating from the right caudal liver, although it is directly adjacent to, and in some views touching the nodular right cranial adrenal gland pole. Therefore, it is difficult to rule out a large right adrenal gland mass versus liver mass versus other.

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Diffusely moderately 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 more focal area described adjacent to the gallbladder could represent the same differentials listed diffusely, although a more focal change such as a hepatoma/adenoma or even infiltrative neoplasia such as hepatocellular carcinoma, round cell neoplasia, other can't be ruled out without tissue sampling. Additionally, the right cranial abdominal mass could represent a liver mass with the same differentials.

- Porcelain gallbladder – Porcelain (calcified) gallbladder is an uncommon finding in companion animals and has been observed as both an incidental finding and associated with biliary neoplasia. In humans, porcelain gallbladder can be a manifestation of chronic gallbladder disease, chronic cholecystitis, intramural hemorrhage with subsequent calcification, imbalances in calcium metabolism, and even giardiasis. This finding should be interpretated in

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combination with any clinical signs and/or laboratory changes suggestive of biliary disease and/or calcium dysregulation, etc.

- As described above, the right cranial abdominal mass is difficult to fully identify as hepatic in origin versus right adrenal but is concerning for infiltrative malignant neoplasia versus a benign inflammatory change.

SECONDARY FINDINGS

- Suspect urinary bladder cystolith.
- Age related kidney changes with punctate non-obstructive nephroliths bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

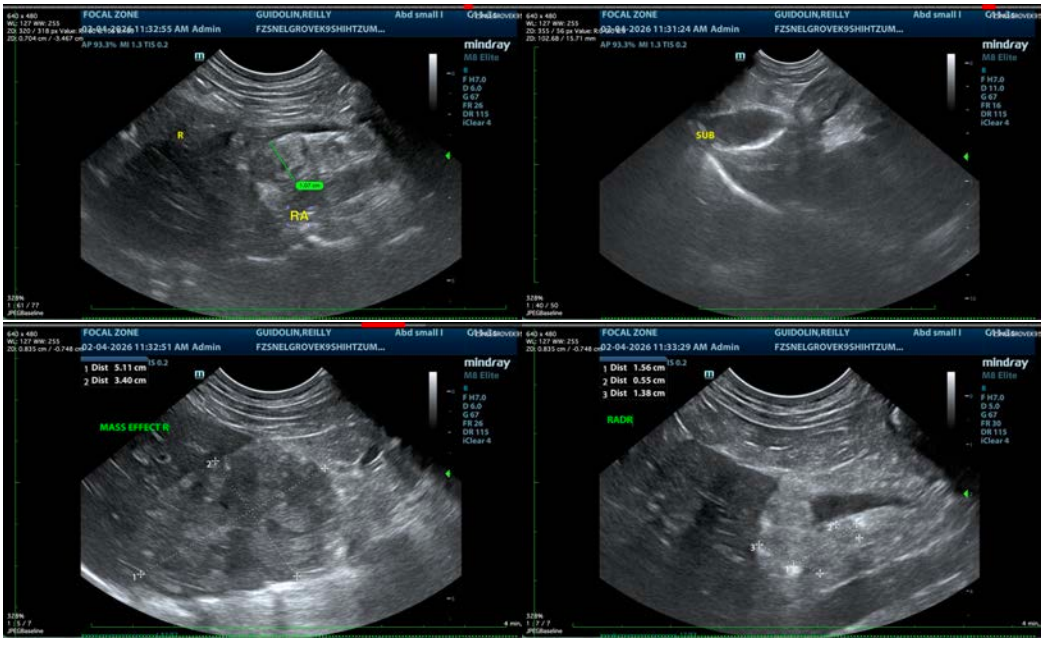
A blood pressure is recommended if not recently evaluated.

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 right cranial abdominal mass as well as the discrete mid liver mass could be considered if patient's coagulation status is appropriate.

Additionally, and/or alternatively, given the inability to definitively identify the right cranial abdominal mass, advanced imaging such as an abdominal contrast CT scan could be considered.

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



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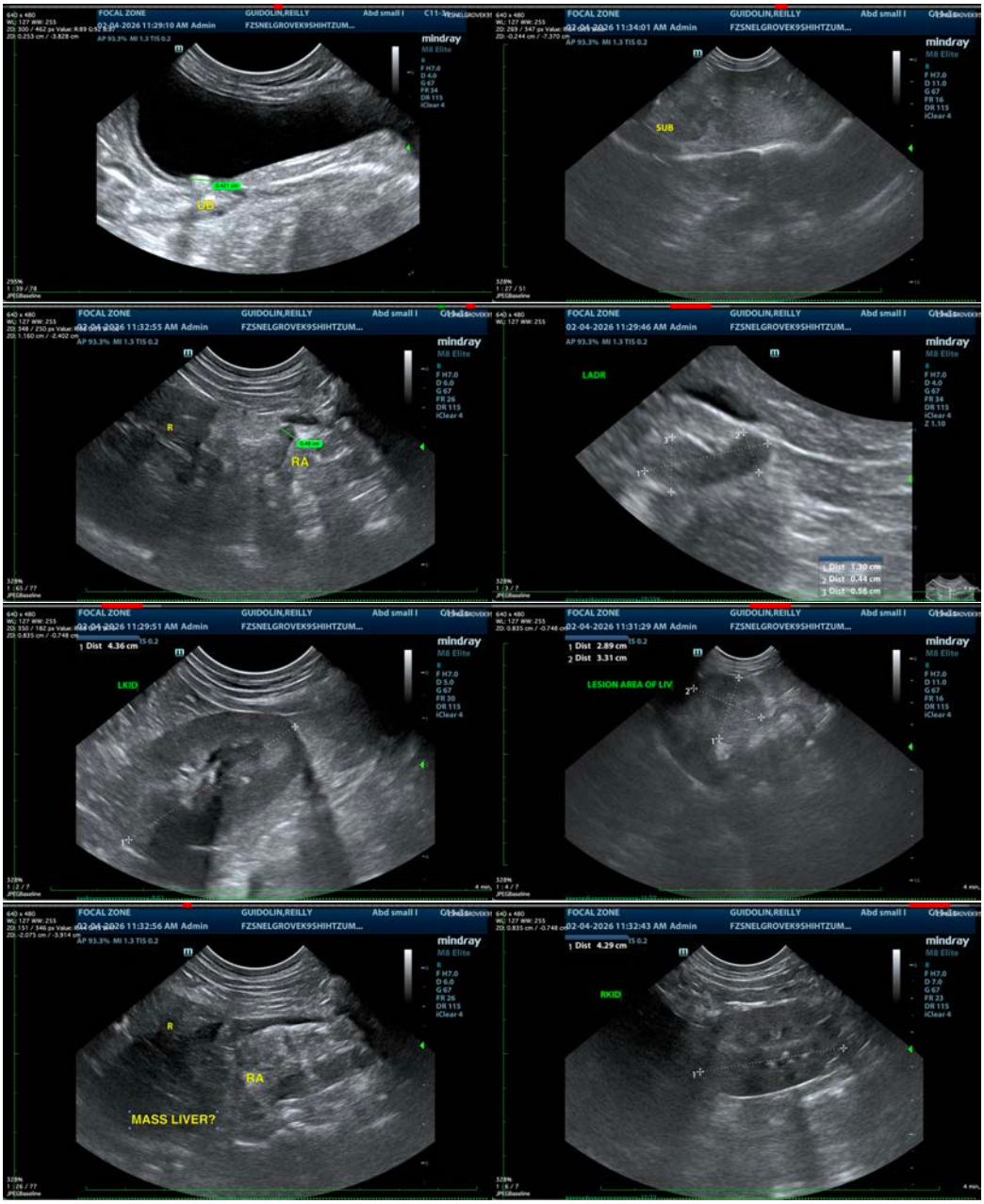

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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