



PATIENT

Nibbles Williams

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years 8 months

WEIGHT

45.6 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

73573

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P presented for US due to progressively increasing ALKP, mild weight loss. Denamarin was started but ALKP continues to rise.

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.

There is a subtle, approximately 0.30 cm dilated anechoic tubular structure dorsal to the urethra that is difficult to attach to the urinary system versus the uterine body versus other and may be a normal incidental anatomic variant. This finding should be interpreted in combination with clinical signs.

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, mineral or infarcts observed. Left kidney measures 4.6 cm. Right kidney measured 5.8 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.86 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen has an approximately 4.9 cm x 6.2 cm homogeneous hypoechoic expansive mass extending from the mediocaudal aspect of it. The remaining spleen is more normal in appearance.

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. Visible vasculature and biliary tree appear normal without distension or congestion.

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 stomach in some views appears to have a focal gastric wall thickening with some loss of layering suspected, measuring approximately 2.8 cm long x 1.5 cm thick. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

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



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luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

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PRIMARY FINDINGS

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- The splenic mass could represent a benign process such as extramedullary hematopoiesis versus chronic inflammatory lesion versus other, although infiltrative neoplasia such as round cell neoplasia, even sarcoma, etc. can't be ruled out without tissue sampling.
- 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.
- Similarly, the suspected focal gastric wall thickening could represent a benign inflammatory process/gastritis i.e., parasitic, infectious, other underlying metabolic, diet related, etc., although infiltrative neoplasia such as round cell neoplasia, carcinoma versus other can't be ruled out without tissue sampling.

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SECONDARY FINDINGS

- Age related kidney changes.
- As described above, the structure dorsal to the urethra should be interpreted in combination with any clinical history of incontinence versus other that could increase the suspicion of a pathologic change versus a normal anatomic variant.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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 stomach mass, the liver +/- the gastric wall would be considered if patient's coagulation status is appropriate.



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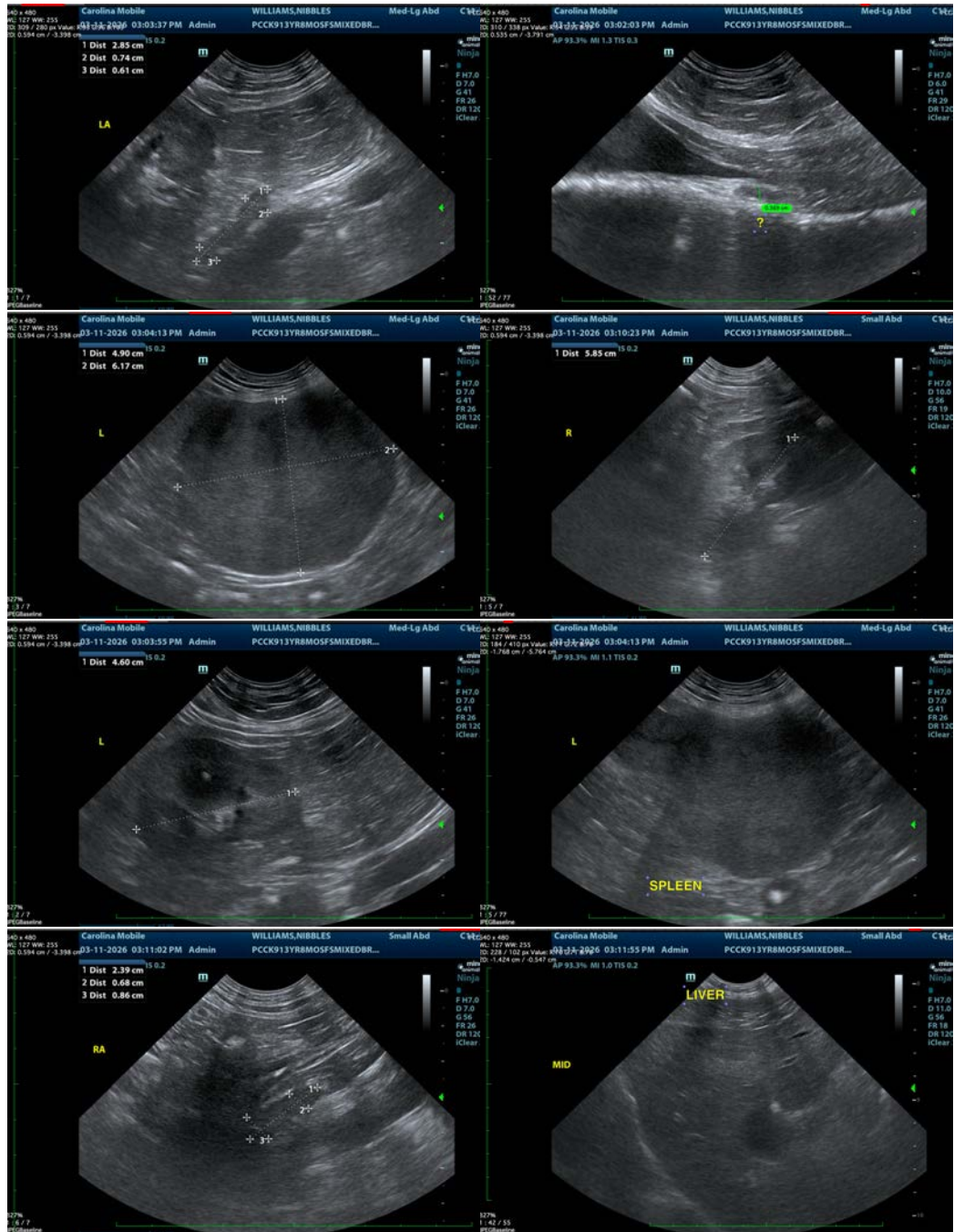
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Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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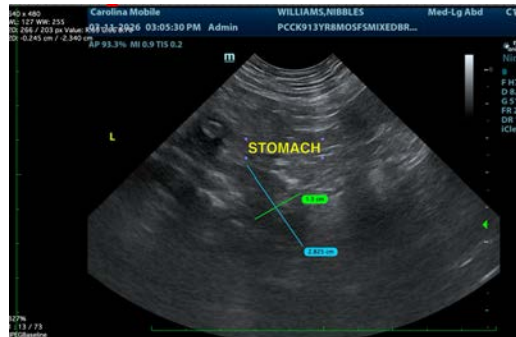
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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