



PATIENT

Chase Chou

SPECIES

Canine

BREED

King Charles Cavalier

SEX

MN

AGE

13 years

WEIGHT

21

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

11483

DATE

3/12/2026

PRESENTING CLINICAL SIGNS

- Chase presented for dental cleaning. On exam, left anal gland found to be very enlarged.

Abnormal PE/Chem/CBC/UA Results: Elevated calcium, ALP/ALT. PSL = 500.

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 in size (5.5 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 in size (5.3 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 unable to be fully visualized/isolated for measurement in these images.

The left adrenal gland is normal in size (0.56 cm at cranial pole and 0.55 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 appears to contain multiple, homogenous, hypoechoic nodules/masses throughout, measuring between 1.0 cm in diameter to approximately 3.0 cm in diameter. As well as multifocal intrahepatic biliary mineral densities.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Non-visibly obstructive mineral debris is also noted within the gallbladder. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.



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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.

Medial iliac and mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

While the nodules in the cranial abdomen appear to originate from the liver, adjacent lymph nodes can't be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Diffusely aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. This finding most predominately involves the medial iliac lymph nodes.
- Suspect nodules/masses originating from the liver versus cranial abdominal lymph nodes are similarly concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other. Metastatic nodules can't be ruled out. A benign inflammatory process, even nodular hyperplasia versus other, can't be ruled out but is considered less likely.
- Intrahepatic biliary mineral and gallbladder mineral debris re of unknown clinical significance and should be interpreted in combination with lab changes, clinical signs such as cranial abdominal pain, nausea, etc.

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.

A malignancy panel (PTH, PTHrP, iCa) to Michigan State College of Veterinary Medicine is recommended for further investigation of the reported hypercalcemia.

Fine needle aspirates of the medial iliac lymph nodes, as well as the suspected liver nodules are recommended if patient's coagulation status is appropriate.

Pending results of above, excisional biopsy for histopathology of the suspected anal gland nodule may ultimately be warranted.



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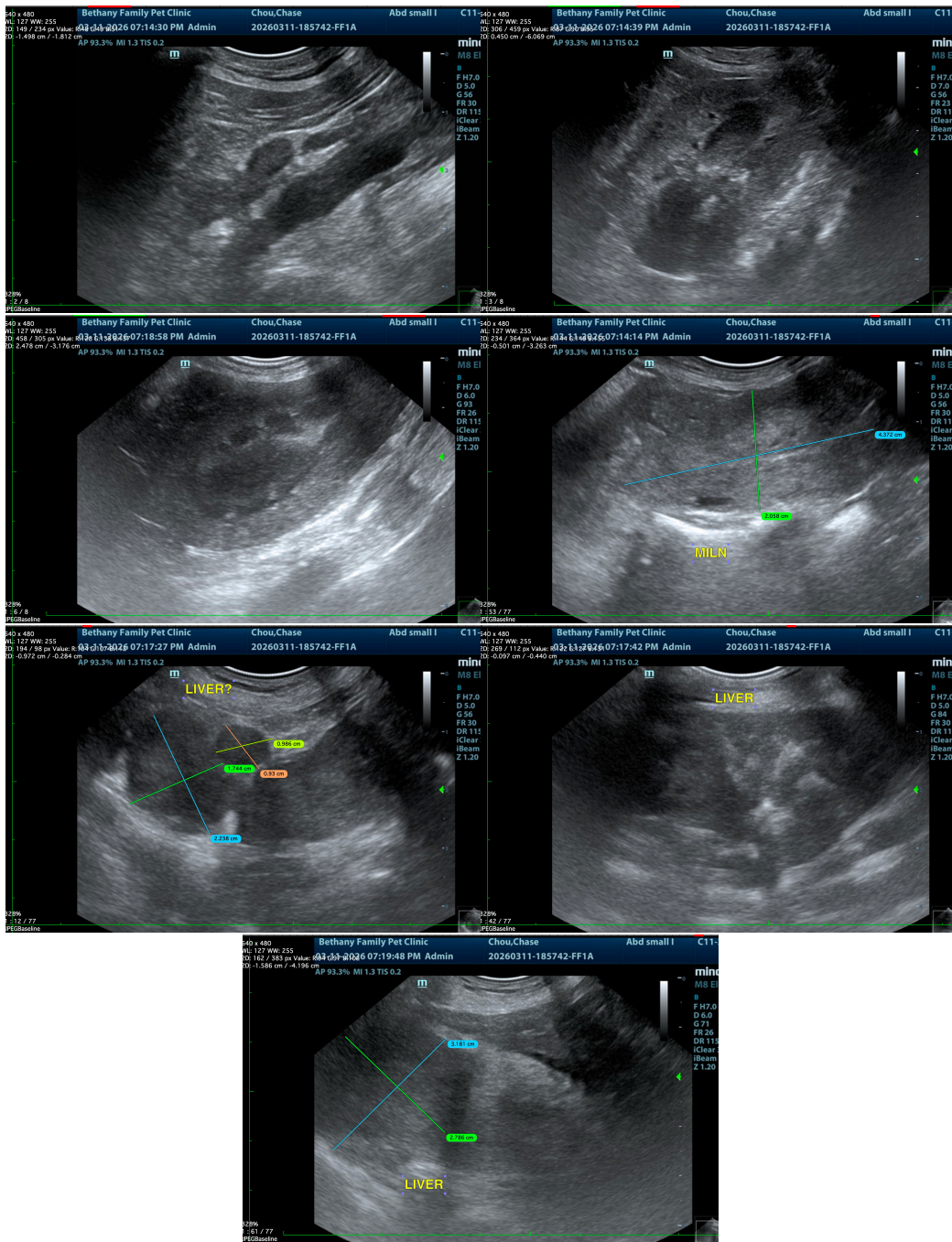
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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