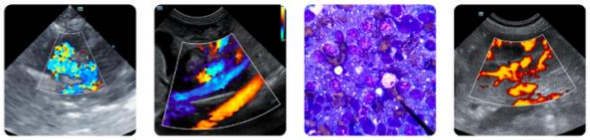


PATIENT

Milo Nie

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

9

WEIGHT

94.7

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

36289

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Decreased appetite and P vomited about 4 times since Thursday; Milo has not eaten a full meal but ate half of a meal with chicken added on Saturday. No food consumed Sunday or Monday morning.
- Pet seemed okay following 3/16 appt with Dr.Yim. Started Purina EN that evening and pet held food down through 3/17
- On 3/18, pet vomited both after breakfast and dinner
- Owner notes that pet has been PU/PD from last week. Asked to go out at 1am this AM, and also attempted to vomit (nothing came up)
- P lost 7.4lbs
- Abnormal PE/Chem/CBC/UA Results: BUN 6 ALBUMIN 2.4 GLOBULIN 4.4 ALB/GLOB RATIO 0.5 ALT 318 ALP 1207 CHOLESTEROL 436 CREATINE KINASE 227 WBC 19.6 RETIC HGB 22.2 NEUTROPHIL 15876 MONOCYTE 1529 EOSINOPHIL 118 SPECIFIC GRAVITY 1.014 CYSTATIN B 163

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 prostate is unable to be visualized in these images.

Left kidney is normal in size (8.49 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.

Right kidney is normal in size (8.84 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.

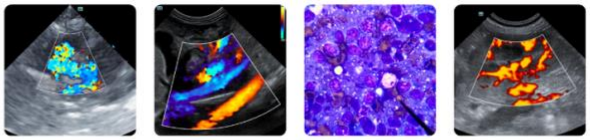
Adrenal Glands

Left adrenal gland is normal in size (0.9 cm at cranial pole and 0.9 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is unable to be visualized in these images.

Spleen

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.



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Liver

The liver contains an approximately 6.0 cm x 7.0 cm – 8.0 cm mixed, partially cavitated, primarily isoechoic to slightly hyperechoic mass in the mid cranial liver adjacent to the gallbladder.

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.

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.

Other

Cardiac images are non-diagnostic owing to interfering artifact.

ULTRASONOGRAPHIC FINDINGS

- The liver mass could represent a benign process such as hematoma, abscess, cystic inflammatory change, other, or infiltrative neoplasia such as a hepatocellular carcinoma, sarcoma, round cell neoplasia, other, and can't be differentiated without tissue sampling.
- Moderate 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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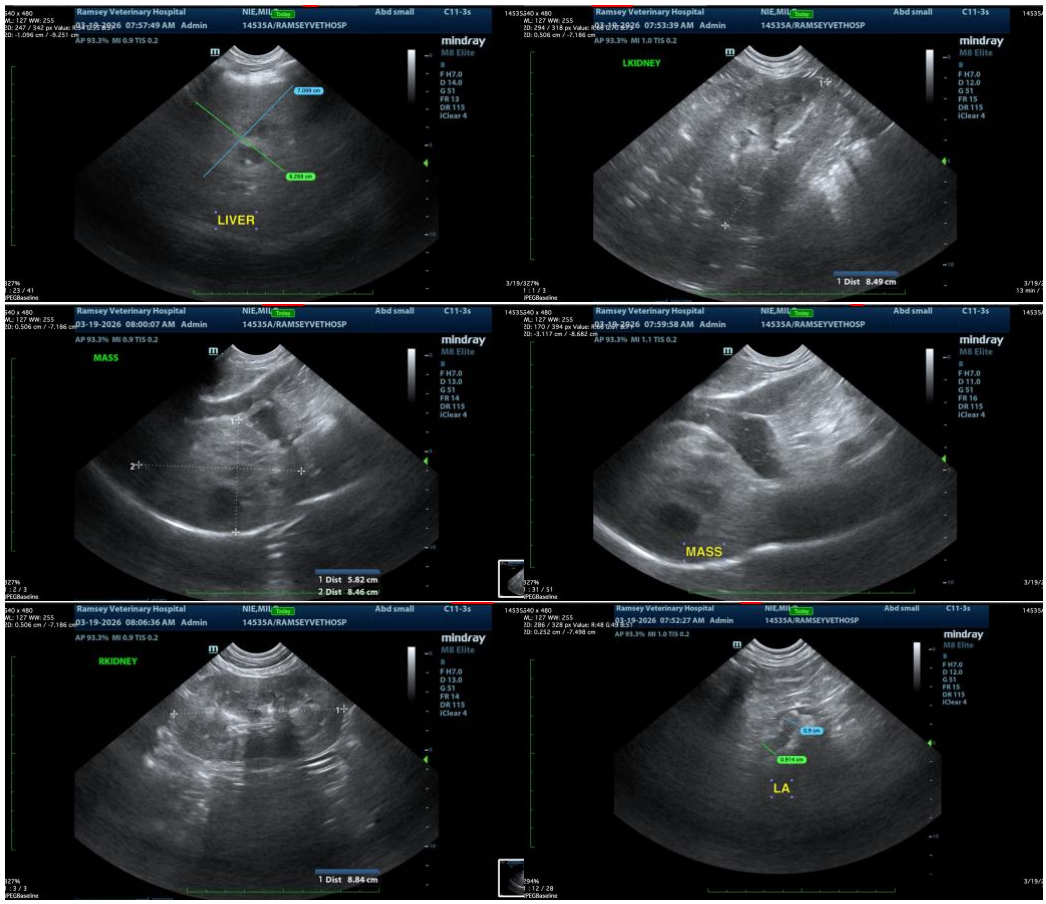
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver mass are recommended if patient's coagulation status is appropriate.

The presence of the liver mass, while warranting further workup, may or may not be related to patient's reported presenting complaints of nausea and inappetence. Therefore, pending results of above, additional gastrointestinal workup may also be warranted, including things like 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 for further evaluation of GI and pancreatic function, and a baseline cortisol, etc. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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



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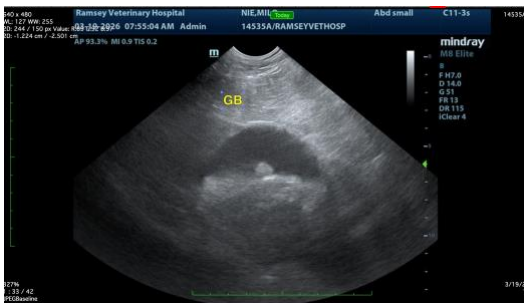

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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