



PATIENT

Bailey Wiswall

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

50.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Lake Brandt

REFERRING VET

Dr. Brown

INVOICE

74025

DATE

3/26/26

PRESENTING CLINICAL SIGNS

P Cushinoid taking Vetoryl 30mg Once daily, Presented this am for trembling and stretching out limbs
Rads taken today concern for possible liver mass

Abnormal PE/Chem/CBC/UA Results: ALT 600, ALKP unable to read, GGT 117

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 right kidney is normal is size (6.78 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 is size (6.59 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

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 1.0 cm at the cranial pole and 0.74 cm at the caudal pole. Right measures 2.0 cm at the cranial pole and 0.96 cm at the caudal pole.

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. Some of the nodules are significant in size, with the largest measuring 3.3 cm x 5.4 cm in size adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion

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 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.



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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 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 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.

ULTRASONOGRAPHIC FINDINGS

- The liver nodules/masses could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or even chronic inflammatory disease, but infiltrative neoplastic disease such as round cell neoplasia, metastatic neoplasia, other can mimic a benign process and can't be ruled out 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.
- The bilateral adrenomegaly is consistent with patient's reported medical history of medically managed hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported presenting complaint/history, a blood pressure is recommended if not recently evaluated.

Bile acids could be considered if patient's total bilirubin is not increased.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, at least short-term discontinuation of Vetoryl is recommended. Ultimately, however, consultation with a veterinary neurologist for further evaluation, workup, +/- advanced imaging may be indicated.

The liver changes are of unknown if any contribution or relation to patient's reported neurologic signs but also warrant further intervention when patient is stable enough to undergo further diagnostics including fine needle aspirates if patient's coagulation status is appropriate.

Additionally, if not already evaluated, 3-view thoracic radiographs are recommended.



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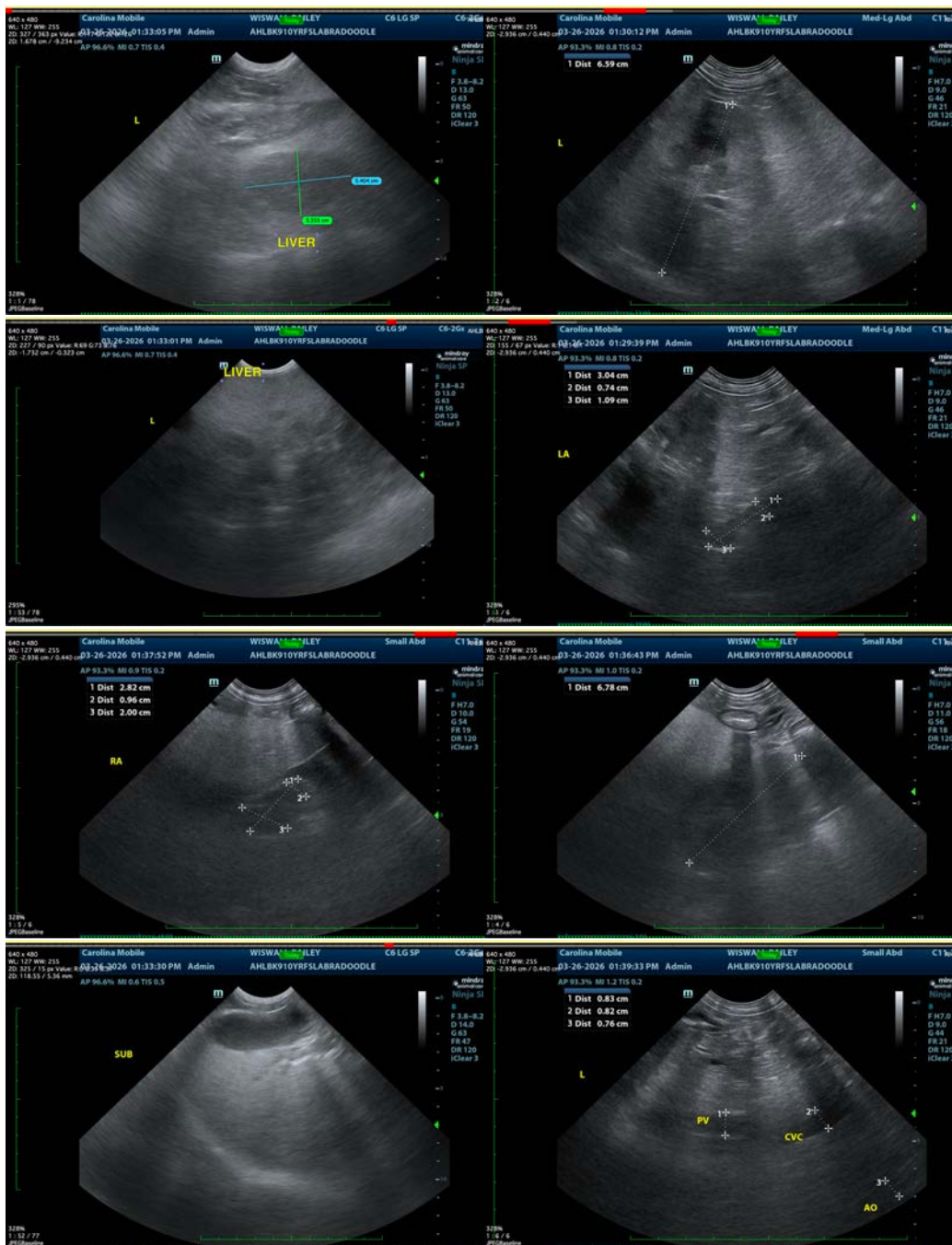
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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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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