



PATIENT

Louis Torres

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

10 years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho,
LLC

REFERRING VET

Manteca Vet

INVOICE

11410

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- History of Addison's disease.
- Urinating blood (brown urine.)
- History of elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: ALP markedly elevated with mild ALT elevation, potassium 6.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents as well as a very large amount of suspended echogenic non-shadowing debris as well as settled mineral/sand debris and piles of small cystoliths. One suspected to be discrete larger cystolith, measuring 1.2 cm in diameter is also present. No masses are observed. The 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 4.3 cm, and the right kidney measures 5.2 cm.

Adrenal Glands

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

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

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions except for in the mid to left caudal where there is an approximately 5.0 cm x 6.5 cm in size, mildly heterogenous, mixed, partially cavitated mass. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Louis Torres

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.

SPECIES

Canine

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

BREED

Mixed Breed

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.

SEX

MN

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

AGE

10 years

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.

WEIGHT

22 lbs

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

IMAGING PERFORMED BY

Michael Schacher

- The liver mass is concerning for primary hepatic neoplasia such as hepatocellular carcinoma versus other, i.e. sarcoma, metastatic neoplasia, round cell neoplasia, etc. Having said that a benign lesion such as a cyst, hematoma, abscess, hepatoma/adenoma, even extramedullary hematopoiesis versus other can't be ruled out without tissue sampling.
- Mild to 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.
- A very large amount of echogenic, some mineral/sand debris within the urinary bladder as well as multiple cystoliths, including a larger one measuring 1.2 cm in diameter.

HOSPITAL NAME

Emergency
Veterinarians of Idaho,
LLC

REFERRING VET

Manteca Vet

INVOICE

11410

SECONDARY FINDINGS

DATE

3/5/2026

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.



PATIENT

Louis Torres

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

10 years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho, LLC

REFERRING VET

Manteca Vet

INVOICE

11410

DATE

3/5/2026

- Age related kidney changes with non-obstructive dystrophic mineralization bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

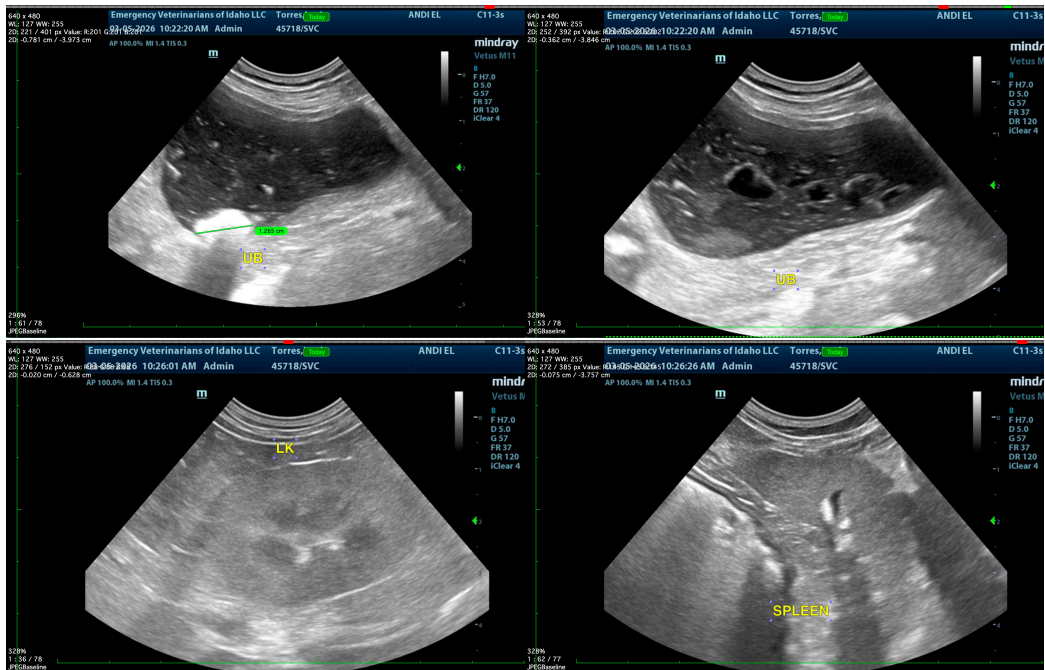
Given patient's reported presenting complaint, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Pending results of additional urine information, removal of the cystoliths via the least invasive way possible may be necessary if dissolution is not an option.

In the meantime, given the other changes, 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 could be considered if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned excisional biopsy/liver lobectomy could be considered. The mass appears caudal and likely fully resectable but a presurgical planning abdominal CT scan could be considered for further staging prior to proceeding.





PATIENT

Louis Torres

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

10 years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho, LLC

REFERRING VET

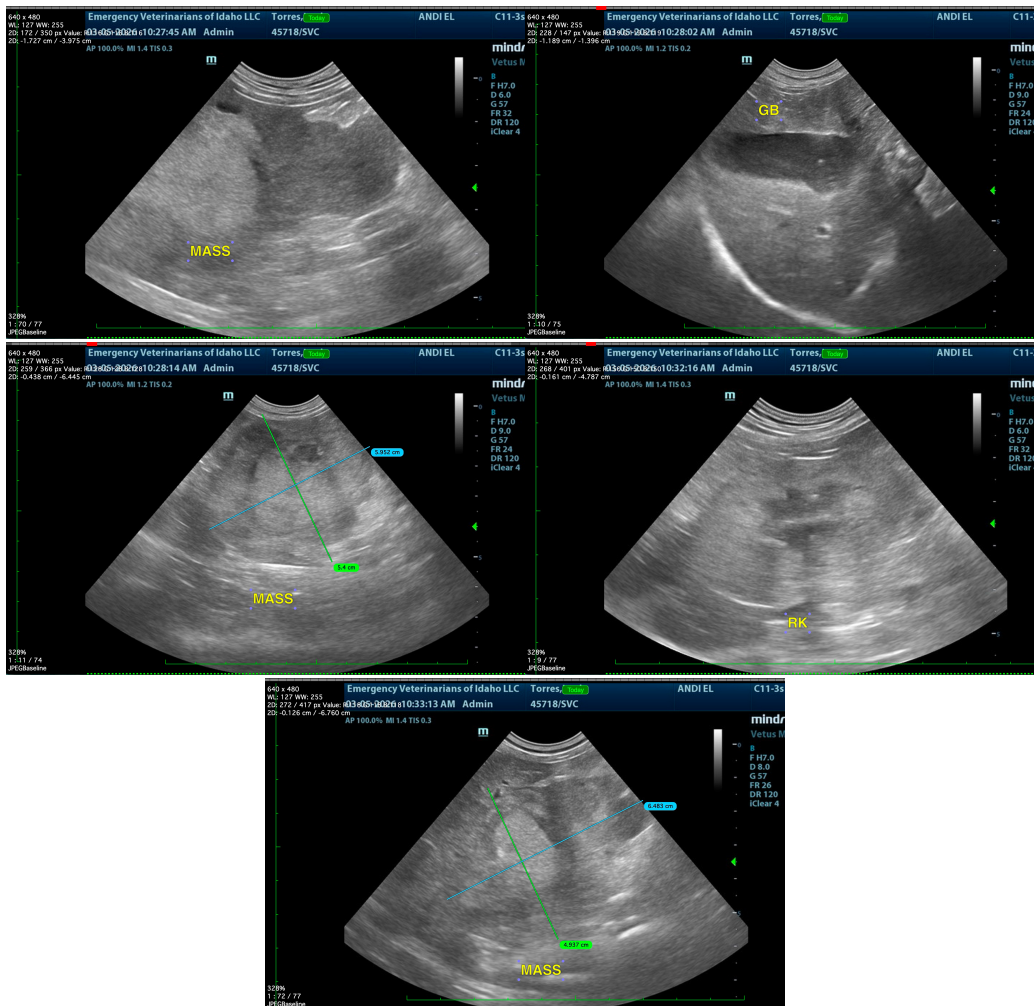
Manteca Vet

INVOICE

11410

DATE

3/5/2026



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