



**PATIENT**

Molly Costello

**SPECIES**

Canine

**BREED**

Westie

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

7 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Vetwell Rockliffe  
 Veterinary Hospital

**REFERRING VET**

Dr. Guatto

**INVOICE**

74507

**DATE**

4/16/26

**PRESENTING CLINICAL SIGNS**

Presented for annual vaccines. Noted to be markedly icteric on exam

Abnormal PE/Chem/CBC/UA Results: RDW 23.6 PDW 7.5 MPV 7.2 Potassium 3.4 ALT 1481 (had to run dilution) ALP still unreadable after dilution GGT 37 Bili 454 Chol 12.34

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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 measures 5.2 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (1.1 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.65 cm at cranial pole and 0.66 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 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. However, in several views there is an approximately 4.7 cm x 6.4 cm homogeneous, iso- to slightly hypoechoic, slightly focally rounded density/early mass-like lesion in the mid to caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is unable to be visualized in these images.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

**BREED**

Westie

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 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.

**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**

7 kg

***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.

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**PRIMARY FINDINGS**

- Possible emerging liver mass – This could represent a benign process such as a chronic inflammatory lesion, nodular hyperplasia, hepatoma/adenoma, etc., or infiltrative neoplasia such as an emerging well differentiated hepatocellular carcinoma, round cell neoplasia, other which can't be differentiated without tissue sampling.
- The gallbladder is unable to be visualized in these images, with unknown history regarding if it has been previously removed or was just not able to be imaged.

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**SECONDARY FINDINGS**

- Moderate age related kidney changes.
- Mild amount of echogenic urinary bladder debris.

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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.

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

Pending results of above, infectious disease testing including testing for Leptospirosis could be considered.



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In the meantime, in addition to supportive/symptomatic medical management of clinical signs, other empirical therapy recommendations could include fluid therapy, hepatic nutraceuticals such as Ursodiol and/or Denamarin, +/- empirical broad-spectrum antibiotics, etc.

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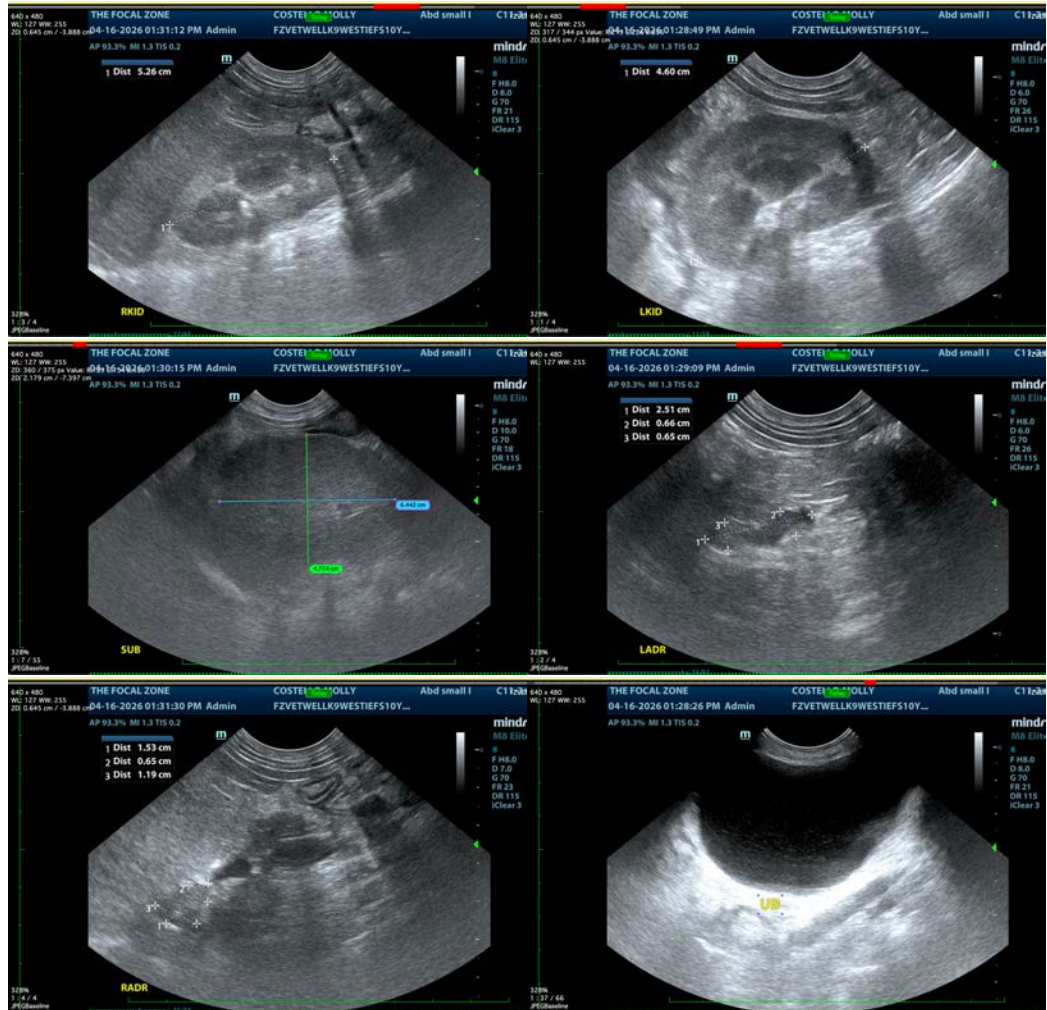
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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