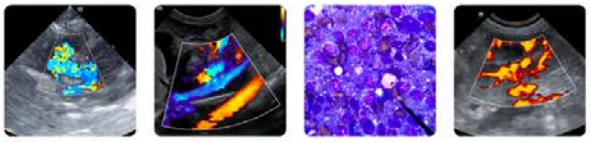


PATIENT

Chicco Assante

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years 2 Months

WEIGHT

13.7

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Laura Green

INVOICE

74712

DATE

4/22/26

PRESENTING CLINICAL SIGNS

3-4 day history of lethargy, not eating, vomiting/regurgitating. Has lost ~1#. Temp = 104.3.

Abnormal PE/Chem/CBC/UA Results: Increased AlkP (but historic) RADS: Concern for irregular/enlarged liver. Mass noted in/near pylorus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents as well as a very large amount of echogenic suspended and dependent debris, some of which has a mineral/sand appearance. Additionally, several cystoliths measuring between 0.30-0.40 cm are noted. No masses are observed. The wall is diffusely mildly irregular and thick, with the trigone and visible pelvic urethra being 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. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 4.4 cm. Right kidney measures 4.1 cm. Punctate non-obstructive nephroliths are noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

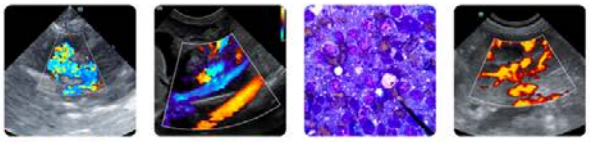
Spleen

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), except for an approximately 1.0 cm x 1.4 cm in size, non-capsule disrupting hypoechoic nodule near the caudal aspect of the spleen, adjacent to an approximately 0.50 cm in diameter non-capsule disrupting anechoic density. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. 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.



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Gastrointestinal

The visible gastric wall is normal in thickness and layering, except for in the pylorus, potentially approaching the proximal duodenum, where it is focally thick, measuring 1.2 cm thick, characterized primarily by a hypoechoic, almost speckled mucosa. The lumen of the stomach is markedly distended with fluid.

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 lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
- The focally thick pylorus/possibly proximal duodenum could represent a benign reactive process/focal gastritis associated with the adjacent pathology, although infiltrative neoplasia affecting this area too can't be ruled out without tissue sampling.
- Hypo to anechoic splenic nodules – could represent benign lesions such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however, given patient's concurrent changes, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out without tissue sampling.
- Moderately reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Moderate age related kidney changes with punctate non-obstructive nephroliths bilaterally and a very large amount of echogenic mineral/sand debris within the urinary bladder, and several cystoliths.

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- Mild 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.

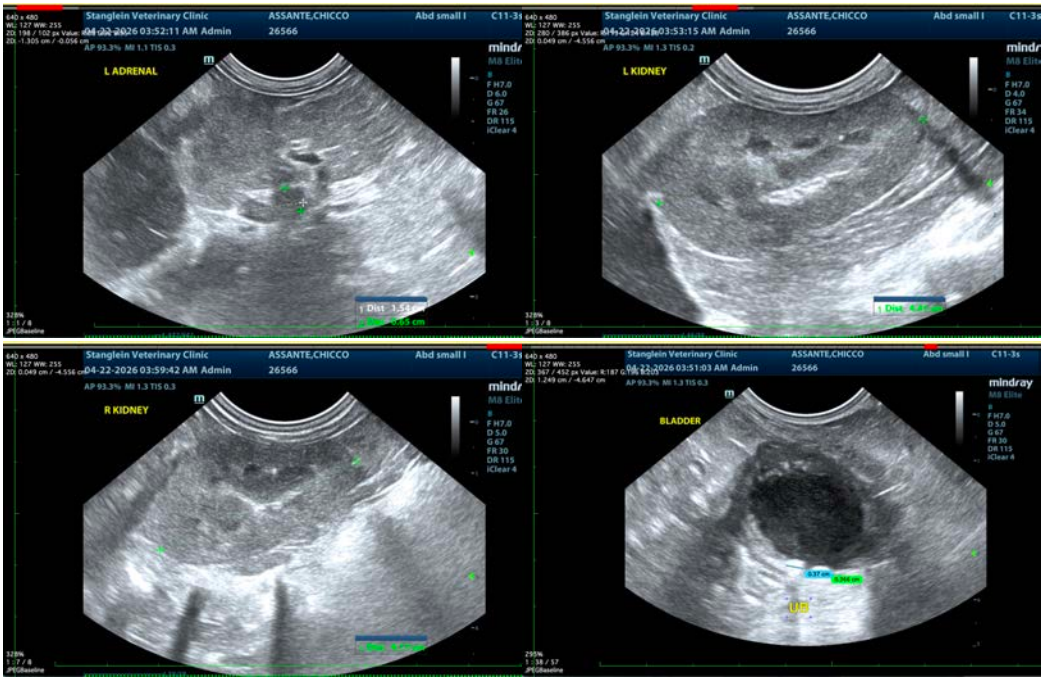
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 and spleen as well as the focally thick pylorus/proximal duodenum +/- the medial iliac lymph nodes are recommended if patient's coagulation status is appropriate.

If not recently evaluated, a 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.

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



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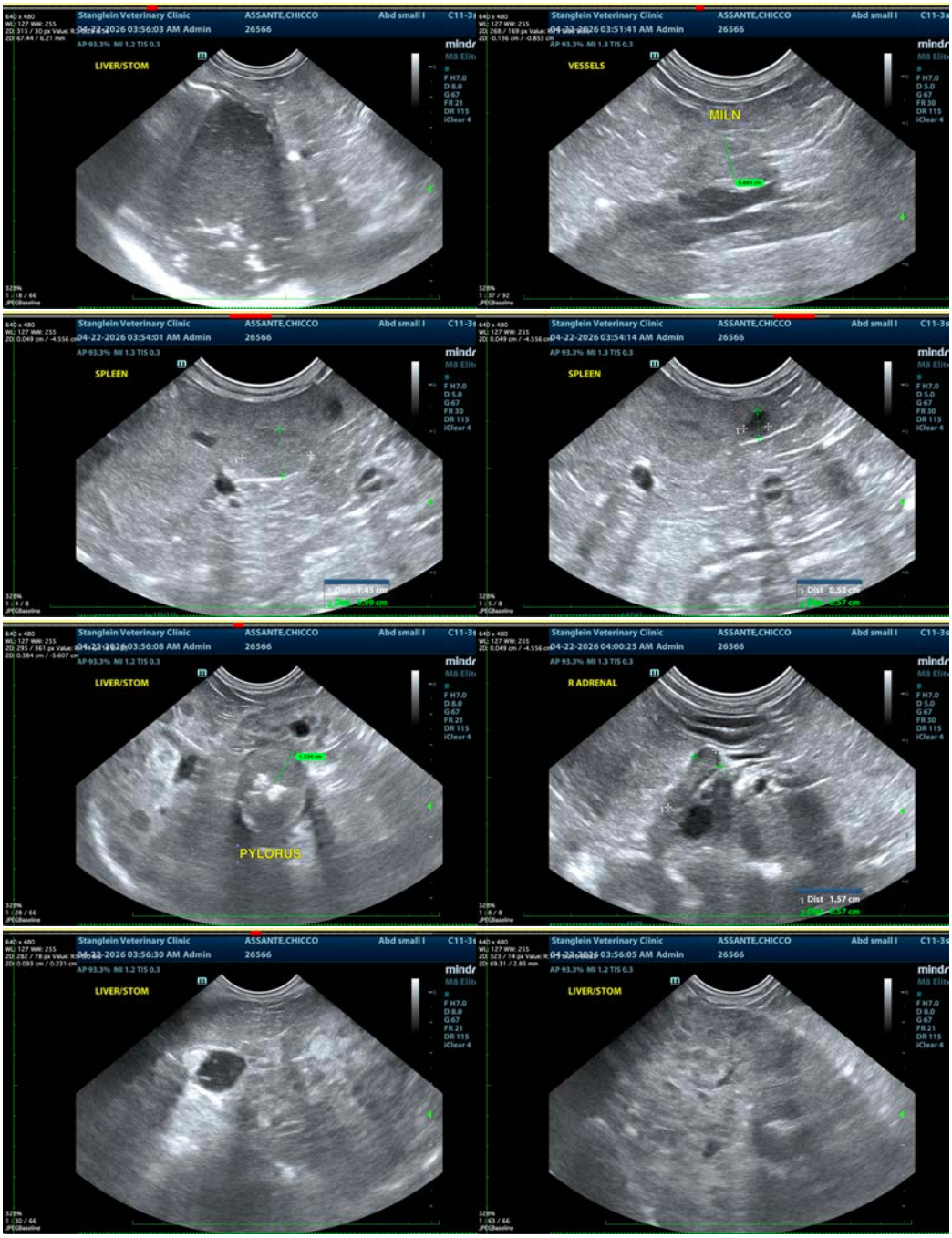

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com