

PATIENT

McBain Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

11 years

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr. Kateryna Sovik

INVOICE

11821

DATE

4/28/2026

PRESENTING CLINICAL SIGNS

Initial visit (early March 2026): Came in for a routine exam but had sudden loss of appetite, soft stool, and tried (but failed) to vomit. Diet is mostly rich human foods, and he refuses his prescribed dog food. Lab results showed: Non-regenerative anemia (low red blood cells). Severely elevated liver values (ALT, ALP, GGT, bilirubin). Abnormal urine (very concentrated, high protein and bilirubin). Pancreatitis ruled out. Follow-up (March 5, 2026): Condition worsened: lethargy, poor appetite, possible breathing difficulty. Minimal eating and drinking. ER visit found a significant liver problem, possibly cancer, though liver still functioning somewhat. Bloodwork still abnormal; anemia slightly worse, liver values still very high. Recheck (April 22, 2026): Overall improvement: Red blood cells increased (anemia improving). Liver enzymes (ALT, ALP) decreased. Remaining concern: GGT increased, which may indicate gallbladder issues (like sludge or mucocele). Clinically, McBain is doing much better: Eating well, maintaining weight, and has good energy.

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.

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted. The prostate measures 4.2 cm in transverse view.

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Pinpoint cortical cysts are noted bilaterally. Left kidney measures 7.46 cm, and the right kidney measures 7.65 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.77 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

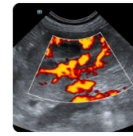
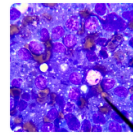
The left adrenal gland is normal in size (0.85 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). A discrete homogenous, non-capsular disrupting, hypo- to anechoic nodule is noted near the cranial aspect of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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.

Medial iliac and mesenteric 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.

Other

Left testicle is visualized without evident testicular pathology.

The right testicle has an approximately 2.0 cm x 2.5 cm mixed cystic nodule/mass.

PRIMARY FINDINGS

- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.
- Mildly reactive medial iliac and mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Age related kidney changes with cortical cysts and non-obstructive dystrophic mineralization bilaterally.



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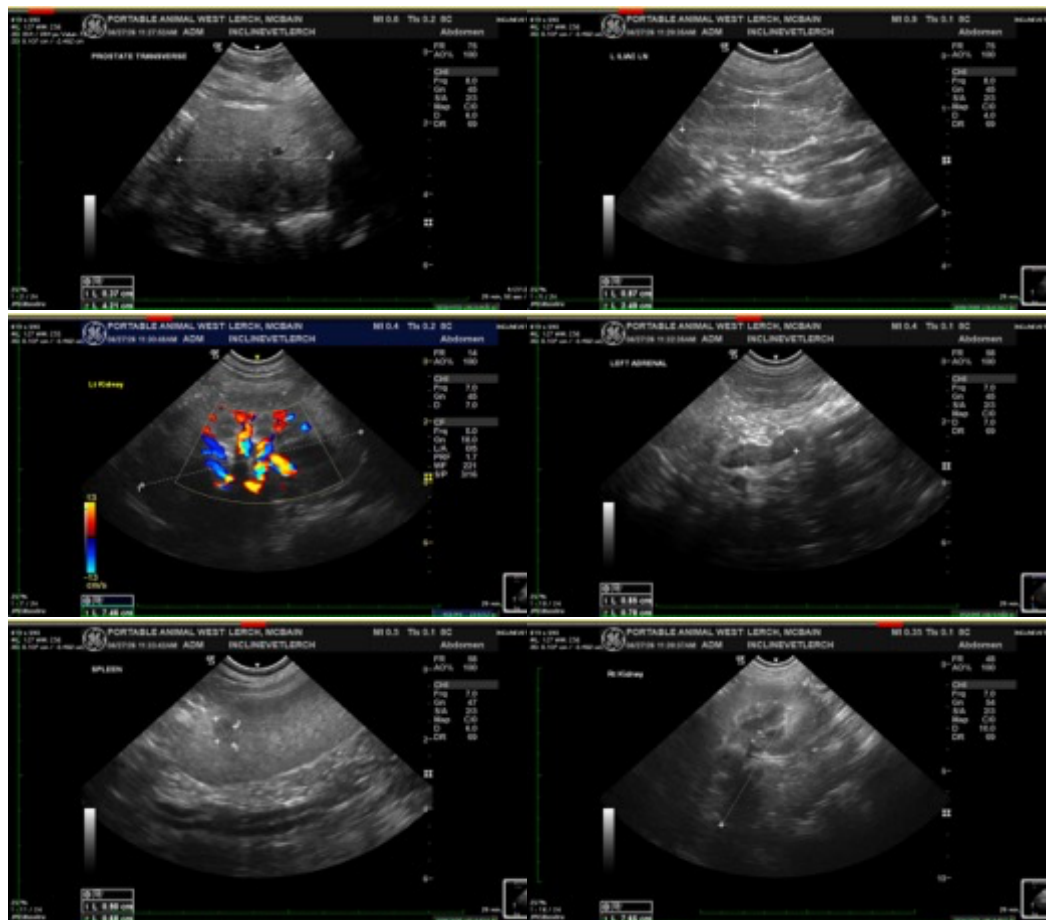
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- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- A right testicular cystic nodule/mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient's clinical signs and liver enzymes are improving, then continued management and monitoring may be all that is indicated. If not, further workup of the suspected/reported hepatopathy is largely dependent on the degree of liver enzyme increase as well as the specific pattern but could include bile acids if patient's total bilirubin is not increased. Testing for leptospirosis, and/or ultimately liver sampling if patient's coagulation status is appropriate.



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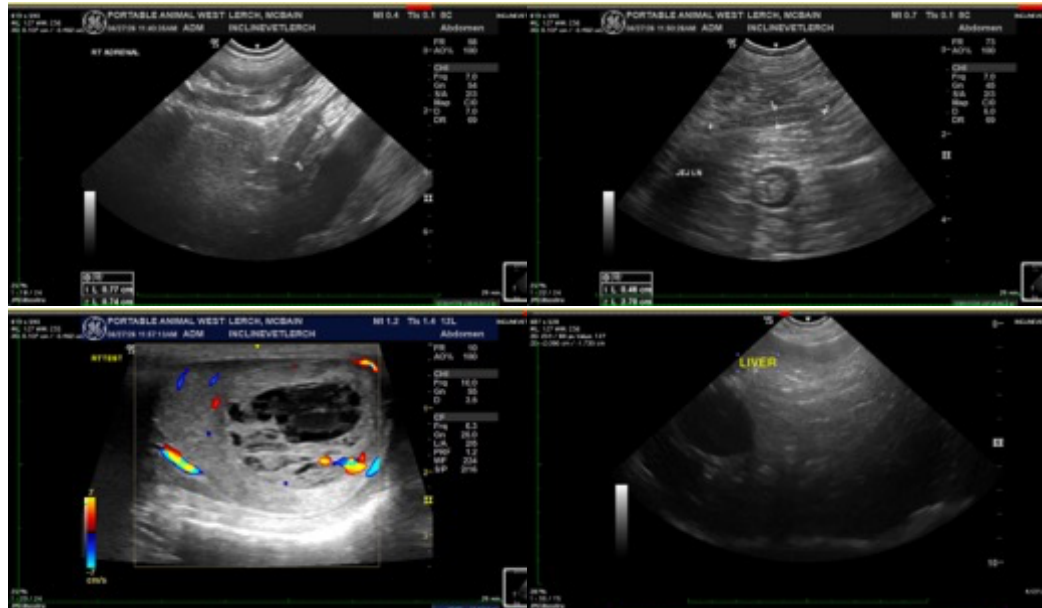
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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