


**DATE PRESENTING CLINICAL SIGNS**

4/28/26 **Patient History:** Pancreatitis, Prolonged GI upset, Loose stool, Lethargy, Shallow breathing.

**PATIENT**

Rico Zelaya

**Current Medications:** Given on 4/24/26 -Dexamethasone S.P. 4mg/ml Injectable (per ml) Instructions: Inject 0.3 mls one time. given on 4/14/2026- Pro-Pectalin Anti Diarrhea Chewable Tablets Instructions: Give as directed by your veterinarian Give 2 tablets up to 3 time daily until stool is formed. Give by mouth only. Metronidazole 500mg Tablet Instructions: Give 1 tablet every 12 hours for 6 days. Cerenia 60mg Tablet Instructions: Give 0.5 tablets every 24 hours for 4 days Start tomorrow. currently on- zertec, galliprant 60 mg, usidol 250mg, famotidine.

**SPECIES**

Canine

**Labwork Results:** Diagnostics attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**BREED**
Staffordshire Bull  
Terrier

**Sedation:** Declined

**Stat Report:** Declined

**Imaging Performed by:** Andi Parkinson RDMS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**SEX**

Neutered Male

**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.

**AGE**

5/22/12

The area of the prostate is examined without evident prostatic pathology.

**WEIGHT**

58.4 lbs

The right kidney is normal is size (6.91 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.

**INTERPRETED BY**
Beth Johnson, DVM  
DACVIM

The left kidney is normal is size (6.74 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.

**HOSPITAL NAME**

BPH Westminster

**Adrenal Glands**

The right adrenal gland is unable to be well visualized in these images.

**REFERRING VET**

Dr. Melluso

The left adrenal gland is plump/swollen in size, measuring 1.1 cm at the cranial pole and 1.2 cm at the caudal pole. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INVOICE**

74790

**Spleen**

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

## ***Liver***

Appearing to originate from the liver is a large, at least 14.5+ cm in size, mixed, heterogeneous, largely cavitated mass.

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 gastrointestinal tract is difficult to assess, given the large mass as well as artifact from gas/suspect ingesta, etc.

## ***Pancreas***

The pancreas is unable to be well visualized due to the large mass in the area.

## ***Free Abdomen***

There is a small pocket of free fluid noted adjacent to the spleen.

No visible lymphadenopathy present.

## **PRIMARY FINDINGS**

- The large, mixed, cavitated mass, which appears to originate from the liver (although definitive origination is difficult to fully assess), is concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus hepatocellular carcinoma versus other, especially given the concurrent free fluid and the irregular, nodular appearance to the spleen. Having said that, a benign process including cyst, hematoma, extramedullary hematopoiesis, etc., while thought less likely, can't be definitively ruled out without tissue sampling.

## **SECONDARY FINDINGS**

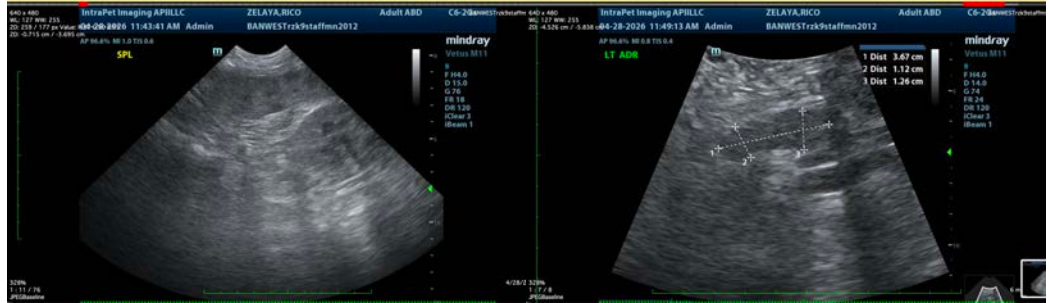
- Mild left adrenomegaly is likely an incidental finding in this patient and should be interpreted in combination with clinical signs, etc.

## **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 suspect liver mass as well as the spleen could be considered if patient's coagulation status is appropriate.

Alternatively, or if cytologic diagnosis is unable to be obtained, especially given the concern for hemorrhage from even a benign mass, an exploratory laparotomy for planned excisional biopsy of the mass +/- splenectomy could be considered. If pursued, however, a pre-surgical planning abdominal CT scan is recommended for further staging and more definitive evaluation of the origination of the mass.



**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.

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