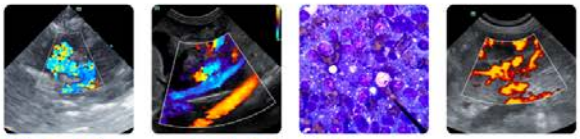


PATIENT

Finn Little

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Harnoor Bhinder

HOSPITAL NAME

Hespeler Animal Hospital

REFERRING VET

Dr. Harnoor Bhinder

INVOICE

75472

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Weight loss happening gradually ,blood work elevated liver enzymes , energy levels decreased , no vomiting no diarrhea ALT,AST , ALK PHOSPHATASE ,AMYLASE PRECISION PSL.

Abnormal PE/Chem/CBC/UA Results: AST 74 Range 15-66 ALT 1258 Range 12-118 AKP 1630 Range 5-131 Amylase 1181 range 290-1125

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 normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (5.9 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.

The left kidney is normal is size (4.8 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. **I do not have a good fully sagittal image but rather an oblique measurement, so I suspect the kidney is slightly larger than 4.8 cm but still falling into normal range.*

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.42 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

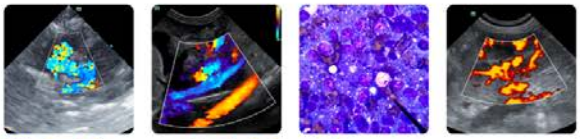
Spleen

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 contains an at least 6.0+ cm x 7.0+ cm heterogeneous, largely cystic, isoechoic mass with edges/borders that are difficult to fully distinguish from surrounding liver parenchyma. There is, however, more normal liver parenchyma cranial to the mass.

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

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

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.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous cystic liver mass or potentially diffuse caudal liver heterogenicity could represent a benign process such as nodular hyperplasia, benign cysts, hematomas, extramedullary hematopoiesis, chronic inflammatory disease, other, although infiltrative neoplasia such as primary hepatocellular neoplasia/carcinoma, sarcoma, round cell neoplasia, other cannot be ruled out without tissue sampling.

- 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.

- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

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.

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

Additionally, in the meantime, given the reported weight loss, pancreatic changes, etc., a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Pending results of above, additional diagnostic considerations could include bile acids if patient's total bilirubin is not increased and/or infectious disease testing such as Leptospirosis.

Ultimately, if a diagnosis is unable to be obtained, an exploratory laparotomy for liver biopsy/potentially excisional biopsy of the suspected mass may be necessary for definitive diagnosis. Having said that, if surgery is pursued, given the difficulty determining the edges of the pathology, a pre-surgical planning or staging abdominal CT scan may be helpful.

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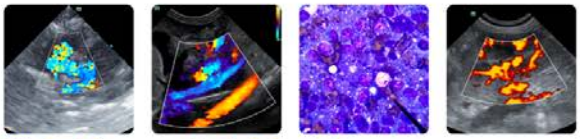

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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