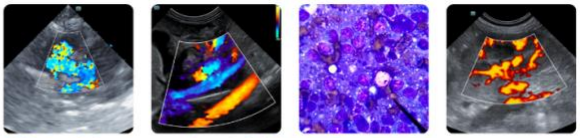


PATIENT

Bijou Heller

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

40.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

15810

DATE

05/05/26

PRESENTIN PRESENTING CLINICAL SIGNS

P presented for recheck of liver tumor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. The left kidney measures 5.19 cm. The right kidney measures 5.75 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.77 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.3 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

The liver contains an approximately a 3.5 cm to 4.0 cm x 5.5 cm to 6.5 cm mass depending on the view measured with a mildly heterogeneous primarily iso- to hyperechoic appearance in the mid to left deep/cranial liver. Small anechoic cystic areas are noted adjacent to the mass in addition to a large 5.4 cm x 7.5 cm in size anechoic density in the right cranial abdomen that I suspect is a large caudal liver cyst

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.

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.

PATIENT

Bijou Heller

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

40.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

15810

DATE

05/05/26

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.

There is no apparent pathologic lymphadenopathy noted in these images.

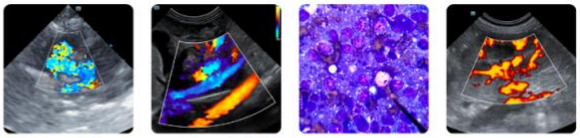
The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the previously noted liver mass and small cysts are unchanged. The suspect right caudal liver cyst however, is much larger than previously noted with other origins such as pancreas versus other are unable to be definitively ruled out. Other similar changes include:
- Moderate 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.
- Splenic micronodular hyperplasia pattern- This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- Mild to moderate age-related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations remain unchanged.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.carolinavetmobile.com
info@carolinavetmobile.com
800.808.5948

PATIENT

Bijou Heller

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

40.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

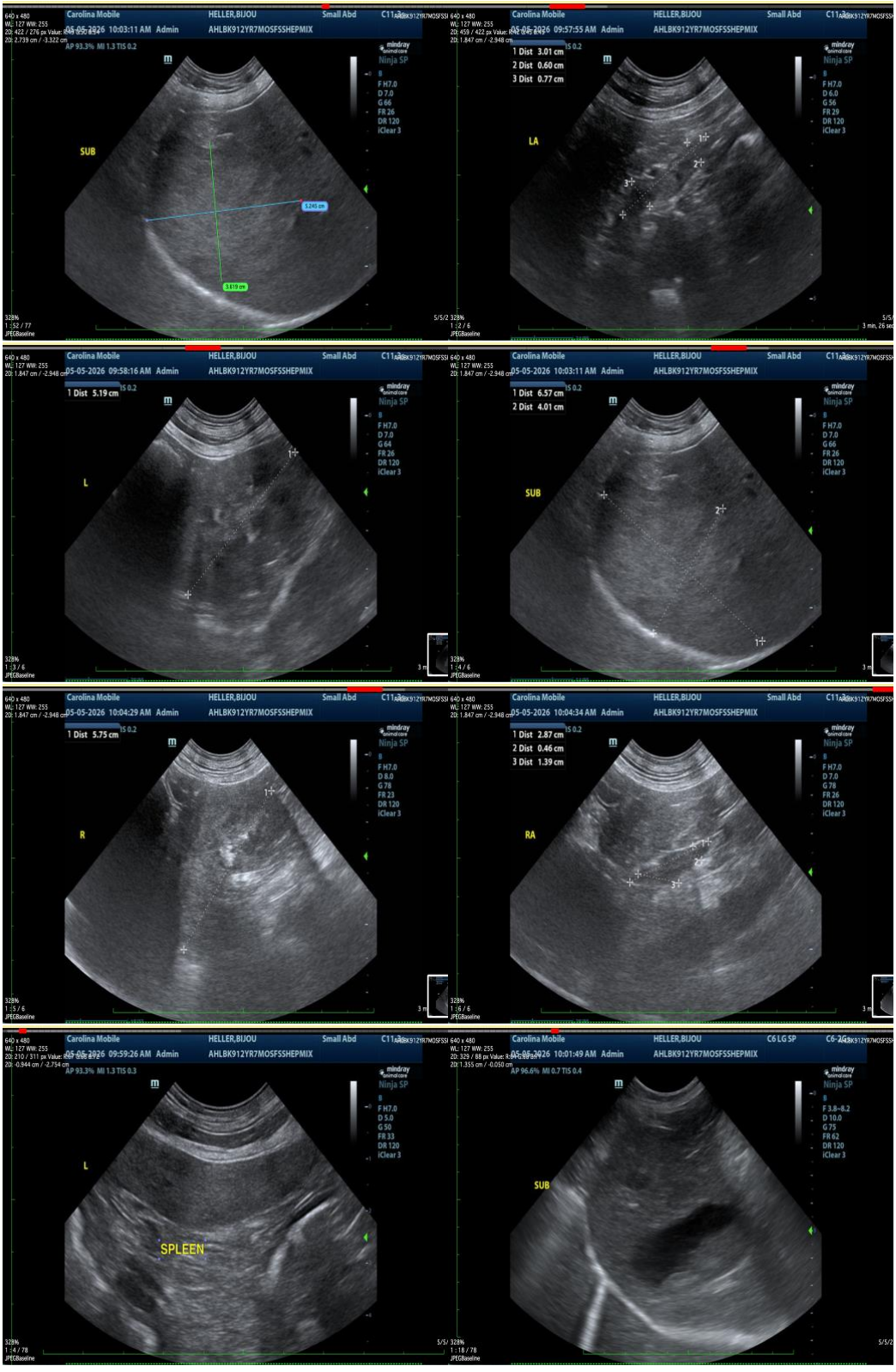
Dr. Wallace

INVOICE

15810

DATE

05/05/26



PATIENT

Bijou Heller

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

40.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

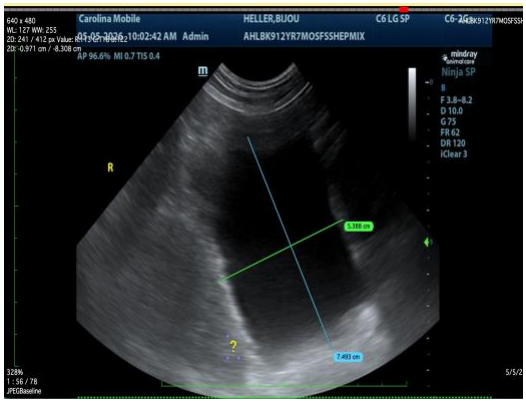
Dr. Wallace

INVOICE

15810

DATE

05/05/26



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