



## PATIENT

Maku Anderson

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

8.7 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Bridgeland VC

## REFERRING VET

Dr. Kaylan

## INVOICE

74943

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

Recheck scan from February 2026 . Concern about possible liver mass in the area of caudate lobe ( dubious )

## 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.

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. Left kidney measures 4.65 cm. Right kidney measures 4.52 cm. Cortical cysts are noted bilaterally.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.68 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

### *Liver*

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely moderately heterogenous characterized by multiple poorly defined hypoechoic nodules as well as discrete homogeneous hyperechoic nodules within otherwise hyperechoic liver parenchyma. I do not appreciate a definitive mass. 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.

### *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.



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The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

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## 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.

## SEX

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## Free Abdomen

There is no visible free peritoneal effusion noted in these images.

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Mesenteric and cranial abdominal (potentially gastric versus pancreaticoduodenal) 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.

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## ULTRASONOGRAPHIC FINDINGS

- The appearance of this study is largely static/unchanged from the previous exam, with a moderately heterogeneous liver including both hypo- and hyperechoic nodules, either of which could represent benign or malignant disease.
- The mucosal speckling in the bowel, suspect age related pancreatic remodeling, hyperechoic nodules, and age related kidney changes are largely static.
- In this study there does appear to be new mildly reactive mesenteric and cranial abdominal lymph nodes - infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this study is largely unchanged. Recommendations are primarily dependent on what has previously been done, the results of that evaluation, patient's clinical status, etc.

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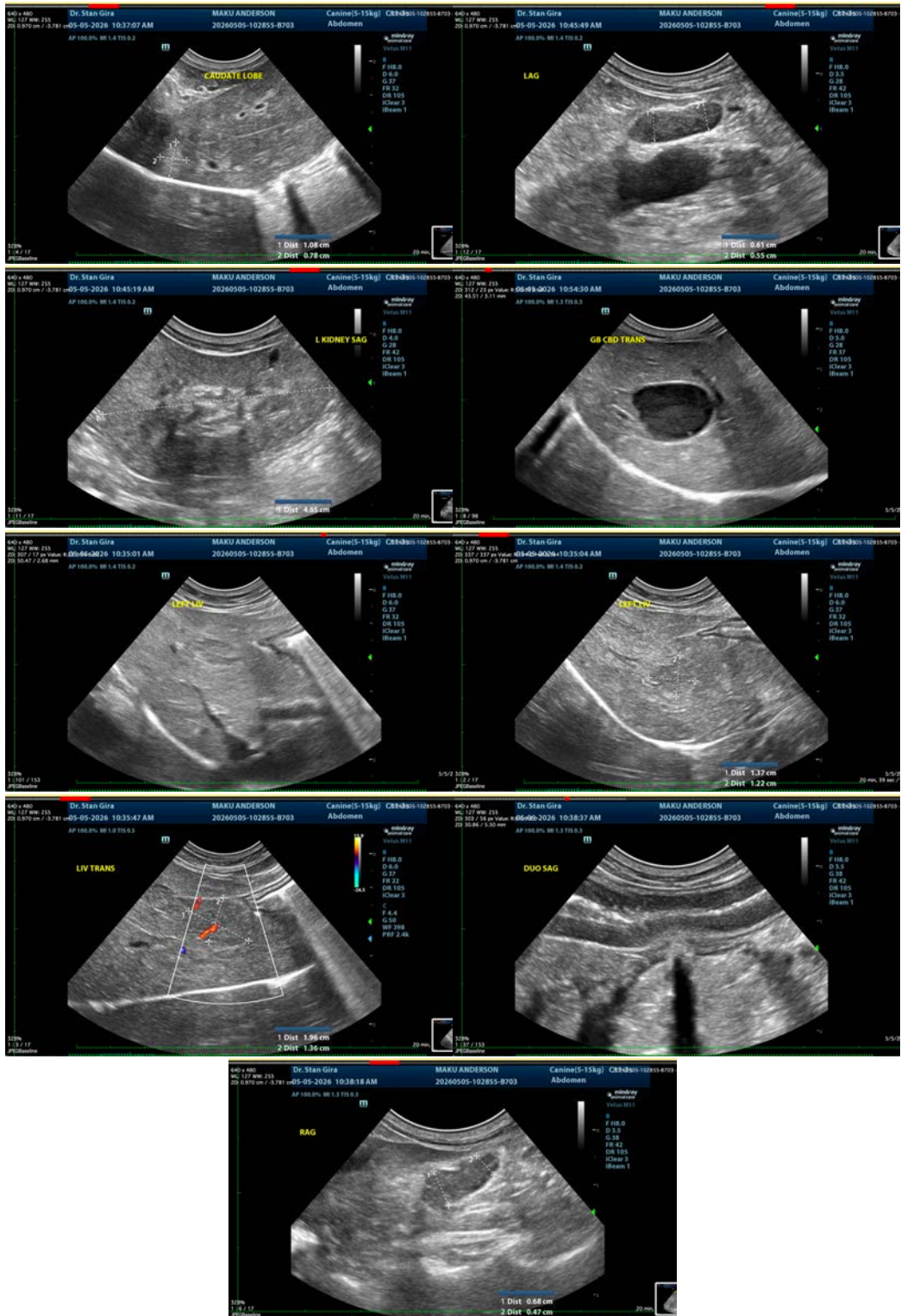
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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