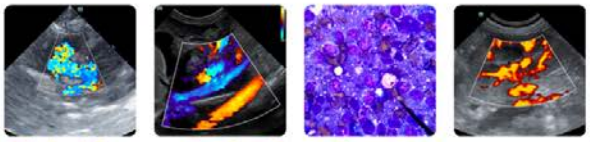


PATIENT

Lucy Gentile

SPECIES

Canine

BREED

American Bulldog x

SEX

Spayed Female

AGE

13 Years

WEIGHT

36 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

75661

DATE

6/4/26

PRESENTING CLINICAL SIGNS

13-year-old spayed female American Bulldog mix (36 lbs) presenting with progressive weight loss (38.4 → 35 lbs over ~1 year), decreased appetite, increased lethargy, and owner-reported polyuria/polydipsia. She has chronic urinary incontinence managed with Proin 50 mg BID with recent breakthrough nocturia. Mobility has declined over the past year. Senior bloodwork at the May 2026 annual wellness visit revealed markedly elevated liver enzymes, azotemia, and proteinuria with dilute urine, prompting this workup. Leptospirosis panel submitted today. 4Dx negative. Primary differentials: hepatopathy, CKD, hyperadrenocorticism, leptospirosis, neoplasia.

Abnormal PE/Chem/CBC/UA Results: PE (5/20/26): BAR, euhydrated, BCS 5/9, abdomen soft/non-painful, no organomegaly. Labs: ALT 416 (ref 12–118), ALP 1900 (ref 5–131), BUN 77 (ref 6–31), Creatinine 2.9 (ref 0.5–1.6), SDMA 21.1 (ref <14), Phosphorus 6.0, Calcium 11.2. CBC: mild relative lymphocytosis, otherwise unremarkable. UA: USG 1.013 (low), Protein 2+, UPC 1.6 (ref <0.5), quiet sediment — no UTI. Cushing's testing not yet performed. CXR today appears clear.

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.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral is observed. Mild pyelectasia is present bilaterally. Left kidney is small-normal at 5.4 cm. Right kidney is normal in size at 6.4 cm.

Adrenal Glands

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

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.66 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

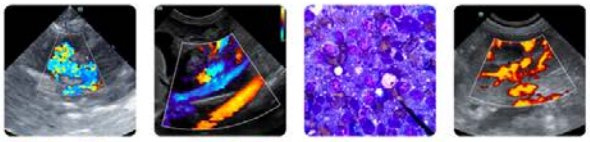
Spleen

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 appears to have an approximately 6.5 cm x 8.5 cm in size heterogeneous, cystic, iso- to slightly hyperechoic mass involving a large portion of the area but appearing primarily in the mid to caudal aspect.

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.



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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.

There is no apparent pathologic lymphadenopathy noted in these images.

In the caudal abdomen dorsal to the urinary bladder is an approximately 4.1 cm x 4.7 cm heterogeneous mass of unknown origin.

ULTRASONOGRAPHIC FINDINGS

- The heterogeneous cystic liver mass could represent a benign process such as nodular hyperplasia, chronic inflammatory disease, extramedullary hematopoiesis, hepatoma/adenoma, other, although infiltrative neoplasia including a hepatocellular carcinoma, round cell neoplasia, even sarcoma, etc. cannot be ruled out without tissue sampling.
- The caudal abdominal mass is of unknown origin. It could represent a lymph node, potentially uterine stump pathology versus other. Both benign and malignant differentials are possible.
- Moderate bilateral chronic kidney disease changes with mild bilateral pyelectasia.

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 liver are recommended if patient's coagulation status is appropriate. Additionally, fine needle aspirates of the caudal abdominal mass could be considered if patient's coagulation status is appropriate. If a cytologic diagnosis is unable to be obtained, advanced imaging such as a contrast CT scan of the area may help further identify the lesion.

Given patient's reported history, laboratory changes, etc., emerging chronic kidney disease +/- urinary tract infections, other renal insults, etc. are likely also contributing to PU/PD. Therefore, while continuing workup of the liver mass, beginning supportive/symptomatic medical management and

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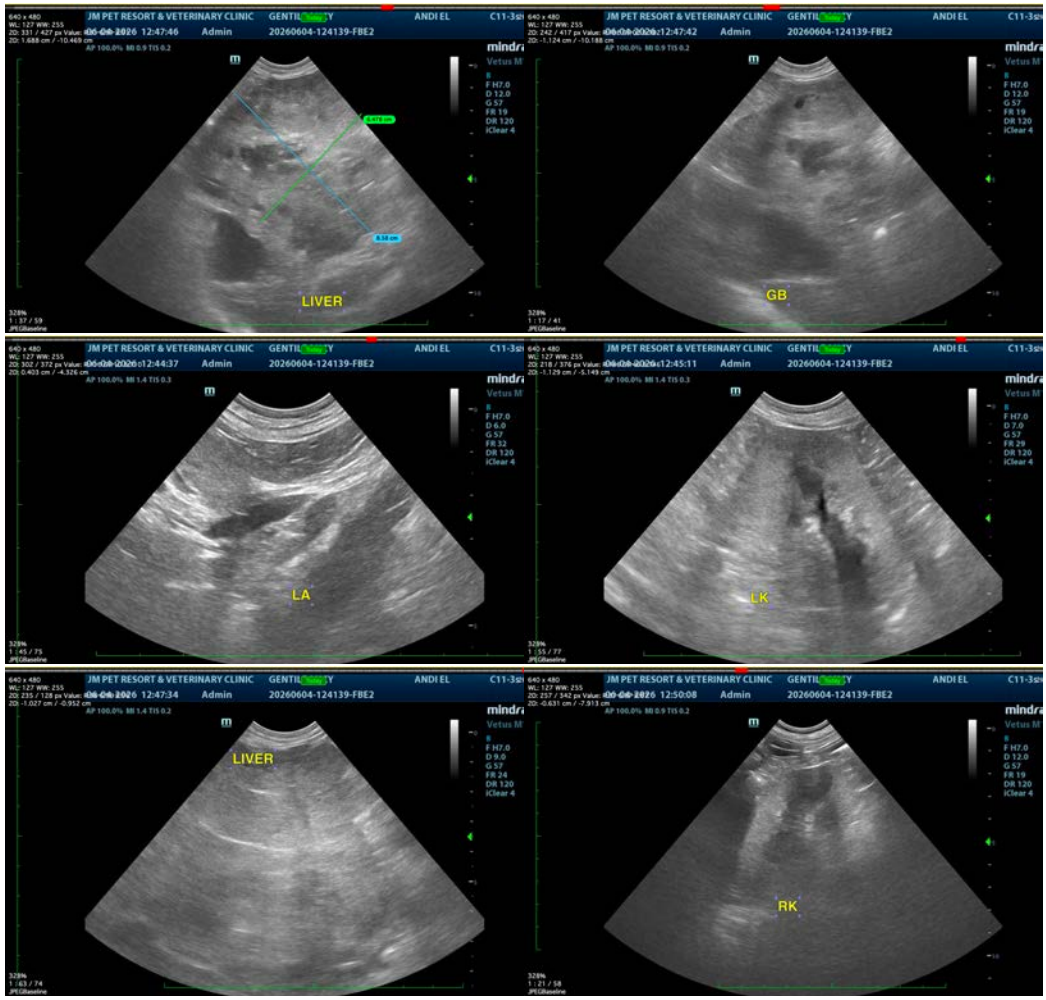
medical management of emerging chronic kidney disease could be considered. Full consultation with and/or referral to a veterinary internist may be helpful.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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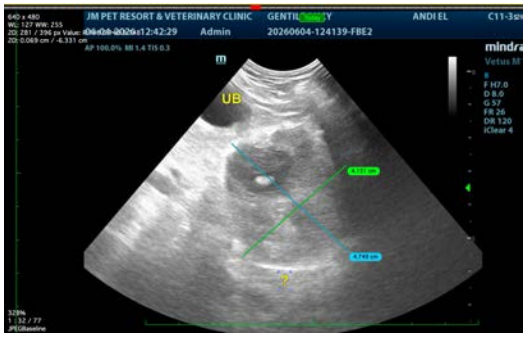

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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