



**PATIENT PRESENTING CLINICAL SIGNS**

Nani Henry Asymptomatic at the moment, history of chronic pancreatitis, enlarged heart 3/6 systolic murmur  
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings alt 197, alp 1800, GGt 66, bun 50  
Current Medications vetmedin, galliprant, fluoxetine, bravecto

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pomeranian

**Urinary System**

The urinary bladder is moderately 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.

**SEX**

Spayed Female

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 right kidney measures 5.04 cm. The left kidney measures 4.4 cm. Multiple, too numerous to count, small cortical cysts are noted bilaterally.

**AGE**

12 Years

**WEIGHT**

12.3 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (1.4 cm at the cranial pole and 0.79 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.66 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Sara Hansen

**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.

**HOSPITAL NAME**

Albany AH

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 3.7 cm x 4.6 cm homogeneous, hypoechoic mass is noted in the lateral left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Flanagan

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.

**INVOICE**

43812

**Gastrointestinal**

**DATE**

7/5/23

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



**PATIENT**

Nani Henry

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

**SPECIES**

Canine

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

**BREED**

Pomeranian

***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Spayed Female

***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

**AGE**

12 Years

There is no apparent lymphadenopathy noted in these images.

**WEIGHT**

12.3 Pounds

**PRIMARY FINDINGS**

- Left lateral liver mass – trends in appearance toward benign as is seen with nodular hyperplasia versus a hepatoma/adenoma versus other. However, infiltrative neoplasia including primary hepatic neoplasia, round cell neoplasia, etc. cannot be definitively ruled out without tissue sampling.
- 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.

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DACVIM

**SECONDARY FINDINGS**

- Age related kidneys with bilateral cortical cysts.

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Albany AH

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.

**REFERRING VET**

Dr. Flanagan

A fine needle aspirate of the left lateral liver mass is recommended if patient's coagulation status is appropriate.

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In the meantime, given the concurrent gallbladder debris, empirical hepatic nutraceuticals including Ursodiol with monitoring of enzymes for improvement could be considered.

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Sara Hansen

**HOSPITAL NAME**

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**REFERRING VET**

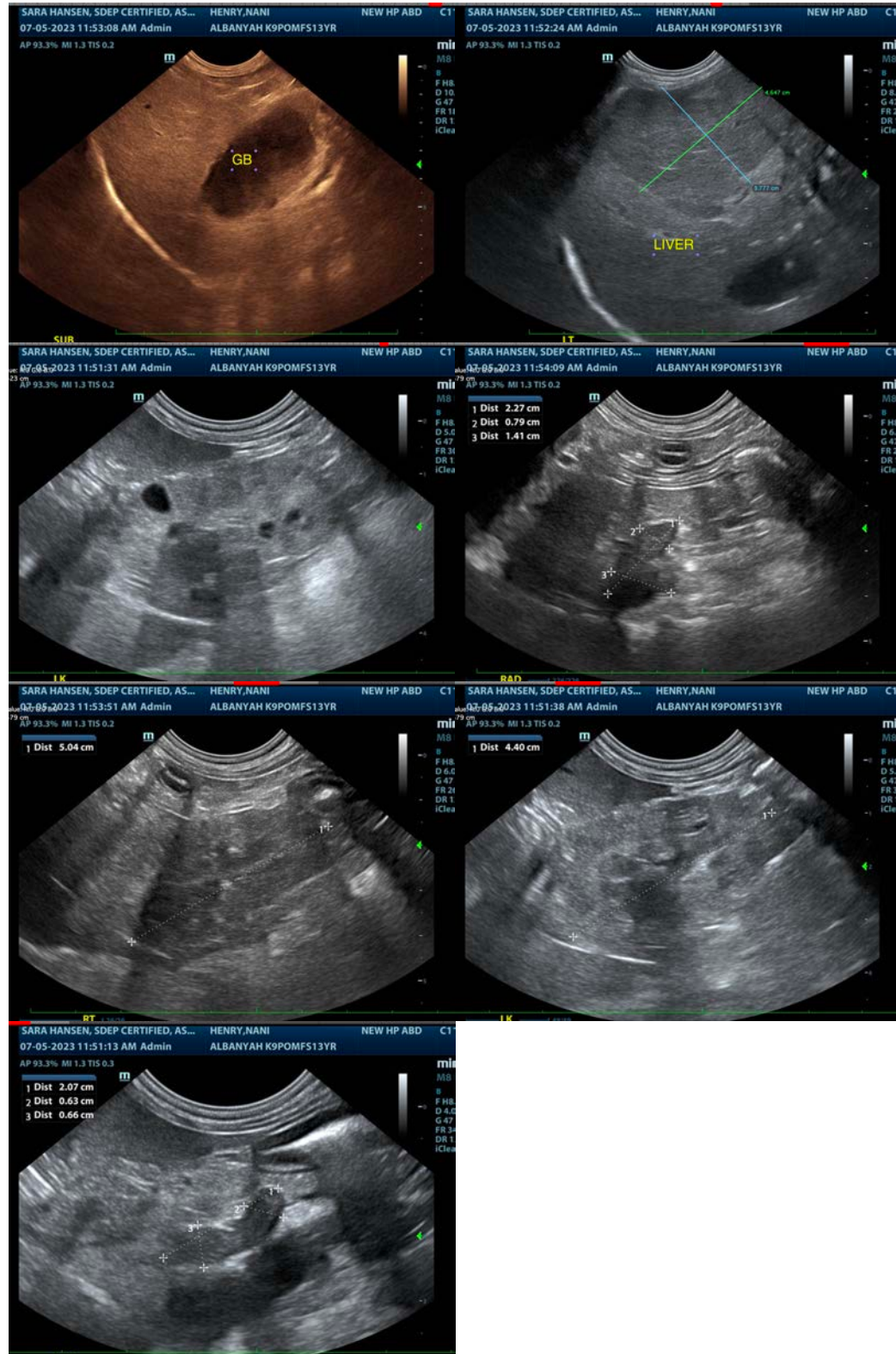
Dr. Flanagan

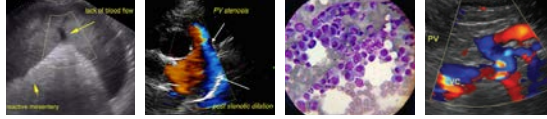
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**PATIENT**

Nani Henry

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.

**SPECIES**

Canine

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.

**BREED**

Pomeranian

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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