



PATIENT

Olive Miller

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

55.8 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Megan Bray

INVOICE

35592

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Presented on 11/19/25 for wellness exam, P was experiencing new behavioral issues including a significant increase in appetite, leading to extensive counter surfing and inappropriate ingestion of items like entire loaves of bread and recently a daughter's retainer (which was crunched but not swallowed). A perceived increase in thirst and a decrease in activity level has also been noted. Abnormal PE/Chem/CBC/UA Results: kidney function, thyroid value, and blood sugar were normal, but there was a significant elevation in one of her liver and gallbladder values, see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 6.22 cm in length. The left kidney measured 6.28 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.83 cm in length and 0.65 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.66 cm in length and 0.92 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

In what appears to be the left liver, there is a lobulated well circumscribed complex mass, measuring at least 6.8 cm x 7.9 cm. The remainder of liver parenchyma is normal.

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains gas, obstructing full visualization of contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Solid liver mass
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the liver is most concerning for neoplasia. Malignant tumors are more common in the dog and may be of hepatocellular, cholangiocellular, mesenchymal, or neuroendocrine origins. Hepatocellular carcinoma is the most common primary hepatic malignancy of the dog. Metastatic rates are relatively low, although rates are higher with nodular and diffuse forms. Hepatocellular adenoma (i.e. hepatoma) is a benign hepatocellular tumor that is commonly found as an incidental finding in dogs at necropsy. Other include cholangiocellular carcinoma, hemangiosarcoma, leiomyosarcoma, fibrosarcoma, hemangioma, histiocytic sarcoma, osteosarcoma, lymphoma and and myelolipoma. Secondary hepatobiliary tumors are more common than primary tumors as the liver is one of the most common sites of metastasis. Carcinomas metastasize to the liver more often than sarcomas. Common metastatic tumors include lymphoma, hemangiosarcoma, islet cell carcinoma, exocrine pancreatic carcinoma, intestinal carcinoma, renal carcinoma, and mast cell tumors.

Aspirate should be attempted for further information. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage, and this may be both diagnostic and curative. Pre-operative abdominal CT may be considered for surgical planning; to confirm hepatic origin and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic radiographs. Serial monitoring with follow up sonograms could be considered to monitor for progression if definitive removal is not desired at this time.



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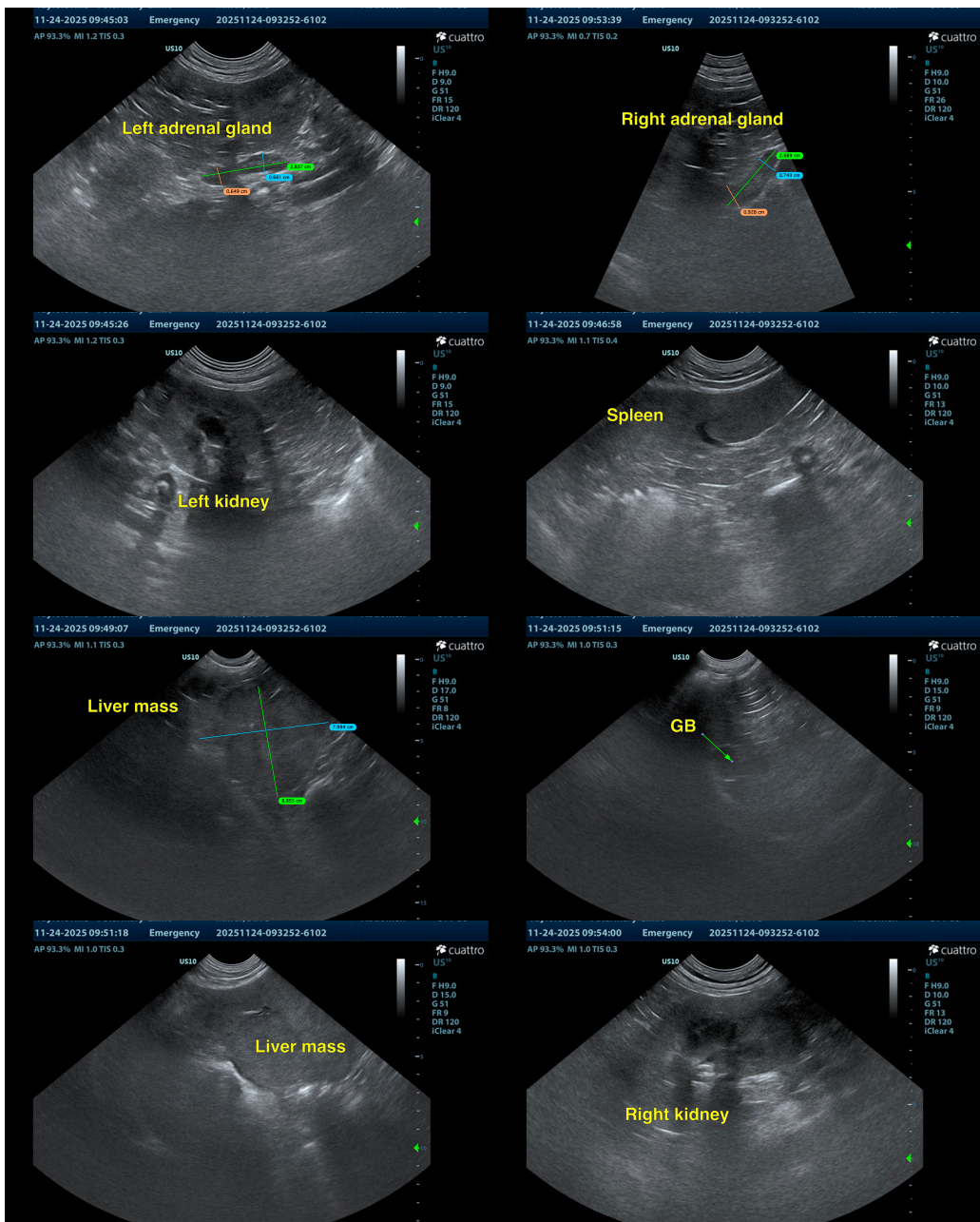
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC



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info@SonoPath.com

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