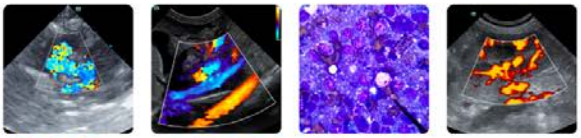

PATIENT

Flea Korg

SPECIES

Canine

BREED

Standard Dachshund

SEX

Neutered Male

AGE

13 Years

WEIGHT

11 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

73559

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Lethargic, appetite off. Current meds: Carafate liquid SID

Abnormal PE/Chem/CBC/UA Results: AST high, ALP high, Trig high, PLT low, RBC low

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 left kidney has normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.41 cm.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measures 4.71 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.5 cm in length x 0.48 cm at the caudal pole and 0.46 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 2.03 cm in length x 0.54 cm at the caudal pole and 0.92 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a 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

There is a very large, multilobulated, complex, partially cavitated mass extending from the left liver across midline, nearly abutting the gallbladder.

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

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. 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

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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

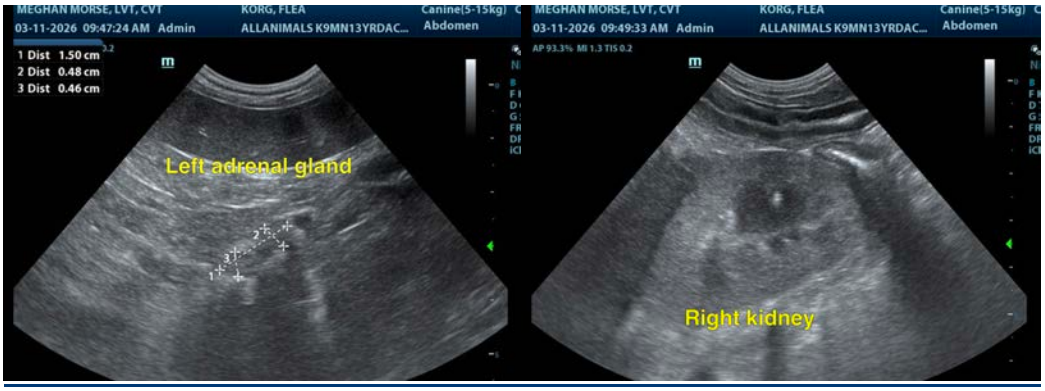
There is scant free fluid between the liver mass and spleen.

ULTRASONOGRAPHIC FINDINGS

- Extensive, complex, partially cavitated liver mass.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in liver is cystic and concerning for neoplasia with primary differentials to include hemangiosarcoma or hemangioma, biliary adenoma or adenocarcinoma, hepatic carcinoma, or less aggressive hepatocellular carcinoma with cystic or necrotic component, complex granulomatous non neoplastic mass, degenerative hepatoma, among other things. Aspirate should be attempted for further information, though there is a risk of focal bile peritonitis if cysts contain bile. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage, and this may be both diagnostic and curative. I am concerned that given the extent and size of the liver mass, it may not be resectable. Pre-operative abdominal CT may be considered for surgical planning, and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic radiographs.



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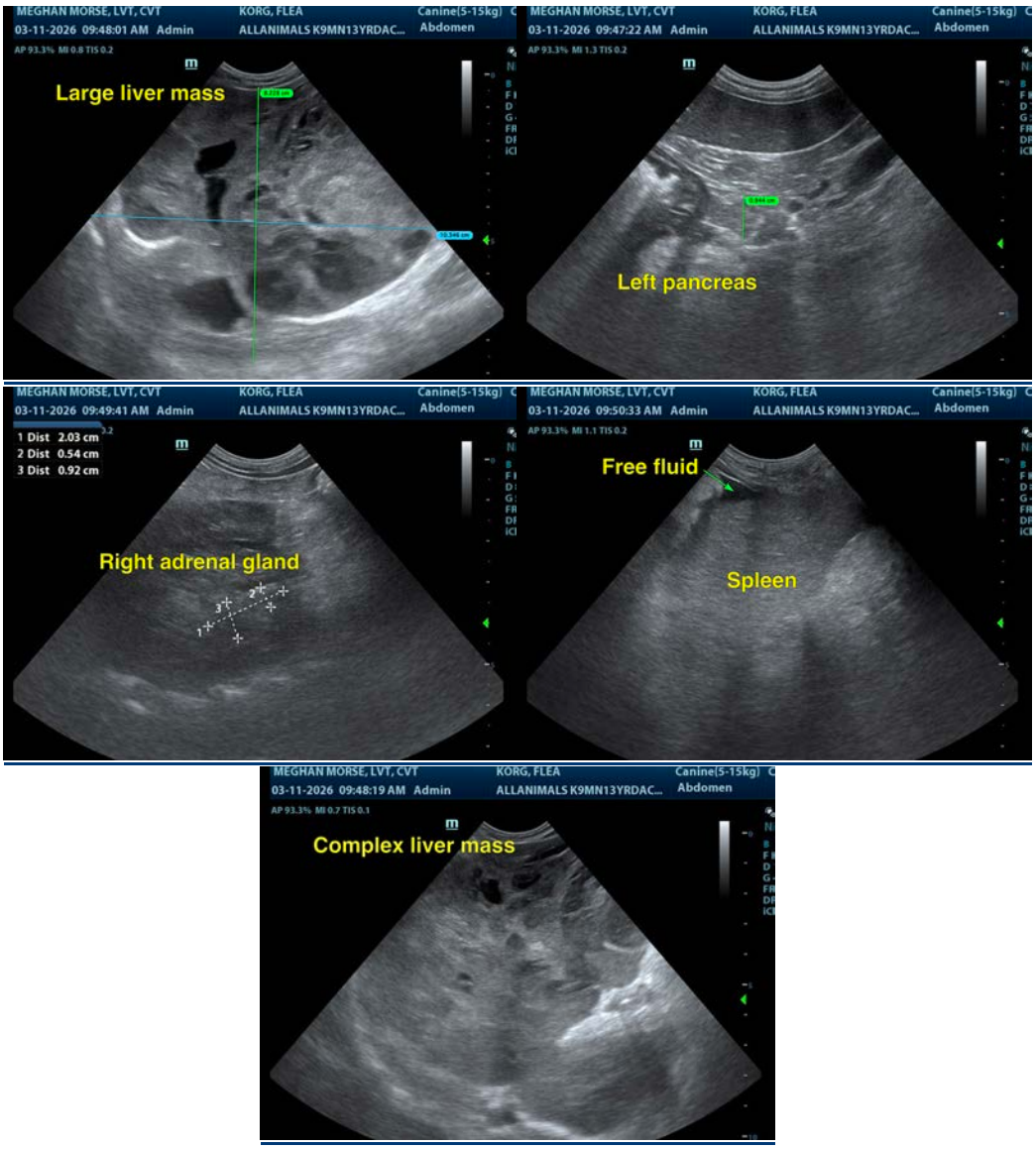

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com