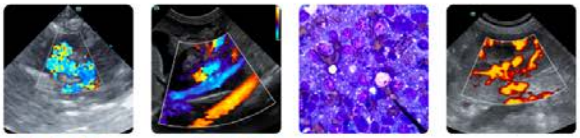


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ace Haddock

SPECIES

Canine

BREED

Aussie

SEX

Neutered Male

AGE

12 Years

WEIGHT

26 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Hindle

INVOICE

74031

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Known chronic history of hepatopathy (non-diagnosed etiology) and vomiting (suspected bilious vomiting syndrome). PE largely WNL aside from moderate dental disease, lenticular sclerosis OU. Previous abdominal ultrasound revealed some hepatic parenchyma "irregularities" and gallbladder sludging. Vomiting bile every ~2 weeks in the am, chronically. Otherwise clinically stable. No PUPD, no change in stool quality, appetite normal.

Current Medications: ursodiol- 250mg PO SID, denamarin 425mg PO SID. Nexgard Spectra monthly. Gabapentin 300mg PO evening prior and morning of ultrasound.

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Cause for chronic hepatopathy/cholestatic disease, new elevation in bilirubin (gallbladder disease?). next steps in terms of medical management/testing. Cause for the chronic vomiting.

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, or abnormal thickening visualized. A gravity dependent cystolith present measuring 1.3 cm.

The kidneys were both 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. Hyperechoic, shadowing foci present in the renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 6.92 cm. Right kidney measures 5.85 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.98 cm in length x 0.43 cm at the caudal pole and 0.46 cm at the cranial pole. Right measures 2.28 cm in length x 0.71 cm at the caudal pole and 0.79 cm at the cranial pole.

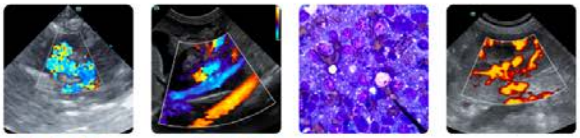
Spleen

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

The liver is subjectively generally of normal in size with a slightly coarse echotexture. In the right liver abutting the gallbladder there is a roughly spherical heterogeneous to hyperechoic mass measuring at least 6.0 cm x 6.9 cm.

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



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

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Liver mass.
- Mild nephrocalcinosis.
- Cystolith.

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 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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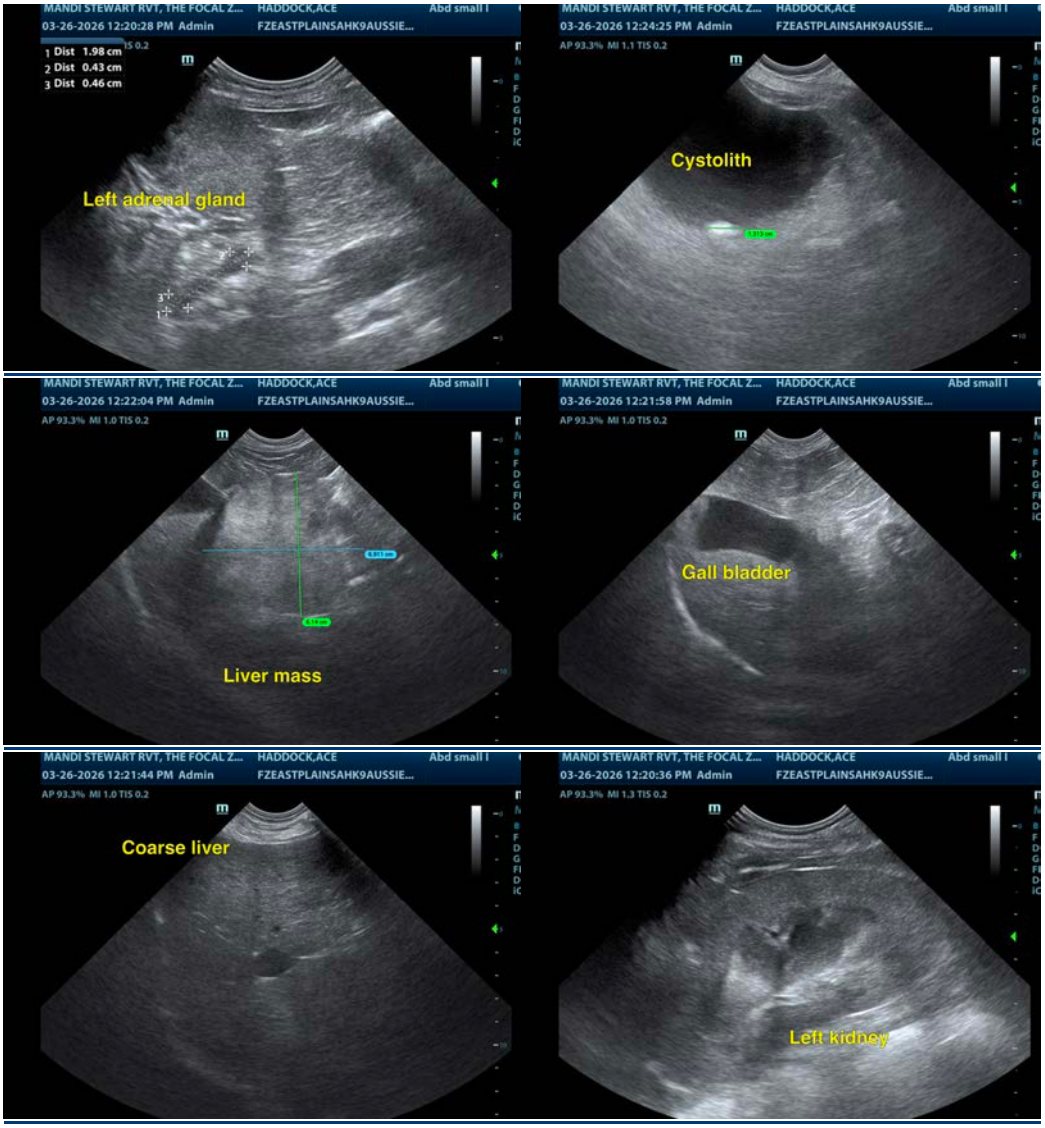
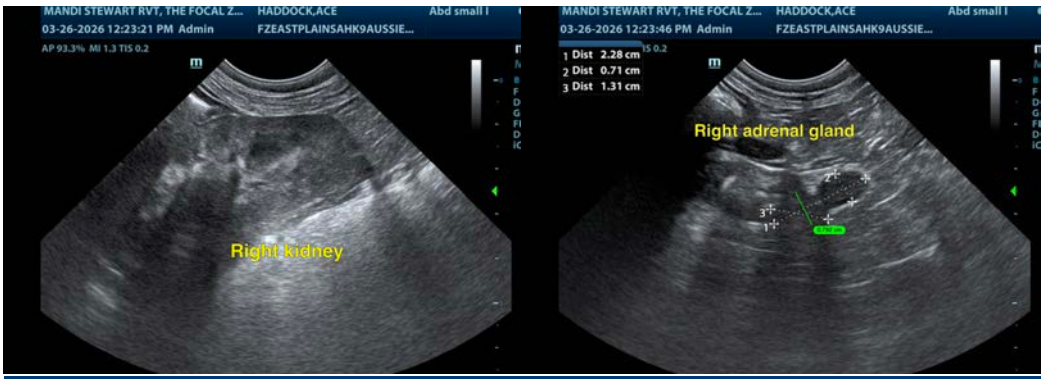
The urinary bladder cystolith is only visible in some views. It is not deeply shadowing typical of a cystolith. It is possible that this is artifact caused by overlying gas-filled GI tract, causing an abnormal shadow. However, in some views it does appear to be a distinct cystolith. Abdominal radiographs may be of use to attempt to visualize a radiopaque stone. A dissolution diet may be tried, and imaging rechecked to monitor for resolution.

No cause of chronic vomiting was identified on abdominal ultrasound. GI panel, baseline cortisol +/- ACTH stimulation and GI biopsy should be considered to further evaluate.





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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