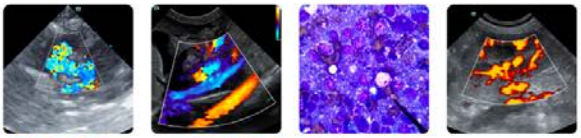

PATIENT

Finn Gorzelic

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Russell

INVOICE

74785

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Bleeding from mouth, anemia, elevated liver values. Known IBD, patient is thin, losing muscle whole body, decreased appetite. Owner reports bleeding from mouth. No location found. Prednisone, visbiome, pancreazyme powder.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.6, ADT 101, GGT 21, HCT 33, ALT 894, Crea 0.4, T4 0.7, Alk phos 1476, RBC 4.3. USG 1.014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Right kidney measured 5.86 cm. Left kidney measured 5.9 cm.

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. Left measured 2.55 cm x 0.53 cm at the cranial pole and 0.55 cm at the caudal pole. Right measured 1.4 cm x 0.82 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

The **spleen** presented hyperechoic lipid plaques, unremarkable otherwise.

Liver

The **liver** presented uniform enlargement with swollen, irregular contour. Subtle micronodular changes noted. Mild enhanced surrounding mesentery noted. A mineralizing mass was noted in the right medial liver measuring 5.7 cm. This may not necessarily be neoplastic. Microcystic changes noted within the mass. The gallbladder was unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia. Residual chyme and gas noted in the stomach.

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Pancreas

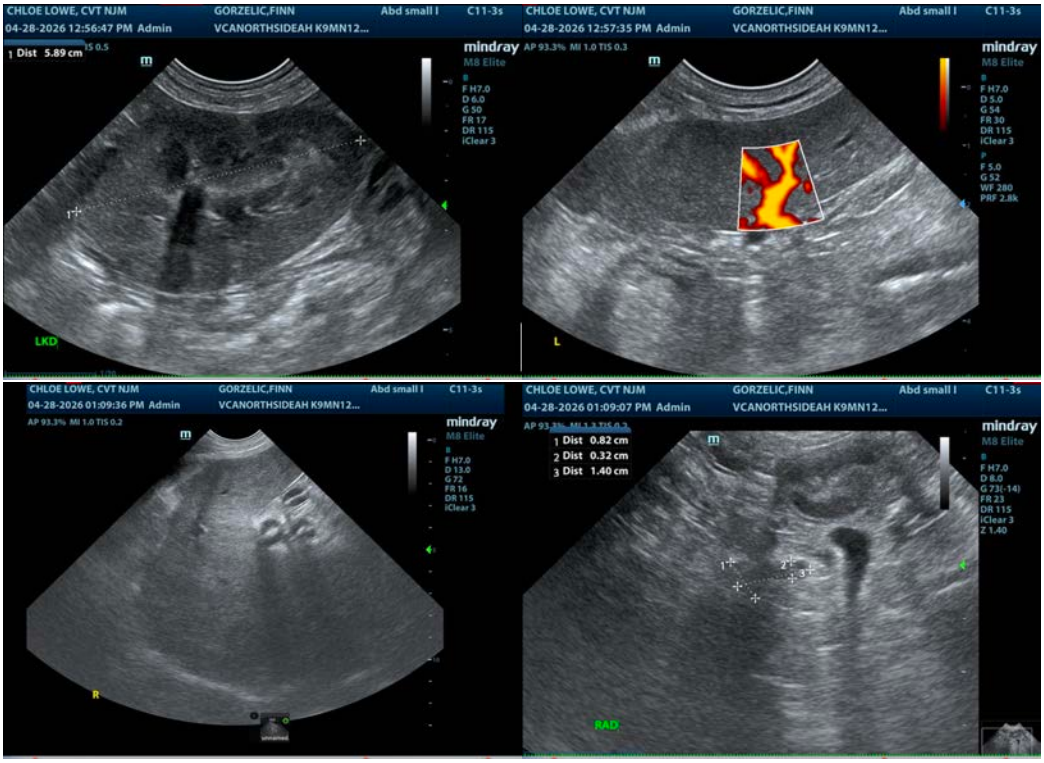
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right cranial liver mass with swollen, irregular hepatic contour – The right cranial mass is likely benign or low-grade and not primarily playing a role. However, I am concerned about suppressed neoplasia such as round cell neoplasia.
- Mucosal fogging in the small intestine.
- Hyperechoic lipid plaques in the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Prednisone therapy may be suppressing a more significant presentation. 25-gauge FNA spleen and liver recommended after coagulation panel. No evidence of hemorrhage. Special staining be necessary given the Prednisone therapy to assess for potential occult lymphoma.



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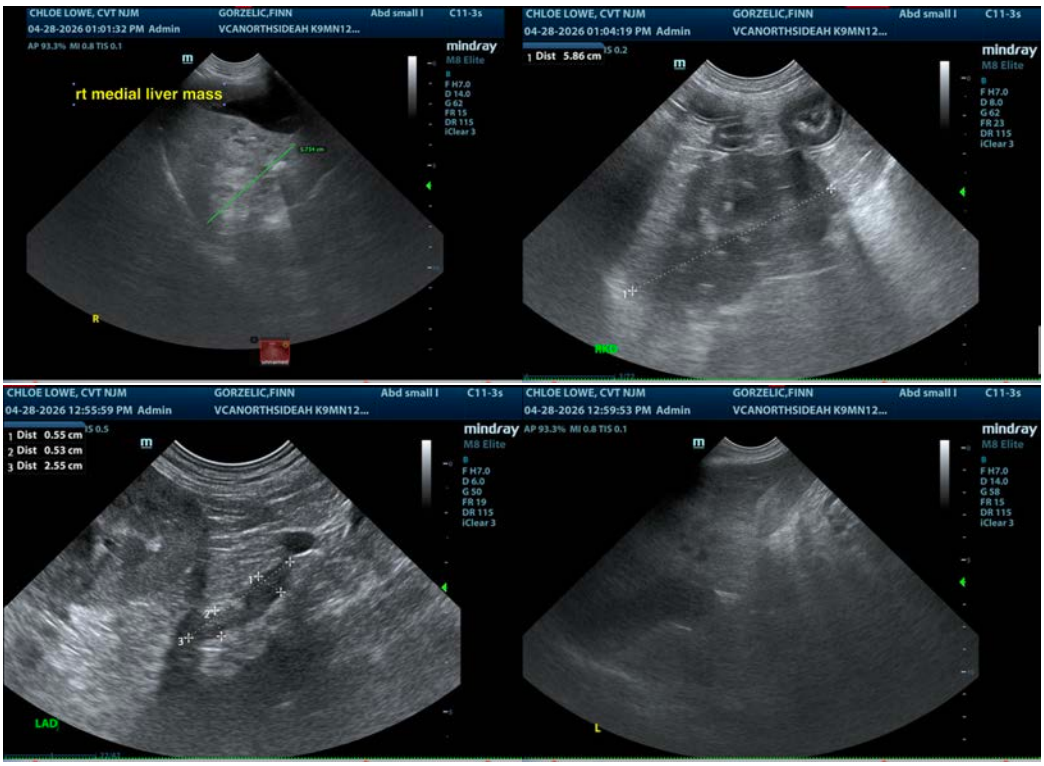

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com