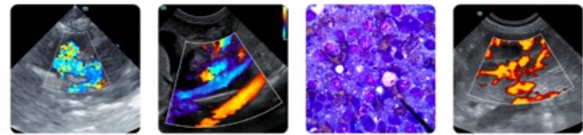


PATIENT
Obi Hull

SPECIES
Canine

BREED
Australian Cattle Dog Cross

SEX
Spayed female

AGE
12 years

WEIGHT
54 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
VCA River Road

REFERRING VET
Dr. Baxter

INVOICE
69095

DATE
11/26/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: -Cavitated hepatic mass suspected on in-house point of care scan on 11/18, concerning for neoplasia -PU/PD, hyporexia, dysuria, pollakiuria, diabetes mellitus assessed on 11/18 ABNORMAL Labwork Values -GLU was 367, ALKP markedly elevated, ALT mildly elevated, GGT elevated, CBC - stress leukogram pattern on 11/18 Current Medications -Cefpodoxime 100mg x2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

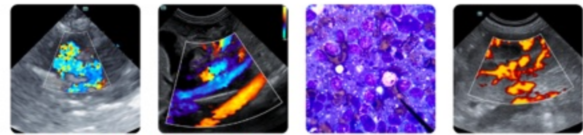
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.55 cm. The left kidney measured 6.74 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.4 x 1.04 cm at the caudal pole and 0.97 cm at the cranial pole. The right adrenal gland measured 3.4 x 1.63 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

The **spleen** in this patient revealed a mixed echogenic complex parenchymal mass with areas of cavitation. The mass measured approximately 10.0 cm with peripheral inflammation. The mass appears to derive from the cranial body of the spleen. Blood clots associated with the mass. The mass impinged upon the left liver and deviated the upper gastrointestinal tract.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

Regional free fluid was noted with enhanced mesentery.

Heart

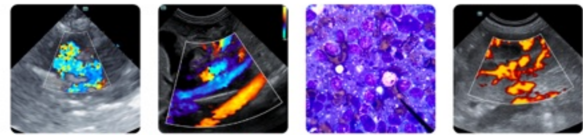
Rapid view of the heart revealed no evidence of pathology. There was no evidence of pathology in the right auricle or pericardium. The contractility was normal.

ULTRASONOGRAPHIC FINDINGS

- Ruptured splenic mass, blood clots associated with the mass. No overt evidence of metastatic disease. Differentials include hemangiosarcoma, benign hematoma or hyperplasia, round cell neoplasia is possible yet unlikely.
- Gallbladder sludge
- Prominent adrenal glands, normal variant versus emerging PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of metastatic disease. However, micrometastasis cannot be ruled out.



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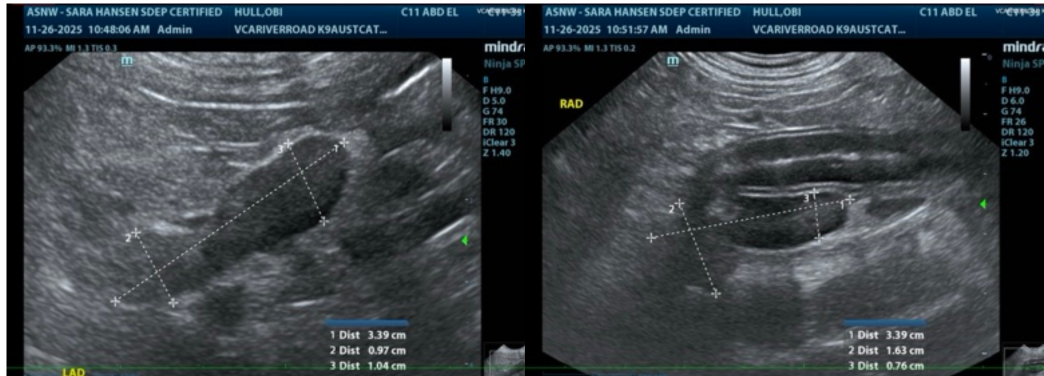
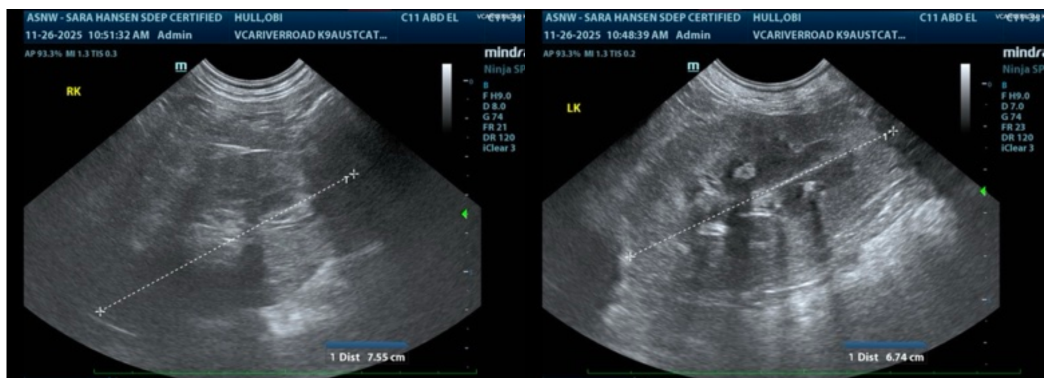
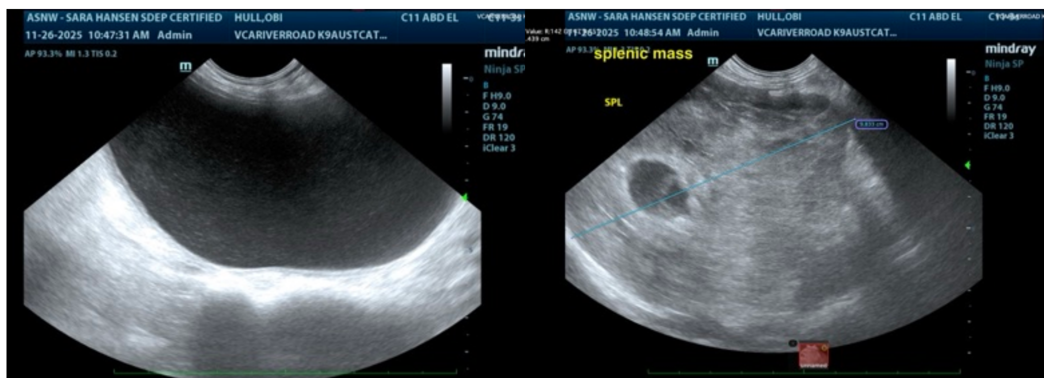
Chest radiographs with exploratory surgery is indicated. Liver inspection and biopsy is recommended at the time of the surgery. The patient appears Cushingoid. Eventual work-up for Cushing's is indicated.

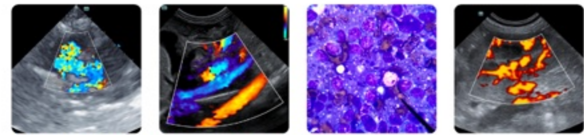






Animal Sounds NW

FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

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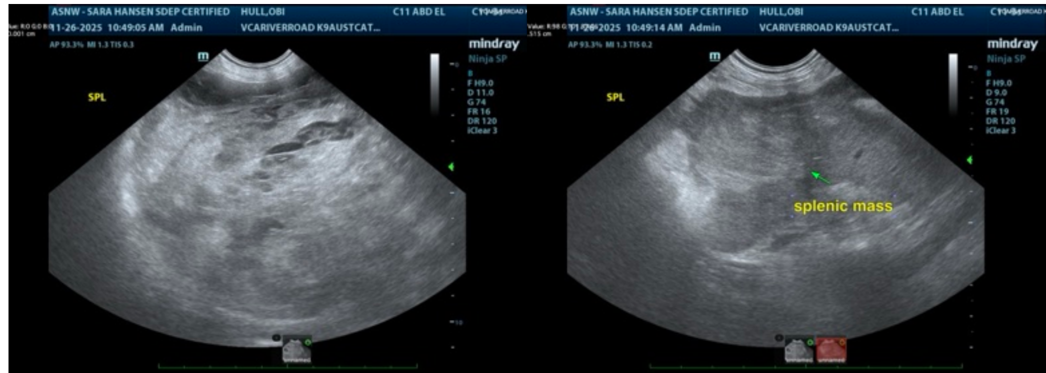

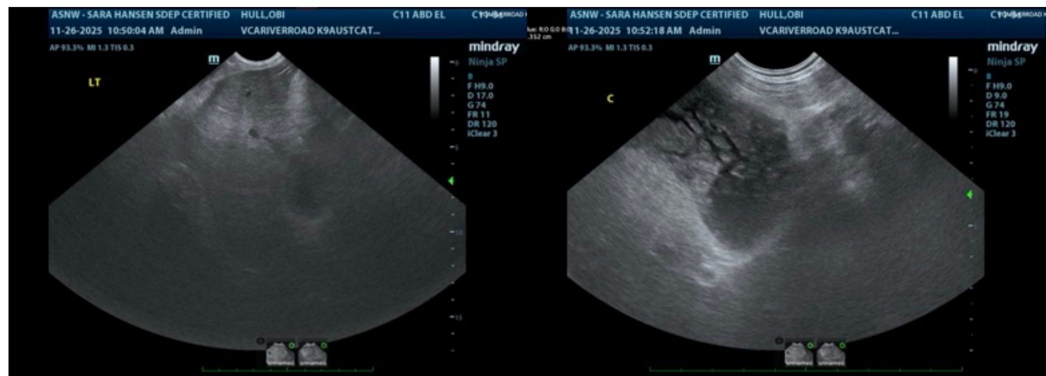

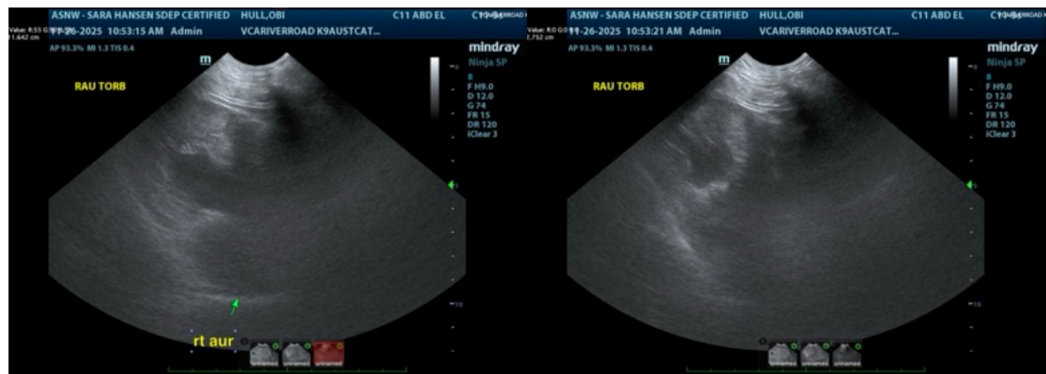

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com