



## PATIENT

Evie Stodnick

## SPECIES

Canine

## BREED

Pit Mix

## SEX

Spayed female

## AGE

16 years

## WEIGHT

62 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

## IMAGING PERFORMED BY

Chloe Lowe

## HOSPITAL NAME

Barton Heights VH

## REFERRING VET

Dr. Coburn

## INVOICE

78264

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

History: Liver, enzyme, elevation, not responsive to course of metronidazole. Distended abdomen, occasionally gags (worse on trazodone), hepatomegaly. Denamarin.  
Abnormal PE/Chem/CBC/UA Results: Alt 129, Alp 605, GGT 44, Glob 3.8, chol 342. UA 2+ proteinuria, upc 0.5, usg 1.036

## 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 was noted. Ureteral papillae were normal.

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 6.83 cm. The left kidney measured 5.9 cm.

### *Adrenal Glands*

The **left adrenal gland** appeared slightly enlarged and swollen. The left adrenal gland measured 2.96 x 0.91 cm at the cranial pole and 0.97 cm at the caudal pole. The **right adrenal gland** was at the upper limits of normal and measured 2.55 x 0.9 cm at the cranial pole and 0.61 cm at the caudal pole.

### *Spleen*

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### *Liver*

The **liver** revealed coarse architecture. There was left medial hepatic swelling, which created a lobar mass that measured 8.6 cm. Increased portal markings were noted in the liver. There was mild disruption of architecture. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.



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**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.

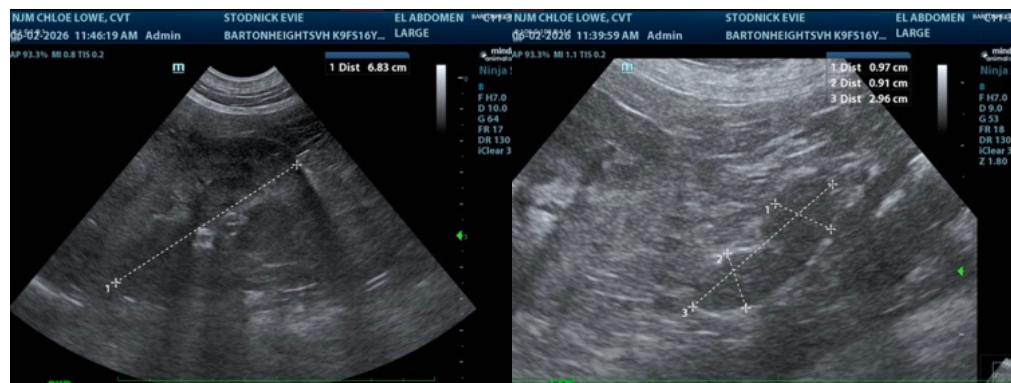
**ULTRASONOGRAPHIC FINDINGS**

Irregular, with hepatomatous type mass effects and moderate remodeling.

Otherwise, geriatric abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of post hepatic obstruction. Ultrasound-guided FNA is warranted. Bile acid profile is warranted. There is a mild potential for hepatic neoplasia.





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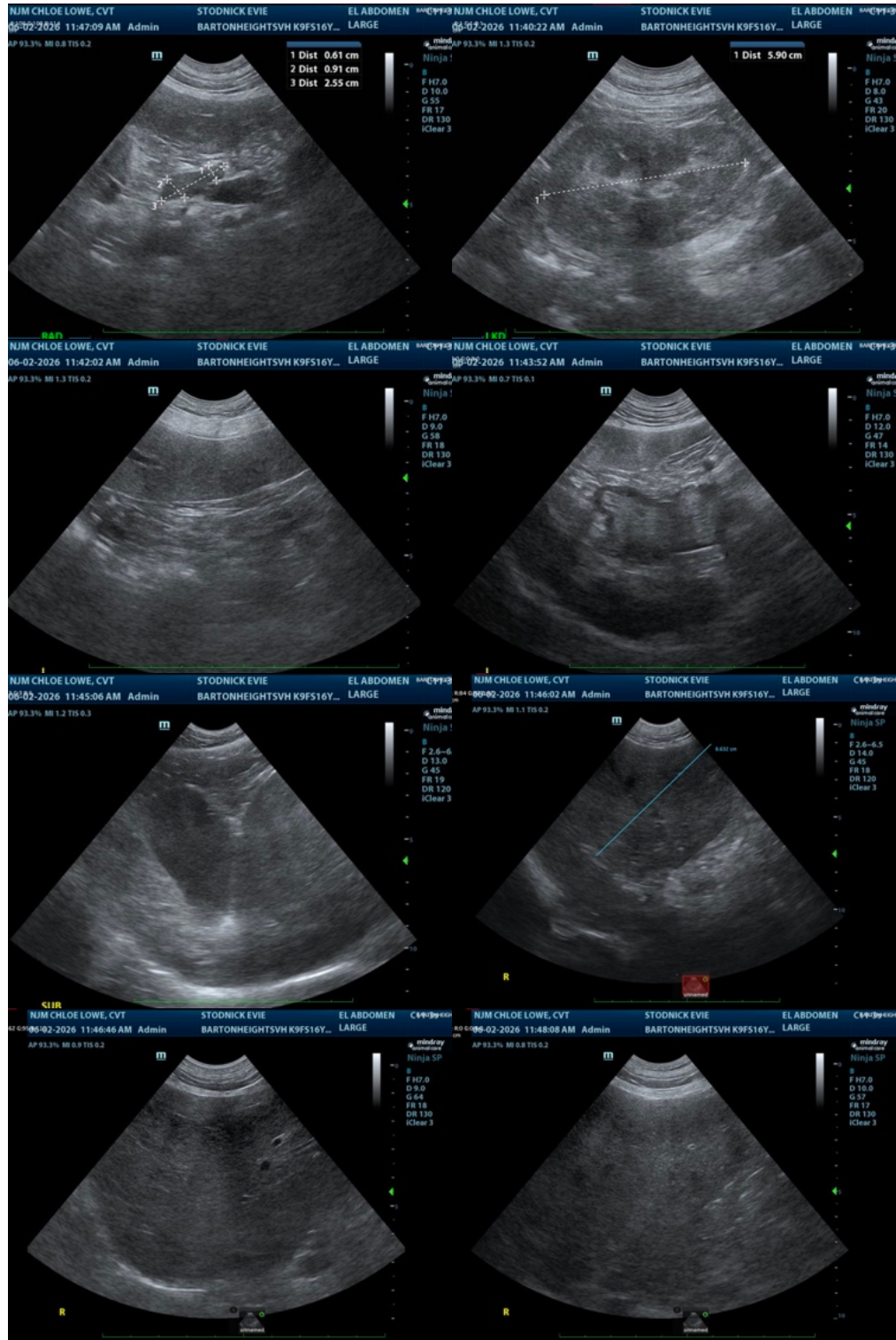
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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