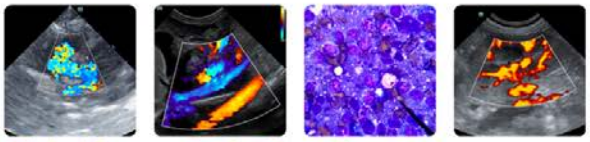

PATIENT

Valla Sabastian

SPECIES

Canine

BREED

Border Collie x

SEX

Neutered Male

AGE

4 Years

WEIGHT

38 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Creature Comforts Veterinary Clinic

REFERRING VET

Dr. Decker

INVOICE

73855

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Patient had been vomiting frequently in the morning, but that had improved with a late evening meal and omeprazole every other day, though he was still occasionally vomiting. Recent blood work did show an elevated bilirubin and owners wanted to follow up with an ultrasound to ensure no abnormalities before continuing to manage as if it is bilious vomiting syndrome.

Abnormal PE/Chem/CBC/UA Results: TBIL 19 (0-15), rest of the BW including CBC and Biochemistry /T4 is normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The prostate appears normal, measuring 1.0 cm. It is symmetrical with uniform echogenicity.

The right kidney presents normal size (7.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The caudal pole of the right adrenal gland is mildly small, measuring 5.3 mm in width. The cranial pole is not visualized.

The left adrenal gland is diffusely subjectively small in size, measuring 5.4 mm at the caudal pole and 5.1 mm at the cranial pole. It has a mildly flattened appearance.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

Within the right liver is a 1.46 cm x 1.64 cm hypoechoic, non-capsule displacing lesion present. The remainder of the liver appears normal. The portal vein to caudal vena cava is approximately 1.0, which is normal. PSS is not suspected.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and pylorus are normal in layering and thickness. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

An iliac lymph node is visualized measuring 9.1 mm in length x 4.5 mm in width and appears normal. A jejunal lymph node is visualized measuring 9.2 mm in length x 4.6 mm in width and appears normal.

No free abdominal fluid is seen.

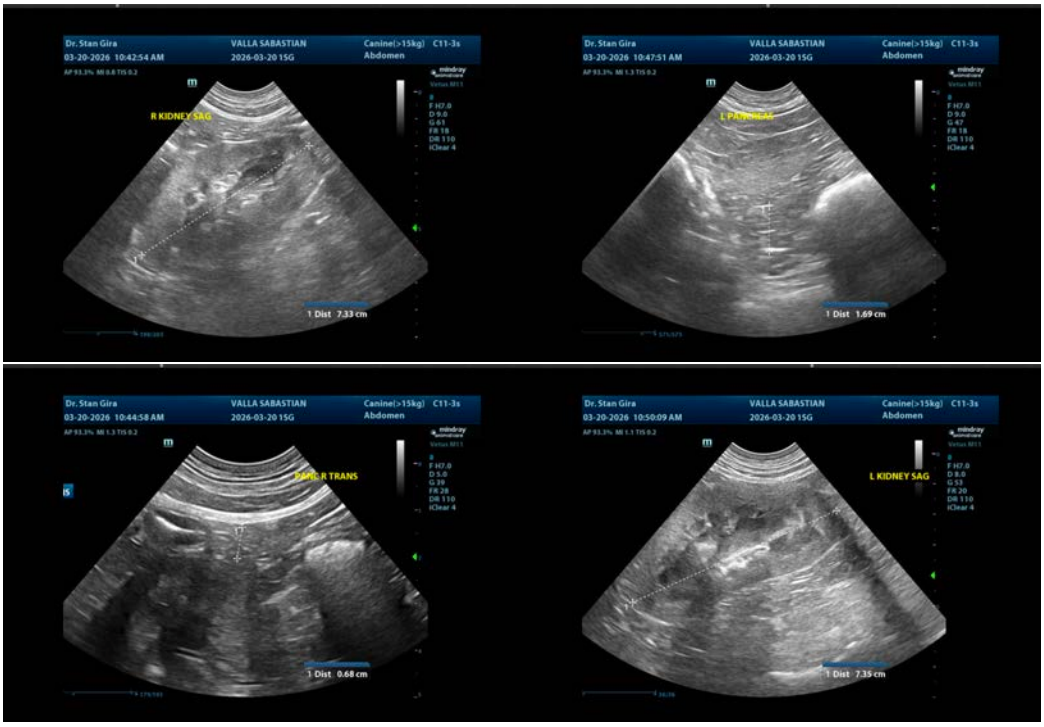
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic liver lesion – most likely a benign regenerative nodule. However, primary hepatobiliary neoplasia such as hepatocellular carcinoma cannot be ruled out.
- Mildly small adrenal glands bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate for cytology of the lesion in the right liver.

Given the patient's clinical signs of chronic intermittent vomiting, recommend ruling out hypoadrenocorticism. Consider submitting resting cortisol. If >2.0, hypoadrenocorticism is ruled out, and treat as bilious vomiting syndrome. If cortisol is <2.0, perform an ACTH stimulation test to definitively ruled out hypoadrenocorticism. If treating for bilious vomiting syndrome, recommend using Omeprazole daily every 12 hours.



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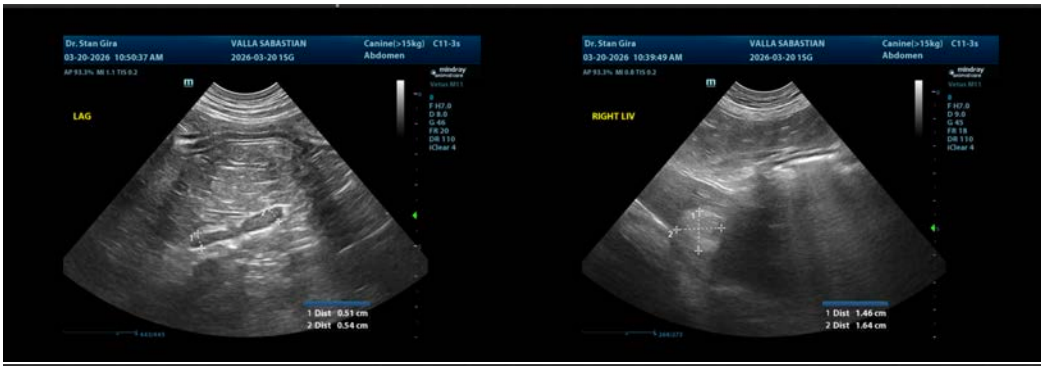

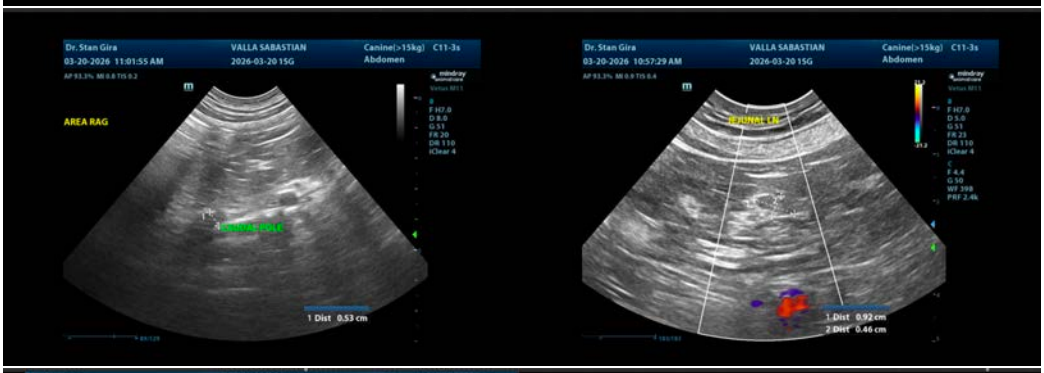

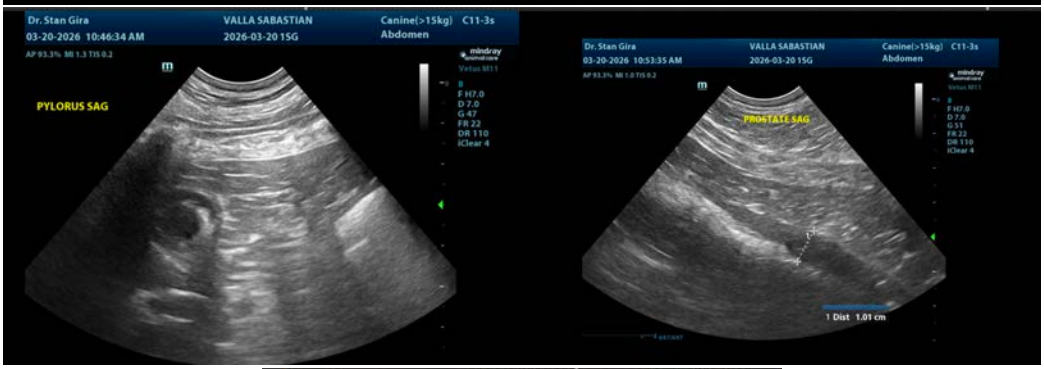

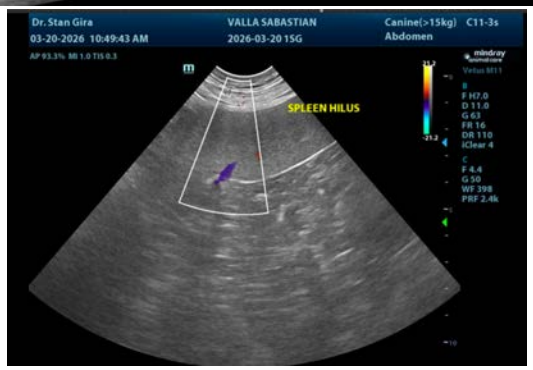

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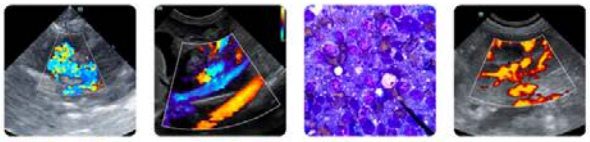

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com