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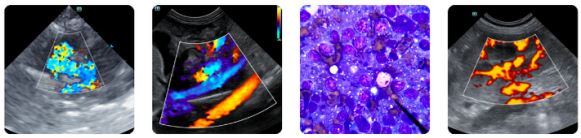

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Chance Straw

SPECIES
Canine

BREED
Akita Mix

SEX
MN

AGE
11 years

WEIGHT
91 lbs

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
MountainView Animal

REFERRING VET
Dr. Mariam Malak

INVOICE
11569

DATE
3/26/2026

PRESENTING CLINICAL SIGNS

- Chief Concern / Reason for Ultrasound: Anemia (non-regenerative) - r/o neoplasia, immune-mediated disease, Iron Deficiency, Tick-borne disease, internal hemorrhage (trauma). Thrombocytopenia (markedly decreased platelets) - r/o neoplasia, immune-mediated disease (e.g., immune-mediated thrombocytopenia), Tick-borne disease, Iron Deficiency Anemia, internal hemorrhage/blood loss (trauma). Anemia and thrombocytopenia - r/o secondary to abdominal pathology (e.g., neoplasia, peritonitis.) Abdominal mass with sternal lymphadenopathy, hepatomegaly, and possible free fluid - r/o hepatic,
- pancreatic vs splenic neoplasia, extra-hepatic biliary obstruction, peritoneal effusion, pericardial effusion.
- Abdomen: Tender, discomfort on abdominal palpation-cranial abdomen, soft stool, pale
- MEDS: Prednisone 1mg/kg SID, advised to discontinue if symptoms worsen.
- Yunnan Baiyao Capsules, 2 caps/BID.

Abnormal PE/Chem/CBC/UA Results: CBC and chemistry: performed; anemia (PCV 36%, previously HCT 28%), thrombocytopenia 36 (in-house blood smear: platelets 51), non-regenerative anemia, chemistry WNL. Blood smear: performed; confirmed thrombocytopenia(in-house blood smear: platelets 51) PCV: performed; 36%. CPL test: normal. CBC recheck on Monday: CBC, HCT, Hemoglobin and platelets count have slightly improved.

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.

Prostate is normal in size (1.2 cm), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland presents small in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 6.0 mm.

The right adrenal gland presents slightly small in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 4.6 mm.

Spleen

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

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Liver

The liver contains multifocal variably sized hypoechoic lesions throughout the liver. These lesions have differing appearances, some are diffusely hypoechoic whereas some of the lesions have a heterogenous echotexture, and mild areas of what appears to be cavitation.

The gallbladder presents normal size and contains a mild amount of echogenic debris, and a hyperechoic shadowing cholelith that measures 3.0 cm in diameter. This appears to be non-obstructive at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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

Pancreas

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

Free Abdomen

Mildly, enlarged left iliac lymph nodes, one measures 5.8 mm in width, and the second measures 3.5 mm in width. These are most likely reactive, and less likely to be enlarged due to neoplasia. No free abdominal fluid is seen. Moderate mesenteric lymphadenopathy present one measures 8.0 mm x 31.6 mm in size. This mesenteric lymph node has a smooth capsule. The hypoechoic appearance of the lymph node is concerning for possible neoplastic disease causing the enlargement such as infiltrative neoplasia, lymphoma, mast cell disease versus metastatic neoplasia.

There is no free fluid seen in the abdomen at this time.

Other

An image of the base of the heart is provided, and no mass lesions are seen associated with the heart. There is no pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild iliac lymphadenopathy – Likely reactive, less likely to be enlarged due to neoplasia.
- Moderate mesenteric lymphadenopathy – Concerning for a possible neoplastic disease.
- Bilaterally small adrenals – consistent with the reported chronic prednisone administration.
- Multifocal variably sized hypoechoic lesions throughout the liver – Concerning for a neoplastic etiology.
- Echogenic debris in the gallbladder, and a hyperechoic shadowing cholelith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic appearance of the mesenteric lymph node is concerning for possible neoplastic disease causing the enlargement such as infiltrative neoplasia, lymphoma, mast cell disease versus metastatic neoplasia. Recommend FNA of this enlarged node, and submit for cytology to determine the etiology.

The appearance of the liver lesions is concerning for neoplastic etiology such as primary hepatobiliary neoplasia. Consider nodular hepatocellular carcinoma or biliary cystadenocarcinoma, round cell

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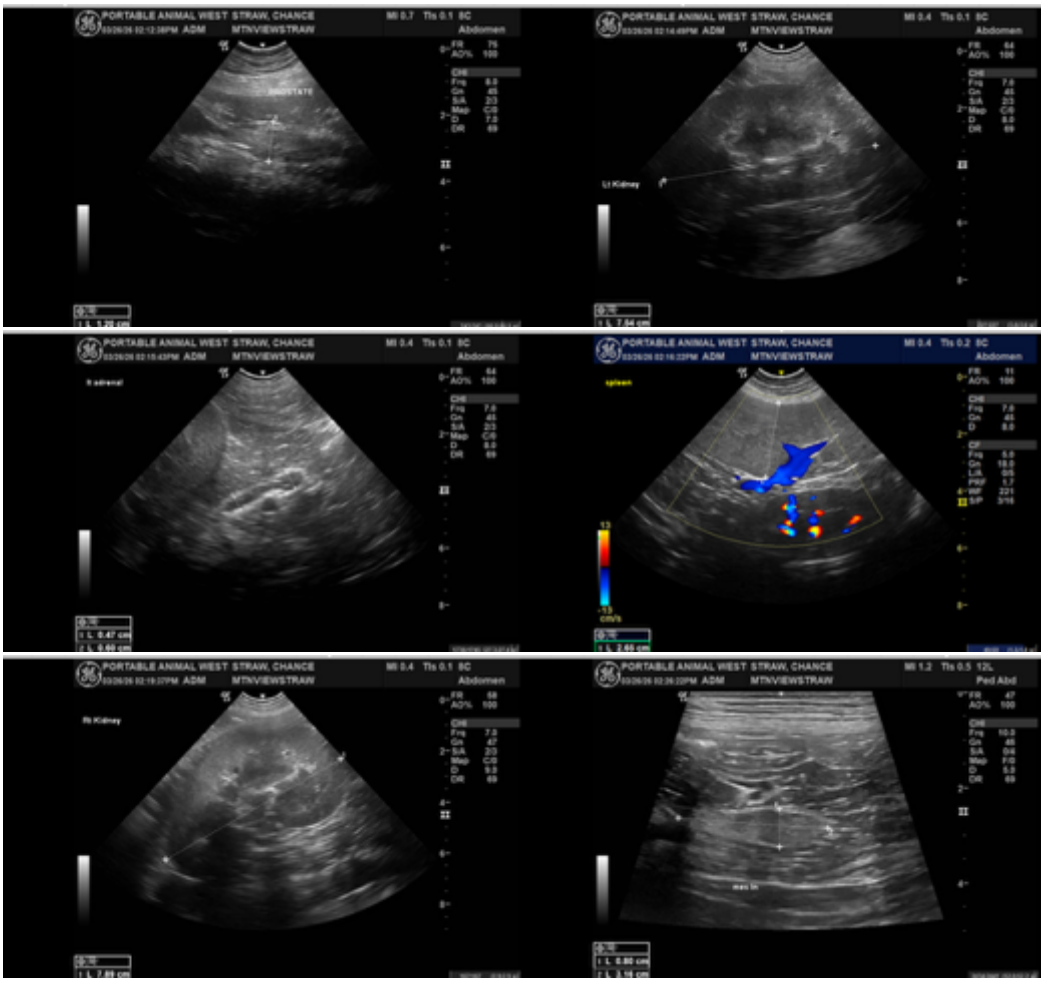
neoplasia, lymphoma versus mast cell disease versus possible histiocytic sarcoma. Granulomatous disease is possible but not considered highly likely. Recommend fine needle aspirates of one or several of these hepatic lesions and submit for cytology to determine the etiology. If these are inconclusive, a Tru-cut biopsy should be considered. Three of the liver lesions were measured and found to be 2.7 cm, 2.32 cm, and 3.78 cm in diameter.

Cause for the patient's anemia is most likely either anemia of chronic inflammation or possibly a blood loss anemia. There is no free fluid observed at this time, however, the patient has had episodes of bleeding from the hepatic masses. This could potentially cause the anemia; however, anemia of chronic inflammation is the most likely cause for the anemia and the thrombocytopenia could be consumptive due to intermittent bleeding episodes from the hepatic mass which is not seen on this exam. This could possibly also be due to peri neoplastic syndrome causing an immune mediated thrombocytopenia. Recommend three view chest radiographs to rule out pulmonary metastatic disease. Prognosis is guarded pending result of determination of etiology of hepatic masses.



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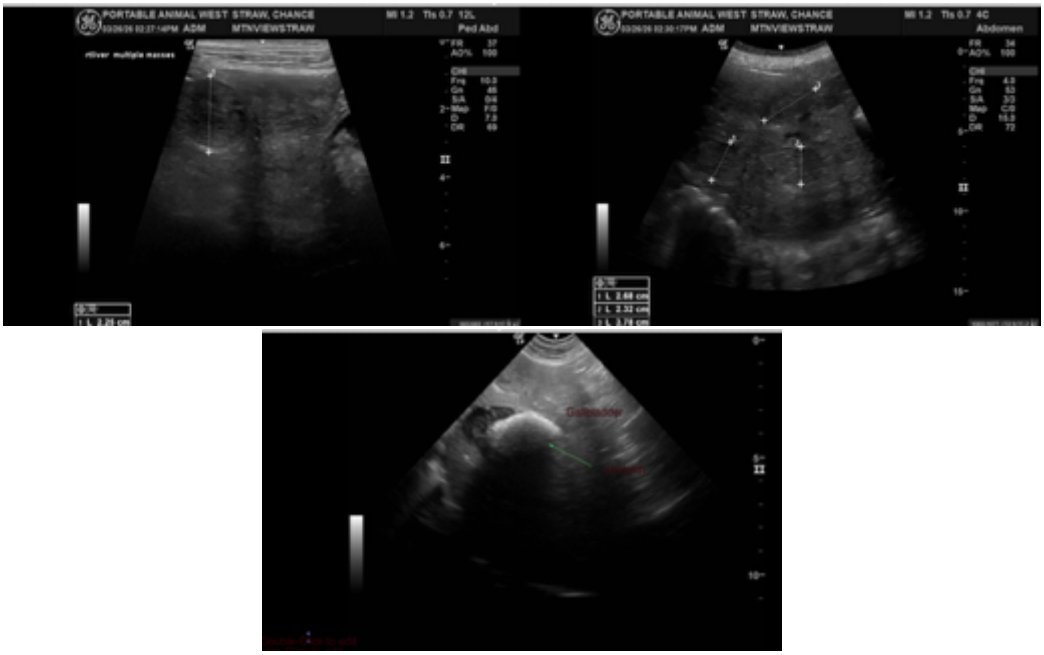

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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