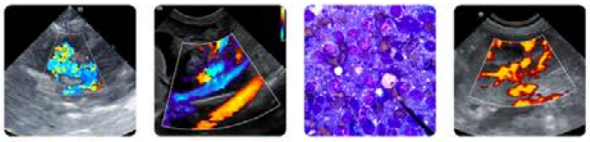




**PATIENT**

Heaven Wood

**SPECIES**

Canine

**BREED**

GSD

**SEX**

Spayed Female

**AGE**

12 Years 8 Months

**WEIGHT**

79.5 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Cathleen Whitcraft, DVM

**HOSPITAL NAME**

Craig Road Animal Hospital

**REFERRING VET**

Cathleen Whitcraft, DVM

**INVOICE**

74616

**DATE**

4/19/26

## PRESENTING CLINICAL SIGNS

P presented for diarrhea for a few days. CBC CHEM showed elevated ALK Phos. BP normal today. UPC pending. P is not PU/PD, polyphagia or panting.

Abnormal PE/Chem/CBC/UA Results: ALK PHOS: 666 Cholesterol: 335 PSL: 146

## 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.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The right adrenal gland appears normal in size, measuring 5.3 mm at the cranial pole and 5.9 mm at the caudal pole.

The left adrenal gland is enlarged, measuring 9.8 mm at the caudal pole and 0.90 mm at the cranial pole.

### *Spleen*

The spleen is diffusely mildly enlarged, which is most likely a breed related variant. Normal echogenicity noted. Multiple hyperechoic foci are present near large vessels, most likely benign myelolipomas.

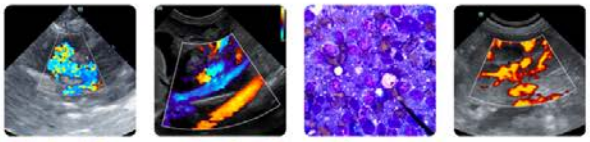
### *Liver*

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. There are multifocal hypoechoic ill-defined lesions throughout the liver. A presentative nodule measures 5.7 mm x 9.6 mm. Within what appears to be the left liver, there is an isoechoic, rounded liver mass present measuring approximately 10.0 cm in length, although definitive measurement cannot be made on this ultrasound. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

The stomach and intestines have normal wall layering and thickness. The small bowel is diffusely distended with a moderate amount of ingesta. No mechanical obstruction seen. 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. No evidence of pancreatitis seen on this exam.

### *Free Abdomen*

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland.
- Hepatic mass – Most likely primary hepatobiliary neoplasia such as hepatocellular carcinoma, less likely cholangiocarcinoma or a benign etiology such as a hepatoma is possible.
- Hypoechoic lesions throughout the liver – Most likely benign regenerative nodules, less likely metastatic neoplasia.
- Mildly enlarged spleen – Likely breed variant.
- Small intestinal ingesta – The patient may not have been fully fasted for the exam.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the enlarged left adrenal gland and elevated ALP, consider screening the patient for hyperadrenocorticism and submit urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is essentially ruled out. If UCCR is elevated, consider testing for hyperadrenocorticism via a low-dose Dexamethasone suppression test.

Recommend fine needle aspirate of the liver mass with submission for cytology. If definitive diagnosis cannot be made off cytology, recommend CT scan of the abdomen and chest as pre-surgical planning to determine if it is feasible to surgically resect this mass and submit for histopathology. CT scan of the chest would be to rule out pulmonary metastatic disease. 3-view chest x-rays could be considered as well prior to any surgical procedure if CT is not performed.

I suspect the patient's clinical signs may possibly be due to the presence of the liver mass, although further screening for diarrhea should be performed. It may just be dietary indiscretion as a cause of the diarrhea, or possibly parasitism. Consider submitting fecal pathogen PCR testing to rule out parasitism.

If patient has surgery to remove the liver mass, then also biopsy normal appearing liver and any of the liver lesions discussed.

Prognosis is open pending outcome of what the cause of the suspected liver mass is.

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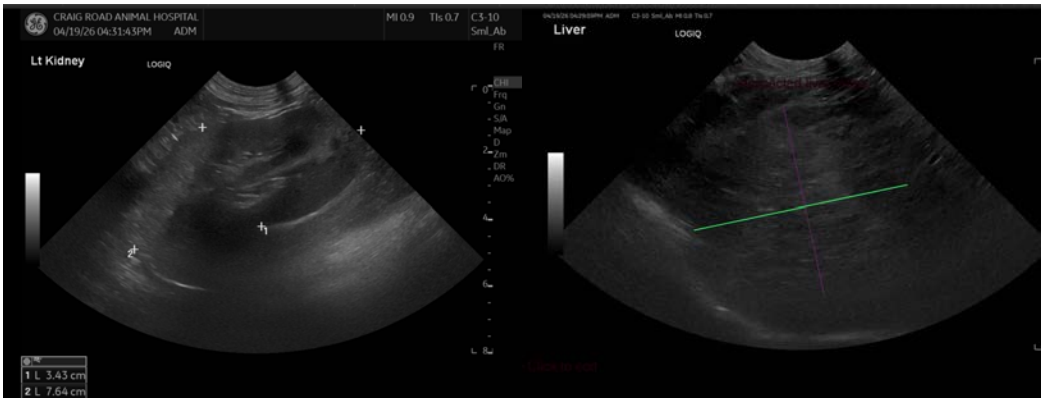


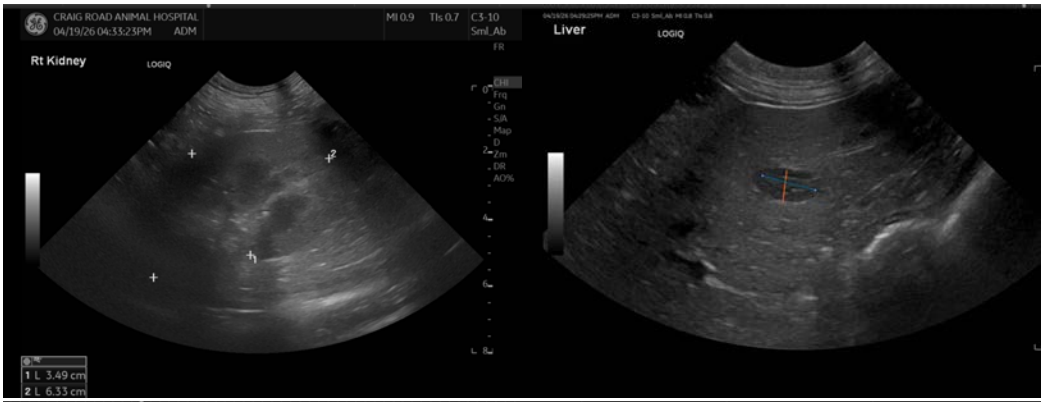


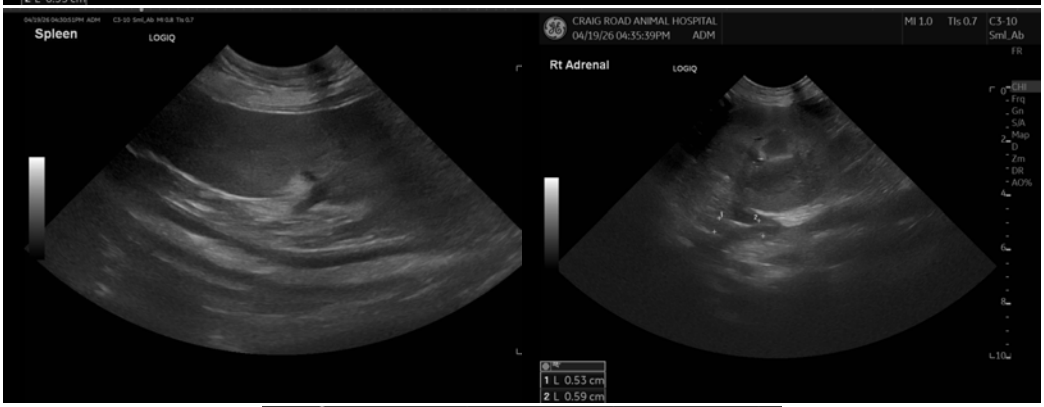


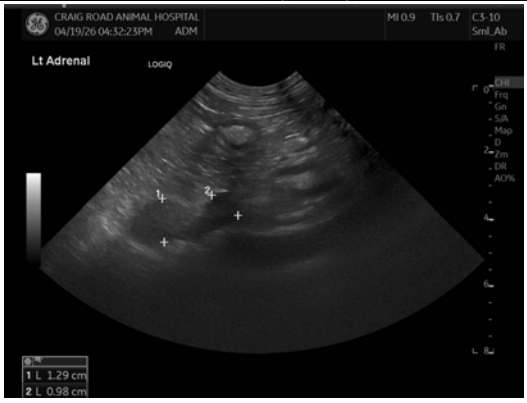

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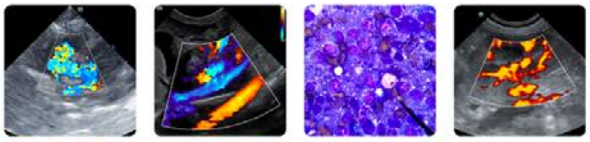

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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