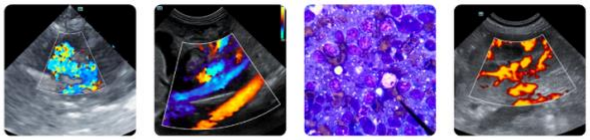


PATIENT

Kya Rainwater

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

11 Years

WEIGHT

53 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jammel

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Dr. Jammel

INVOICE

16499

DATE

05/24/26

PRESENTING CLINICAL SIGNS

P is diagnosed with Lupus currently on prednisone, OA ongoing managed by Adequan injections and gabapentin. P was diagnosed with suspected cranial abdominal mass in RADs 4/18

Abnormal PE/Chem/CBC/UA Results: ALP 432

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 7.1 cm. The right kidney measures 7.0 cm.

Adrenal Glands

The left adrenal gland was not clearly visualized.

The right adrenal gland was not clearly visualized.

Spleen

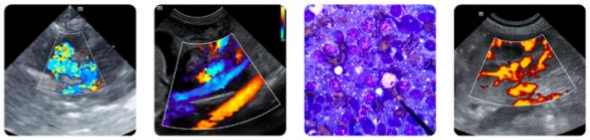
The spleen appears mildly enlarged which is most likely a normal breed variation. There is a hyperechoic lesion within the tail of the spleen that measures 1.73 cm in length. It is not capsule displacing given the appearance and most likely benign myelolipoma. Less likely extramedullary hematopoiesis or neoplasia. There are several other smaller hyperechoic lesions throughout the spleen.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Possibly due to patient's gallbladder disease or other secondary diseases such as hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, occult pancreatic or occult GI disease. Within the mid-liver, there is a 1.1 cm in diameter ill-defined hyperechoic lesion. Most likely benign regenerative nodule. Less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma.

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

Gastrointestinal



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

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Gallbladder mucocele.
- Splenic enlargement with hyperechoic lesions.
- Hyperechoic hepatomegaly with hepatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the only lab work change reported is a moderately elevated alkaline phosphatase of 432 units per liter, this does not appear to be a surgical emergency at this time. Consider medical management. Starting ursodiol at 15 mg/kg by mouth split into two daily doses and antibiotics such as amoxicillin for four to six weeks. Recheck ultrasound and lab work at that time to evaluate for improvement in appearance of gallbladder mucocele.

Consider FNA via ultrasound guidance of splenic lesion to rule out neoplasia such as lymphoma or mast cell disease. Recommend full staging, monitoring and managing per IRIS guidelines to determine if chronic kidney disease may be present.

Recommend treating patient's gallbladder mucocele and then re-evaluating liver values as previously recommended. The appearance of the patient's liver is consistent with benign vacuolar hepatopathy. If treating the patient for gallbladder disease does not improve the elevated alkaline phosphatase nor the appearance of the liver, consider screening for the other diseases mentioned.

Recommend when rechecking gallbladder in four to six weeks after an antibiotic treatment to recheck the hepatic lesion. If the lesion is stable in size and appearance, it is most likely a regenerative nodule. If this lesion appears to be growing, may need to consider ultrasound guided fine needle aspirate. If ultrasound guided fine needle aspirate is not possible and the lesion does keep growing over time or growing in number, then recommend CT scan of abdomen as pre-surgical planning to consider surgical resection and submission for histopathology.

No mass was identified within the abdomen on this ultrasound.

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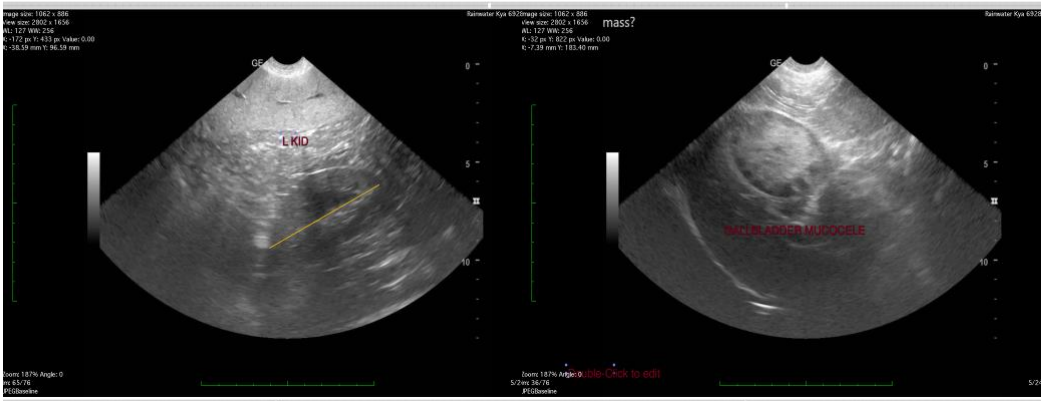

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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