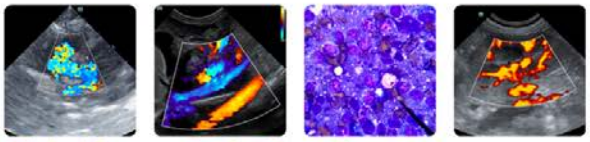


PATIENT

Sophie Rose Hunt

SPECIES

Canine

BREED

Schnauzer x Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

20 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

75703

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Recheck Ultrasound to assess liver nodules for changes consistent with neoplasia. Previous Findings: The liver changes, including the largest, more discrete, nodule/mass, could represent a benign process, such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or even chronic inflammatory disease. However, infiltrative neoplasia, while considered less common, can't be ruled out without tissue sampling. Since previous ultrasound, patient was diagnosed with hyperadrenocorticism and is being well managed on trilostane.

Abnormal PE/Chem/CBC/UA Results: PE: Pot belly. PU/PD, restlessness, panting has resolved. Labwork submitted to lab today.

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. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures approximately 4.1 cm. Right kidney measures 4.5 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 6.5 mm.

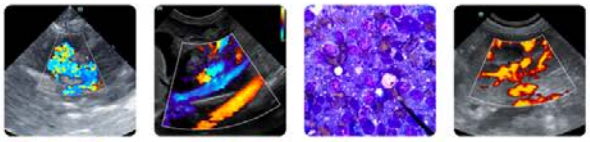
Spleen

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

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. There are numerous multifocal hypoechoic variably sized, non-capsule displacing lesions throughout the liver, consistent with findings from previous ultrasound. The largest lesion measured 3.2 cm x 1.5 cm in width. 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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

Pancreas

The area of the left and right pancreas seen, no pathology noted.

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.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinical signs of abdominal distention, PU/PD, and panting still sound consistent with hyperadrenocorticism. If Trilostane is not currently being given twice daily, recommend increasing frequency of Trilostane to twice daily, keeping the dose the same. Recommend rechecking ACTH stimulation test every 10-14 days when dose or frequency changes in Trilostane occur until hyperadrenocorticism is well controlled.

The liver changes including the larger more discrete nodules most likely represent a benign process such as regenerative nodules, less likely infiltrative neoplasia such as lymphoma or mast cell disease, and it is unlikely they represent metastatic neoplasia. The hyperechoic hepatomegaly is consistent with patient's diagnosis of hypertriglyceridemia causing a benign vacuolar hepatopathy. Fine needle aspirate of liver and nodules would need to be performed to verify these suspicions.

The gallbladder debris is most likely present due to patient's reported hyperadrenocorticism.

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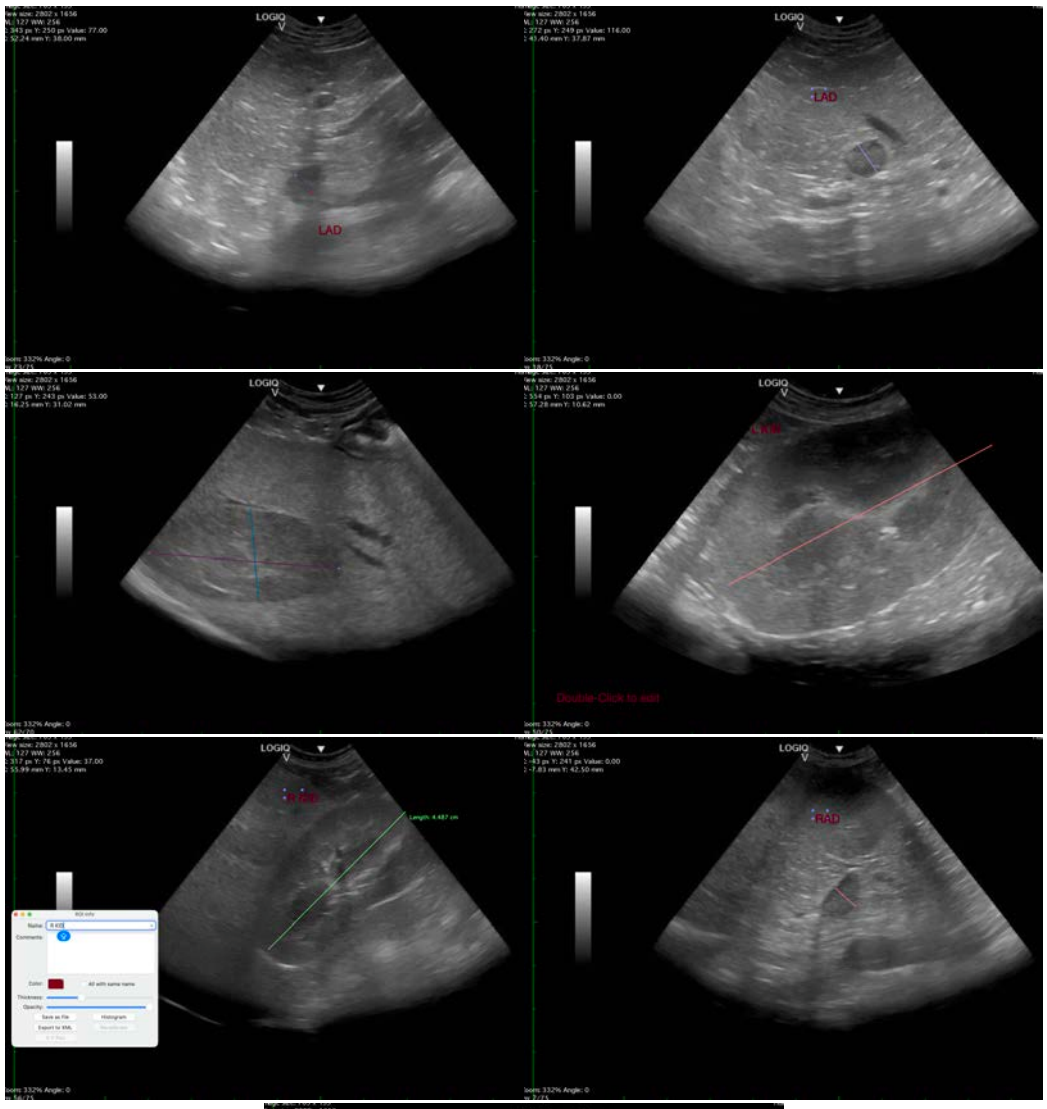

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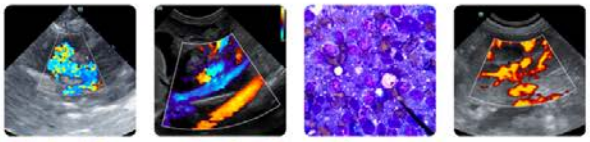

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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