



## PATIENT

Bailey Deal

## SPECIES

Canine

## BREED

Beagle x

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

15.2 lbs

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Dr. Hougentogler

## HOSPITAL NAME

K-Vet Animal Care

## REFERRING VET

Dr. Keinard

## INVOICE

72990

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

What were the organs/areas of interest? Liver; GI tract

Please summarize the patient's history and clinical signs that prompted this ultrasound exam. Patient has recently had a decreased appetite and is losing weight. Do you have a treatment plan for the current clinical signs? Entyce

Please describe any prior treatment for the current clinical signs and its effectiveness. Cerenia, Prednisone - slight improvement

Please summarize the sonographer's impressions for this exam: Liver was small and hyperechoic with diffuse, multifocal, variably sized hypoechoic nodules throughout the parenchyma

What clinical question/concern you would like answered with this study? Liver appearance concerning for malignancy?\_

Please list any differential diagnoses you would like us to comment on. Liver neoplasia; nodular hepatopathy

Please summarize the physical exam findings for this patient. QAR; underweight (3/9); moderate dental calculus; no other significant findings

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was a normal size and shape for level of filling. The apical bladder wall displayed mucosal polypoid changes without visible mineralization. The mucosal surface was moderately irregular. The visible pelvic urethra (to 3.0 cm) was normal in appearance. The urine contained echogenic to particulate sediment, without visible discrete urolith formation.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 5.0 cm in length.

### *Adrenal Glands*

#### Age related adrenals

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal measured 0.53 cm at the caudal pole and 0.94 cm at the cranial pole.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.



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## Liver

The liver was subjectively normal in size with a mildly to moderately irregular capsule contour. Multifocal variably sized hypoechoic nodules are noted throughout the liver. The liver has a moth-eaten appearance overall.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

## Gastrointestinal

The stomach was increased in size and contained a large amount of shadowing gas and suspected ingesta. Portions of the stomach wall were not visible due to the shadowing gas. The visible portions of stomach wall appeared normal in thickness and layering. No evidence of pyloric outflow obstruction.

The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained.

The visible colon wall was normal in thickness and layering.

## Pancreas

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or neoplasia.

## Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Multifocal variably sized hypoechoic hepatic nodules.
- Polypoid cystitis pattern – ddx chronic cystitis.
- Geriatric abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current steroid treatment may be suppressing a more dramatic presentation.

The hepatic presentation is concerning for possible infiltrative disease. However, sampling would be needed to differentiate between pronounced nodular hyperplasia and neoplasia. 3-view chest radiographs could also be considered. Correlate of the hepatic presentation with current liver enzymes is also recommended.



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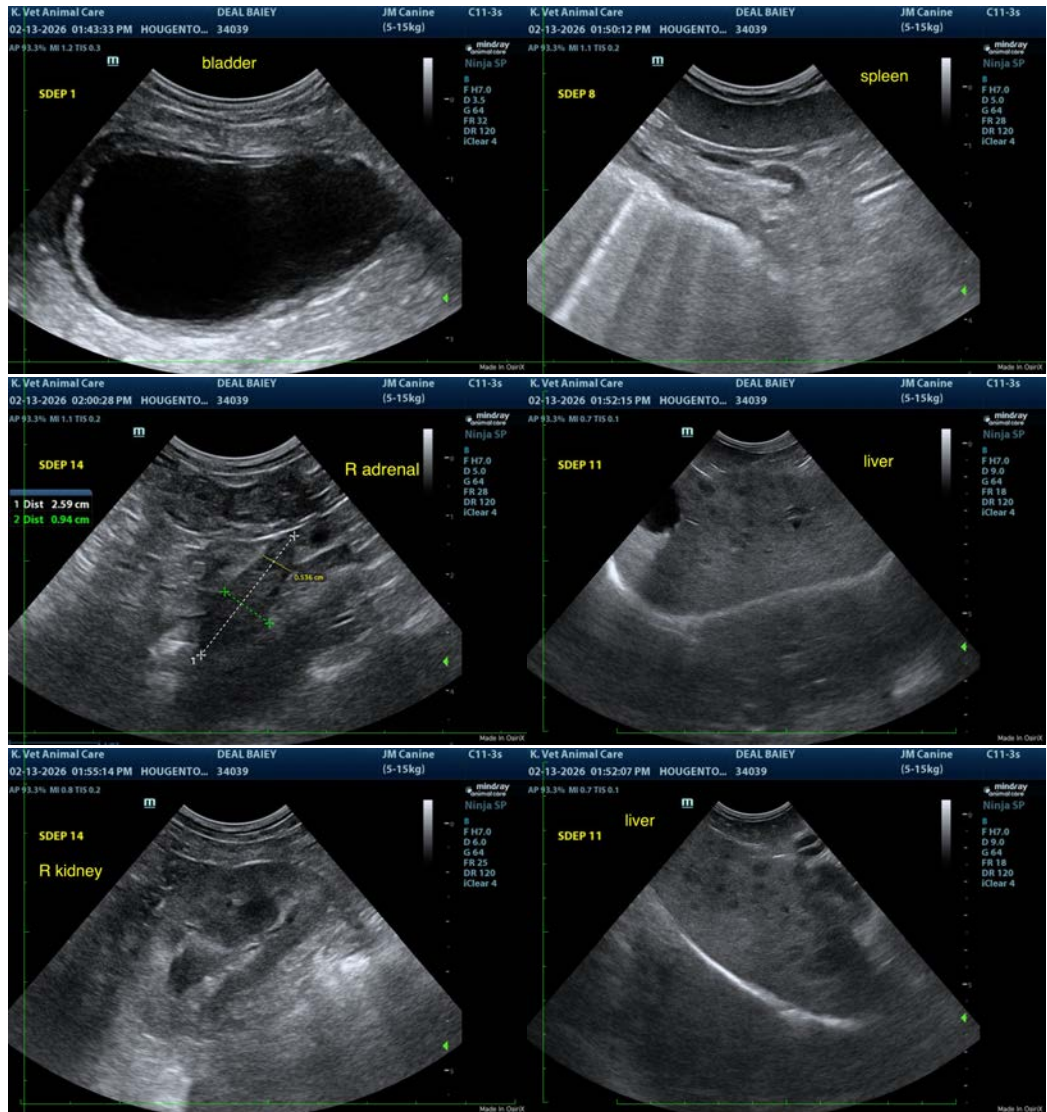
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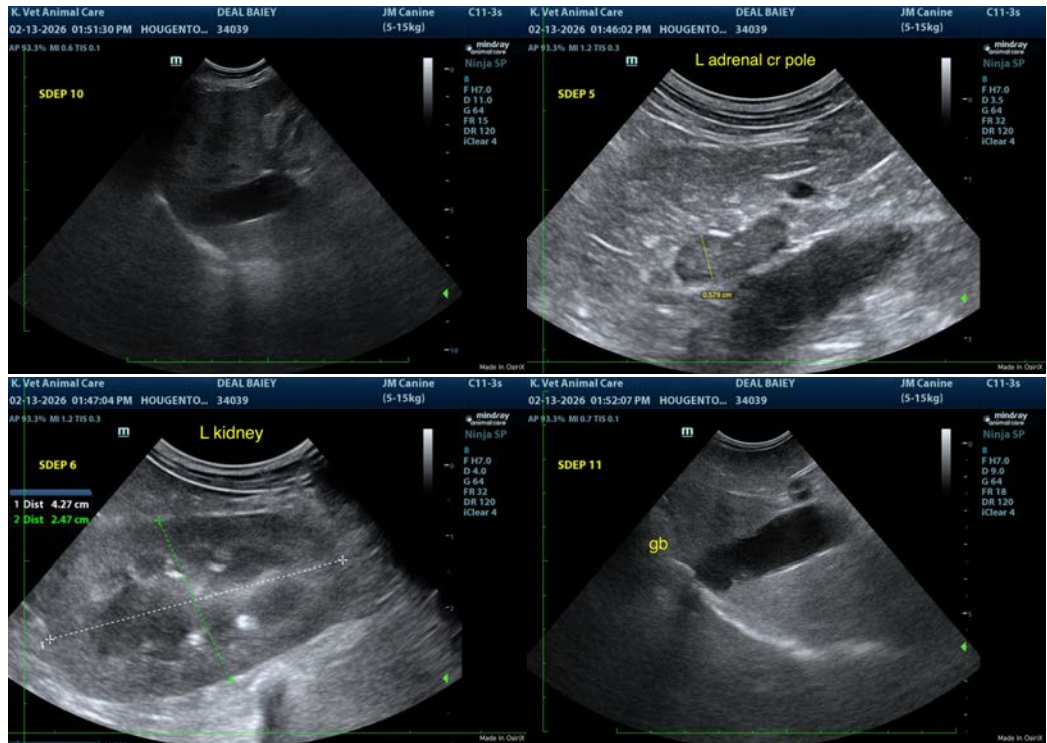
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com