



## PATIENT

Marigold Huerta

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed Female

## AGE

8

## WEIGHT

22.6

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

## IMAGING PERFORMED BY

Dr. Galanti

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Cooper

## INVOICE

14726

## DATE

03/28/26

## PRESENTING CLINICAL SIGNS

- Signalment: 8yo female spayed Beagle
- Presenting Complaint: Marigold presents for vomiting and diarrhea
- Patient History:
  - - History of hypothyroidism on levothyroxine 0.4mg PO q12h for approximately 1 year
  - - Similar GI signs in February 2026, treated with probiotics for 1 week at primary veterinarian
  - - Stools remained consistently soft/mushy after probiotic treatment
  - - Current episode: 6-7 vomiting episodes this month
  - - Vomiting this morning at 3am containing undigested whole kibble
  - - Liquid diarrhea with inappropriate elimination in house (unusual behavior)
  - - Decreased appetite, last ate yesterday
  - - History of eating items off ground, particularly chicken bones
  - - Previous abdominal radiographs and blood work in February 2026 reported normal
  - - Neck mass present since 2023, previously told by primary veterinarian it was normal

Abnormal PE/Chem/CBC/UA Results: - Integument: \*4x6cm sq soft freely moveable mass adjacent to right trachea - \*Palpable mass in abdomen mid-abdomen\* - Tacky mm, pink <2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign. This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 cm in length.

### Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.76 cm width at the cranial pole.

### Spleen

The spleen was normal in size with a mildly irregular capsule contour. There are small variably sized hypoechoic nodules in the parenchyma with an example measuring 0.5 cm in diameter. The remainder of the parenchyma outside the nodules appears normal and finely homogenous.

### Liver



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The liver is increased in size with an irregular to scalloping capsule contour. There are variably sized nodules and masses throughout the liver. These nodules cause capsular deviation and disruption of the normal parenchyma with an example measuring 3.2 cm in diameter. The nodules and masses were heterogeneous with a central hyperechoic area.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

### ***Gastrointestinal***

The stomach contains a small amount of fluid and shadowing gas. The visible portions of the stomach wall appear diffusely thickened primarily due to a thickened mucosal layer. The stomach wall measured 0.90 cm. The adjacent larger liver nodules and masses may be causing pressure on the outflow of the stomach.

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

The colon wall was diffusely thickened with maintained wall layering. The mucosal layer was moderately thickened, while the submucosal layer was echogenic and prominent. Non-formed to liquid luminal contents were present.

### ***Pancreas***

The visible pancreas is isoechoic to the surrounding parenchyma and appears normal in size and shape.

### ***Free Abdomen***

There was a very enlarged rounded lymph node just caudal to the stomach that measured 3.9 cm by 3.1 cm. There was a central hyperechoic area surrounded by a hypoechoic rim. Other mesenteric lymph nodes were enlarged and rounded as well.

## **ULTRASONOGRAPHIC FINDINGS**

- Multifocal liver masses and nodules
- Mesenteric lymphadenopathy, marked - most consistent with infiltrative or metastatic pattern
- Hypoechoic splenic nodules - ddx benign vs metastatic lesions
- Medullary rim sign, both kidneys, moderate
- Gastritis pattern
- Colitis pattern

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This sonographic and clinical presentation is strongly concerning for multicentric infiltrative disease. Malignant neoplasia, such as lymphoma, could present this way. Depending on geographic location, systemic fungal disease could present similarly.

Sampling would be needed for definitive diagnosis. FNA of the liver nodules and enlarged mesenteric lymph node (+/- spleen) is recommended, assuming normal coagulation parameters.

The medullary rim sign is nonspecific and can be seen in both normal and abnormal kidneys. When



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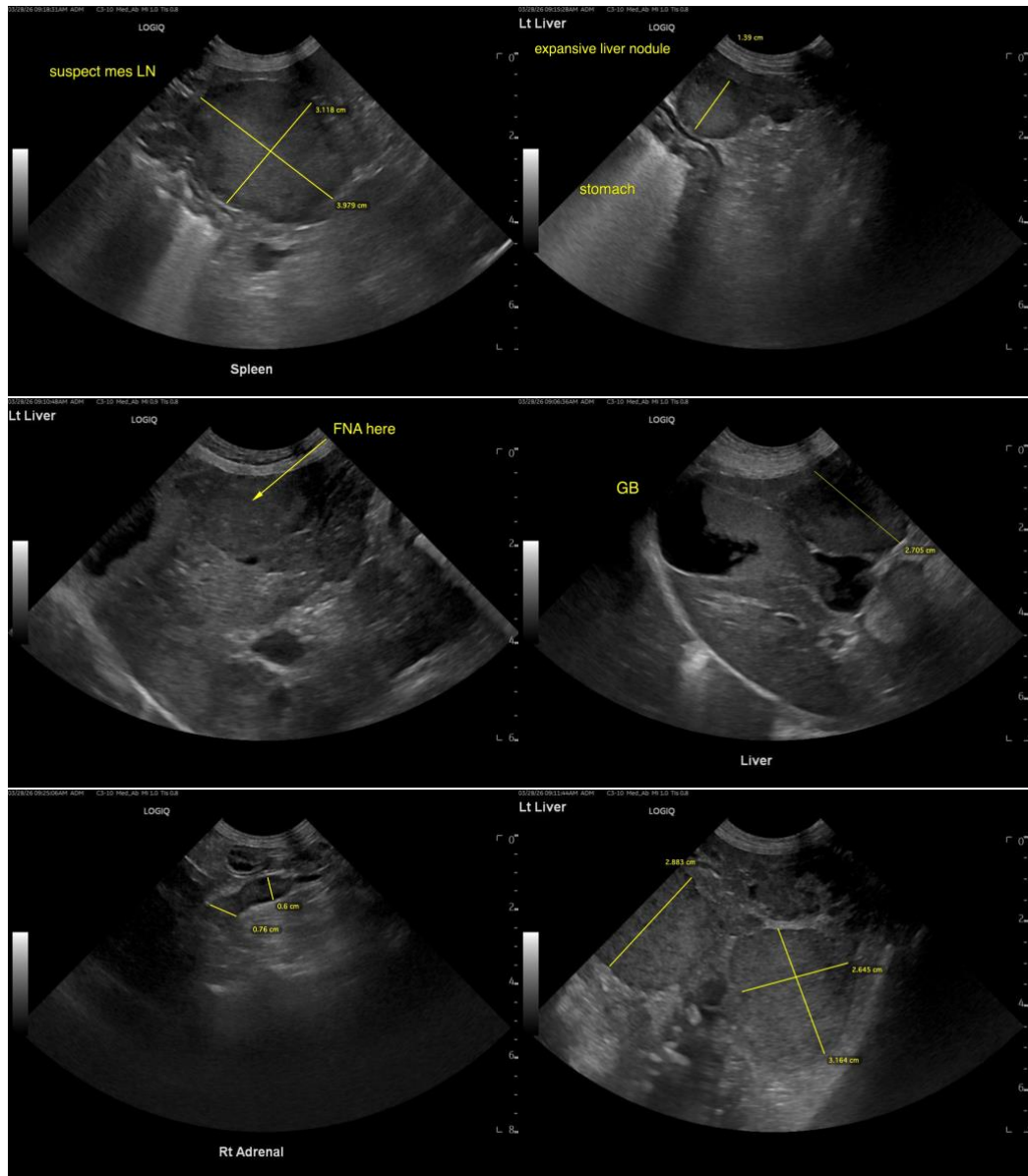
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associated with renal pathology, it has been linked with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it can be seen in normal kidneys as well.

Prognosis is currently guarded, pending results of further diagnostics.





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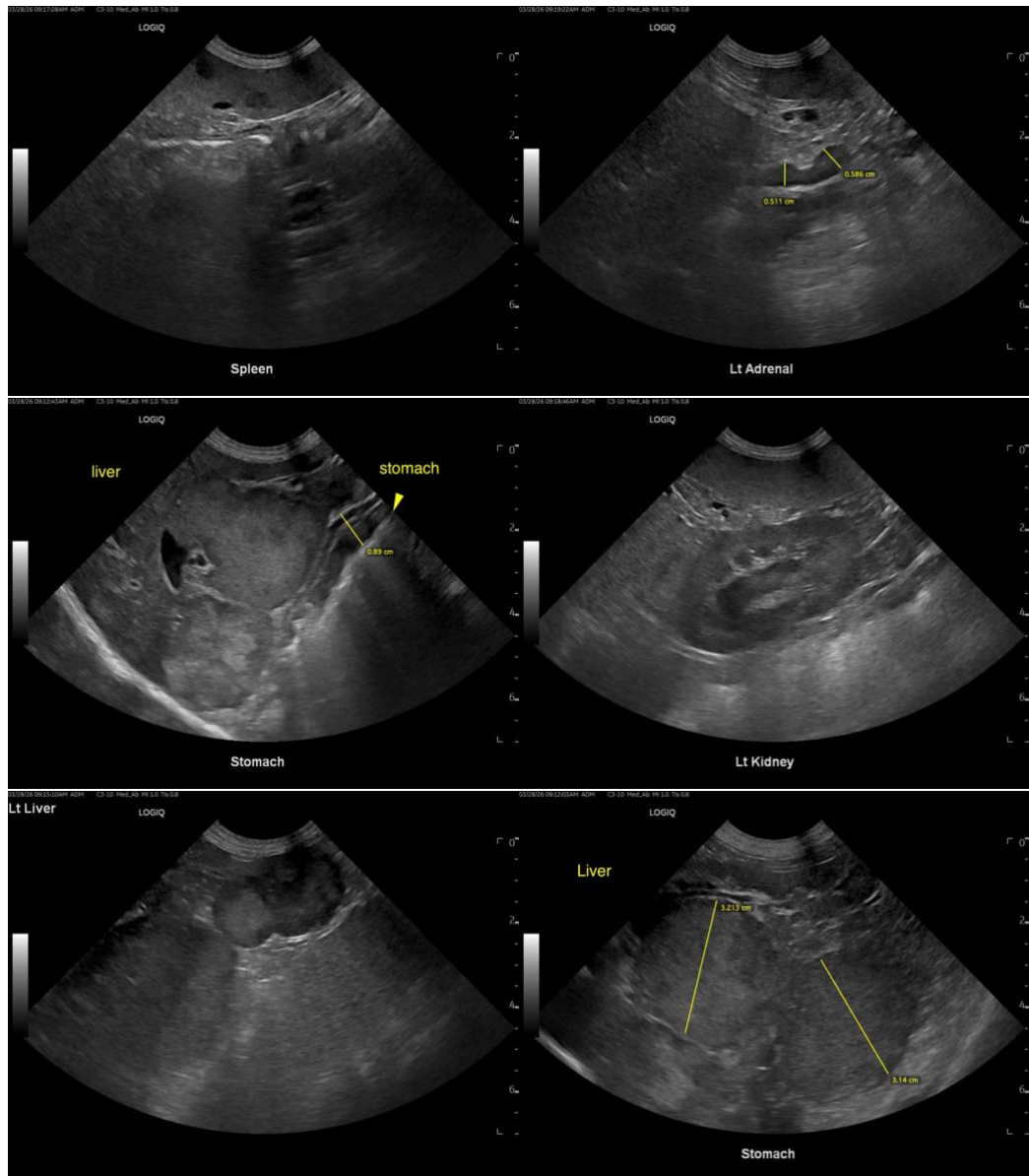
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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