

PATIENT

Angel Kwak

SPECIES

Canine

BREED

Straffordshire Bull Terrier

SEX

Spayed Female

AGE

Not Provided

WEIGHT

Not Provided

INTERPRETED BY

Kim Radway, DVM,
 DABVP (Canine/
 Feline)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Lang

INVOICE

16241

DATE

06/01/26

PRESENTING CLINICAL SIGNS

History of dark colored urine and decreased appetite. Meds: Denamarin, Clavamox, Gabapentin, Multivitamin

Abnormal PE/Chem/CBC/UA Results: Glob 3.8, ALbumin2.7, AST 109, ALT 133, ALP 249, BUN 39, SDMA 14.7, PSL 178, HCT low normal(38) Platelets 584, Neutrophil 13,640, Urine: 2+ Blli, 4-10 WBC, Rods and Cocci, USG 1.019- voided urine sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was found to have normal wall layering but an irregular contour along the luminal surface. The volume of urine within the bladder was small and therefore the bladder was not completely expanded which may explain the irregular appearance along the luminal surface of the bladder wall. There was however concern at the time of imaging for widening of the urethra and an increased hyperechoic appearance to the lumen of the pelvic urethra. The urethra measured 0.51 cm in width. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 6.07 cm in length. The right kidney measured 5.41 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 2.02 cm x 0.62 cm x 0.57 cm. The right adrenal gland measured 1.95 cm x 0.72 cm x 0.44 cm.

Spleen

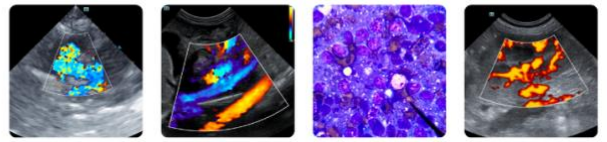
The **spleen** had an abnormal appearance containing a large hypoechoic and mixed echogenicity mass within the main body and head of the spleen measuring 3.0 cm x 6.55 cm in size. This mass was expansile along the capsular contour.

Liver

The **liver** was found to have a heterogeneous appearance with a large, discrete, cavitated, fluid-filled mass located in the right cranial aspect of the liver. This mass measured 3.67 cm x 4.54 cm in size. The remainder of the liver parenchyma visualized was homogeneous echogenicity. There also was a hypoechoic and slightly mixed echogenicity, rounded nodule located at the caudal aspect of the caudate liver lobe. This nodule measured 2.1 cm x 2.2 cm in size.

The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal



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The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

A brief view of the **heart** was obtained and found no evidence of pericardial effusion or a discrete right atrial mass.

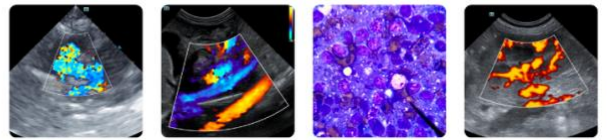
ULTRASONOGRAPHIC FINDINGS

- Cavitated liver mass.
- Liver nodule on the caudal aspect of the caudate liver lobe.
- Splenic mass.
- Irregular contour to the luminal surface of the bladder wall.
- Increased width along the pelvic urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have multiple discrete pathology including a cavitated liver mass, nodule on the caudate lobe of the liver, and splenic mass. There is concern that this represents a malignant and metastatic pattern. However, sampling would be required for a definitive diagnosis. Based on the location of the cavitated liver mass, there is concern that this pathology may not be able to be surgically excised. An abdominal CT scan can be considered if surgery and follow-up chemotherapy is an option for this patient. A fine needle aspirate can be considered but based upon the fluid-filled and cavitated appearance of the liver mass, it is felt that this is very unlikely to be definitive and may increase risk for a hemorrhagic event in this patient.

Since there was concern to the sonographer of the possible presence of a urethral mass, a BRAF test can be considered for further screening for an underlying transitional cell carcinoma. It is recommended that this patient be clinically treated for the urinary tract infection which was present based on the presence of both rods and cocci in the urine. A repeat bladder ultrasound can be considered when this patient has a better sedation on board, allowing thorough imaging and a full bladder to better expand the bladder lumen.



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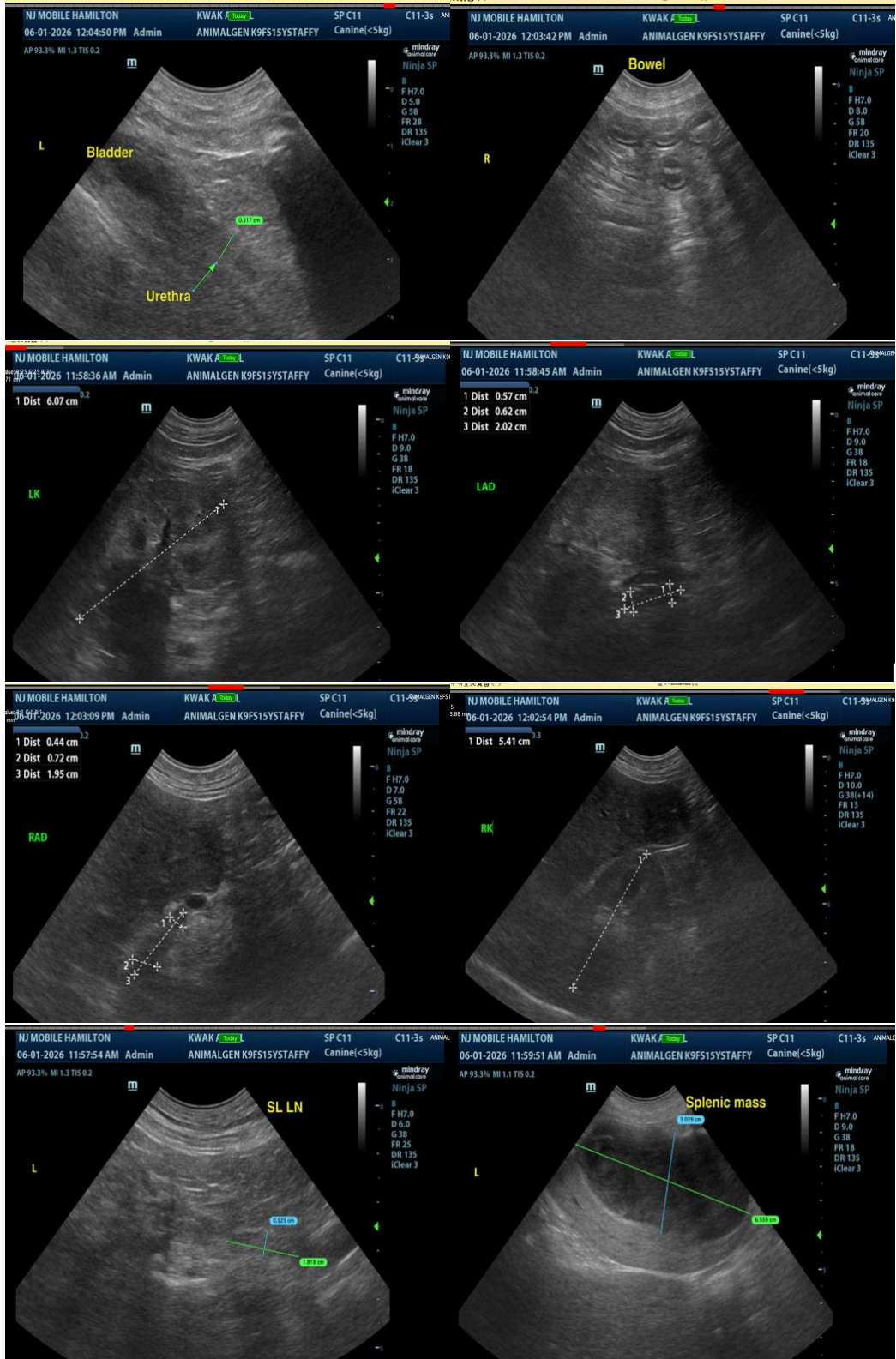
Dr. Lang

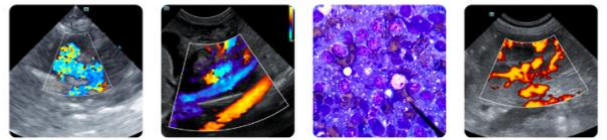
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com