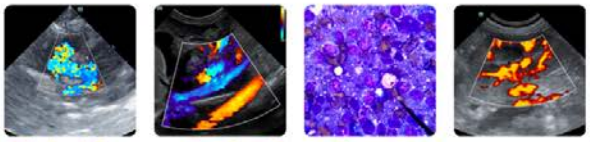


PATIENT

Chili Somerville

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

87 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Judy Schroeder, DVM

INVOICE

72905

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Vomiting, decreased appetite, weight loss. History of elevated liver enzymes and mild anemia.

Past several months appetite has been decreasing, progressively more weak in hind end. Increased urination noted.

Abnormal PE/Chem/CBC/UA Results: Pale MM, cranial abdominal distension, tenderness R cranial abdomen Most recent labs 11/15 showed mild anemia, proteinuria. Elevated liver enzymes ALT 499 U/l AST 63 U/l ALP 907 U/l GGT 21 U/l BUN37 mg/dl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.32 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.48 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

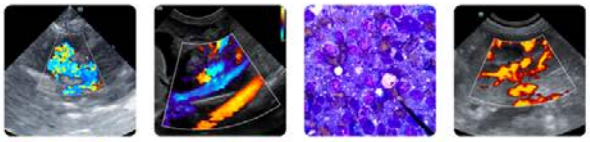
Adrenal Glands

The left adrenal gland is “plump” measuring 0.71 cm at the cranial pole and 0.90 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size but slightly irregular in shape, measuring 2.32 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a somewhat subtle hypoechoic large nodule/small mass effect visualized in the cranial aspect of the spleen measuring 2.43 cm x 1.98 cm. Additionally, there are two small peripheral hypoechoic nodules in the same region measuring 0.75 cm x 0.97 cm and 0.86 cm x 0.76 cm.



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Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined nodules and mass effects throughout the parenchyma. In the mid left region of the liver there is a large, hyperechoic, mottled mass effect measuring approximately 7.3 cm x 6.74 cm. Additionally, on the left side of the liver there is a smaller hypoechoic mass measuring 3.75 cm x 4.12 cm. There are numerous hypoechoic nodules throughout the parenchyma. An example measures 1.38 cm. Many of these nodules deviate the hepatic nodules. Another nodule measures 1.72 cm x 2.1 cm at the periphery of the liver.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing ingesta. In some views the gastric wall appears somewhat thickened, measuring 0.99 cm, with intact wall layering.The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Small mass effect and multiple hypoechoic nodules visualized in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, heterogeneous liver with too numerous to count hypoechoic nodules (some deviating the hepatic margins) and a larger mixed echogenicity hyperechoic mass effect and a smaller hypoechoic mass effect – Findings are concerning for a neoplastic process, although benign process is possible.

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- Prominent/mildly thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

SECONDARY FINDINGS

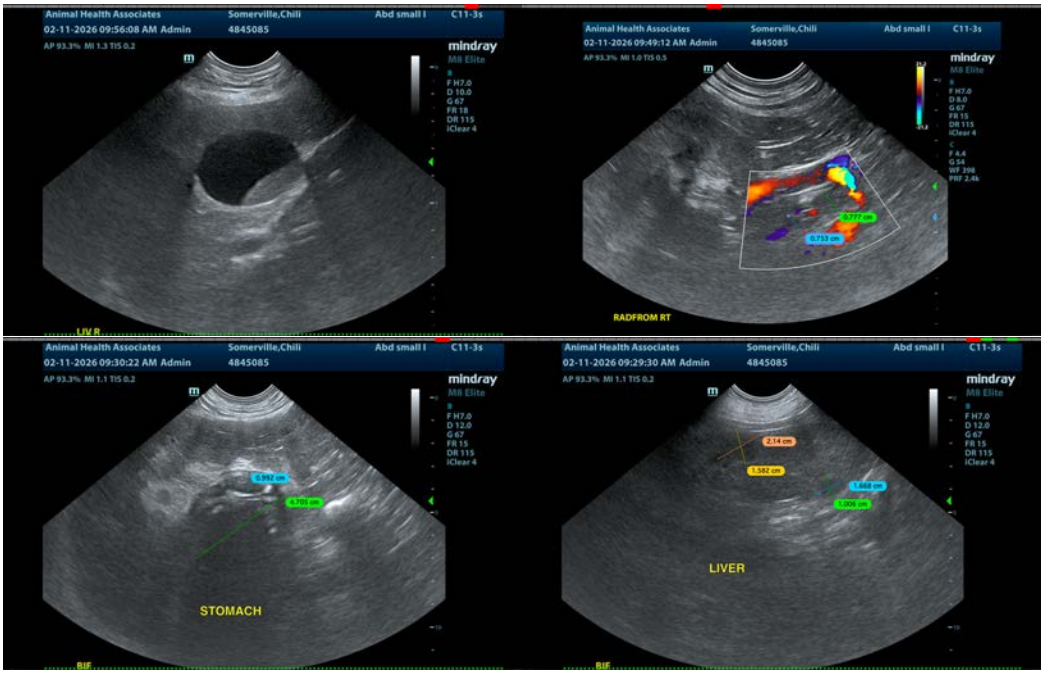
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very abnormal in that it is large and heterogeneous with numerous expansile hypoechoic nodules and at least two somewhat poorly defined mass effects, one is hyperechoic, and one is hypoechoic. Some of these could represent benign lesions, although the multiple expansile hypoechoic nodules could be concerning for a possible metastatic process. Consider cytologic sampling of some of the more reachable nodules/mass effects. Ideally a contrast CT scan would be performed to more definitively map out the lesion in question to assess if surgical options are available.

There are hypoechoic nodules in the spleen. This could be a separate process or could represent metastatic lesions. Consider a fine needle aspirate and/or splenectomy if surgery is pursued.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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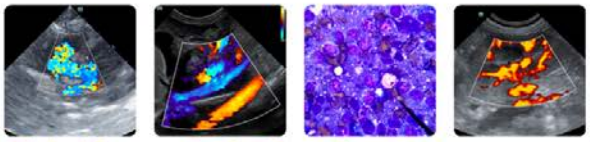

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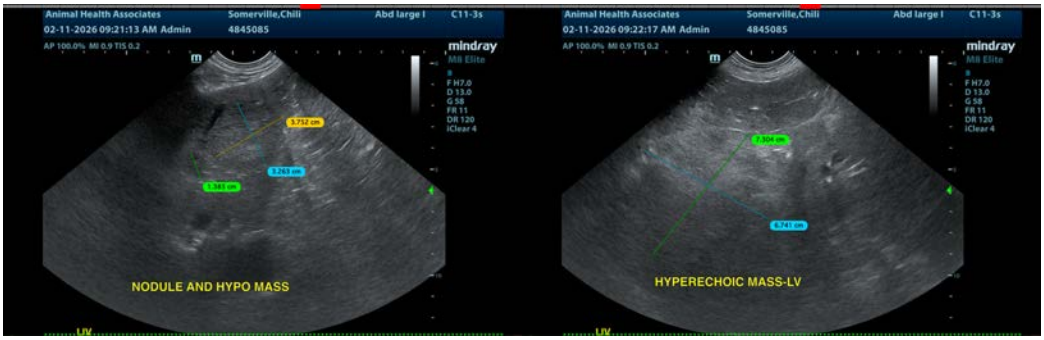

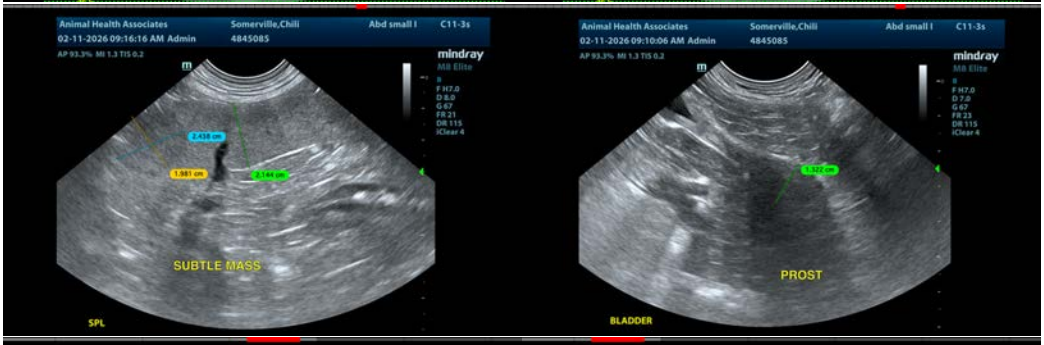

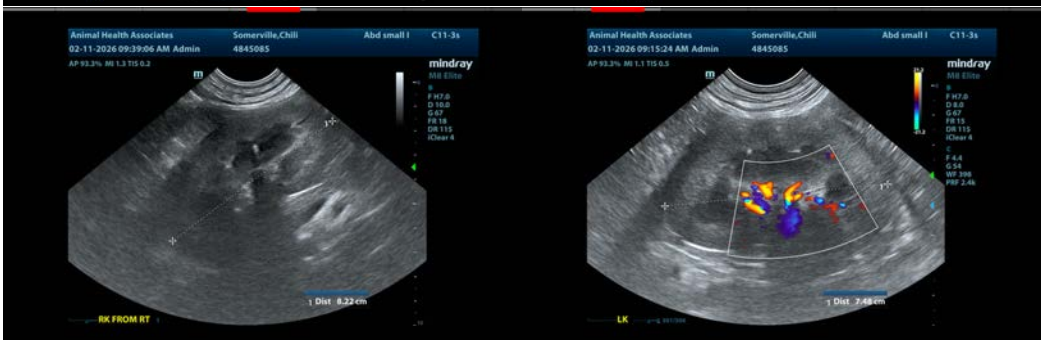

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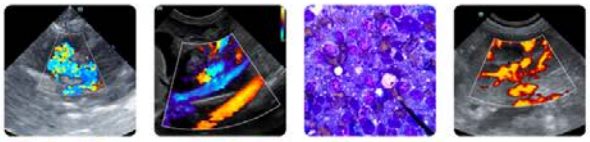

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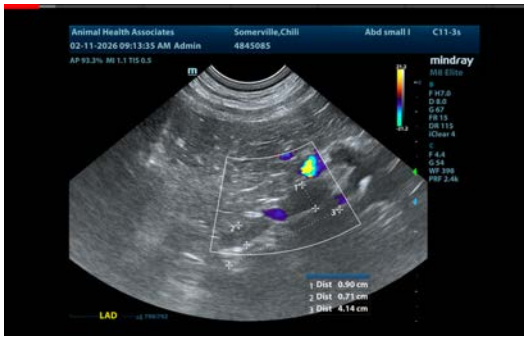

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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