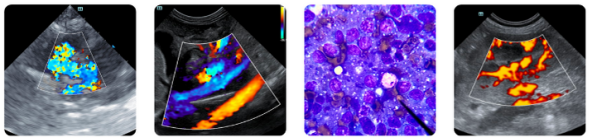


PATIENT

Jack Dukhin

SPECIES

Canine

BREED

Shepherd X

SEX

MN

AGE

4 years

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Woodlands Veterinary Hospital & Animal Dental Centre

REFERRING VET

Dr. LeBoldus

INVOICE

12053

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Inappetence despite being on appetite simulants, weight loss, v+ and d+.

Abnormal PE/Chem/CBC/UA Results: Unremarkable BW

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 (0.93 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 (5.71 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 (6.42 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 normal in size measuring 0.49 cm at the cranial pole and 0.5 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.

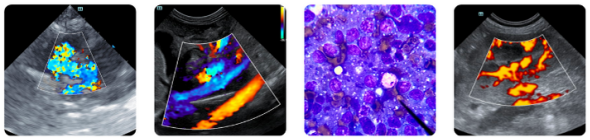
The right adrenal gland is normal in size measuring 0.83 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.89 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, irregular, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large poorly defined, hypoechoic/mixed echogenicity complex, irregular/nodular, partially cystic lesion visualized in the cranial and mid abdomen. This appears to be arising from the left liver.



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Accurate measurement is not possible but is suspected to be greater than 10.0 cm in diameter. There is a hypoechoic mass effect/large nodule visualized in the caudate lobe measuring 2.44 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. 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.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.38, jejunum measures 0.41). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. The complex, poorly defined abdominal mass lesion extended into the mid abdomen, having a direct association with abdominal structures (possible adhesions) making visualization of the bowel wall challenging in some areas. There is the impression of some segments of jejunum with severe wall thickening and loss of layering measuring at 0.82 cm.

The ileocecal junction was visualized, and the region is surrounded by the mass effect described. The ileocecal junction appears thickened with reduced detailed wall layering. The wall measures at 0.98 cm.

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 revealed scant free fluid. There is a mild to moderate mesenteric lymphadenopathy. A large hypoechoic jejunal lymph node is visualized measuring 1.43 cm x 1.87 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, poorly defined, hypoechoic/mixed echogenicity, complex, irregular/nodular, and cystic abdominal mass effect. This is very large and poorly defined. It appears to be most associated with the liver but envelops/is adhered to mid abdominal structures. A neoplastic process is suspected but other differentials such as echinococcus, etc. cannot be definitively ruled out.
- Focal thickening and loss of layering of areas of jejunum and at the ileocecal junction. Findings are most concerning for infiltrative neoplasia (round cell neoplasia, carcinoma, other.) Other differentials are possible.
- Mesenteric lymphadenopathy with scant free abdominal fluid and inflammation. Findings are concerning for metastatic lymph nodes. An inflammatory infectious etiology cannot be ruled out.

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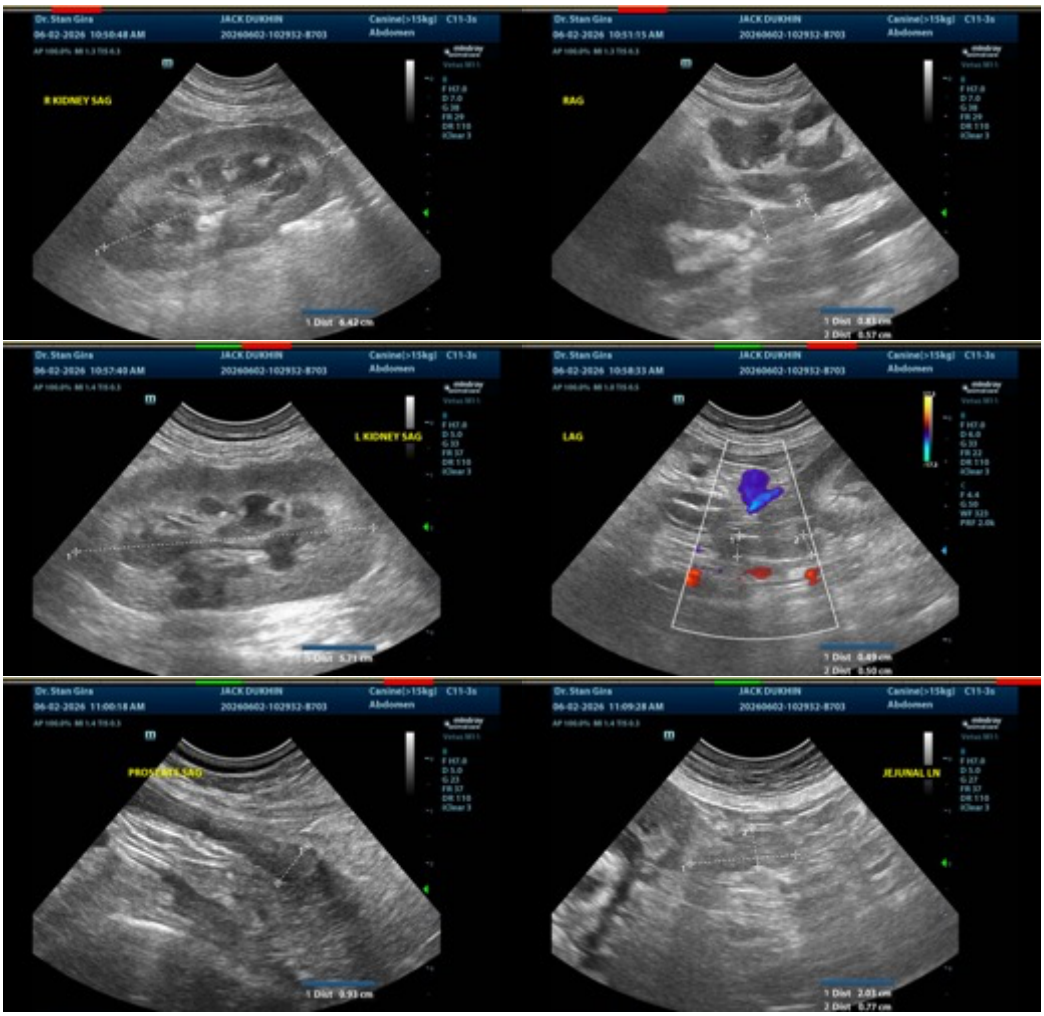
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, complex, irregular, poorly defined mass effect visualized in the cranial and mid abdomen. This appears to be originating from the liver, but it is intimately associated with multiple organ structures and is possibly adhered to some abdominal structures. There is the appearance of severe thickening and loss of layering of sections of jejunum and at the ileocecal junction. Recommend a fine needle aspirate of the large mass effect and a thickened area of bowel. If echinococcus is strongly suspected, you could consider PCR to screen. Although, the multicentric involvement seems less likely? A direct association with the spleen is not visualized but cannot be ruled out.

A contrast CT scan would likely be necessary to further delineate the margins and involvement of this mass effect, particularly if surgical intervention is to be considered (suspected multicentric involvement makes this less likely.)

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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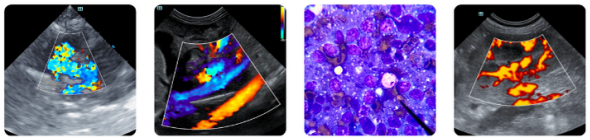

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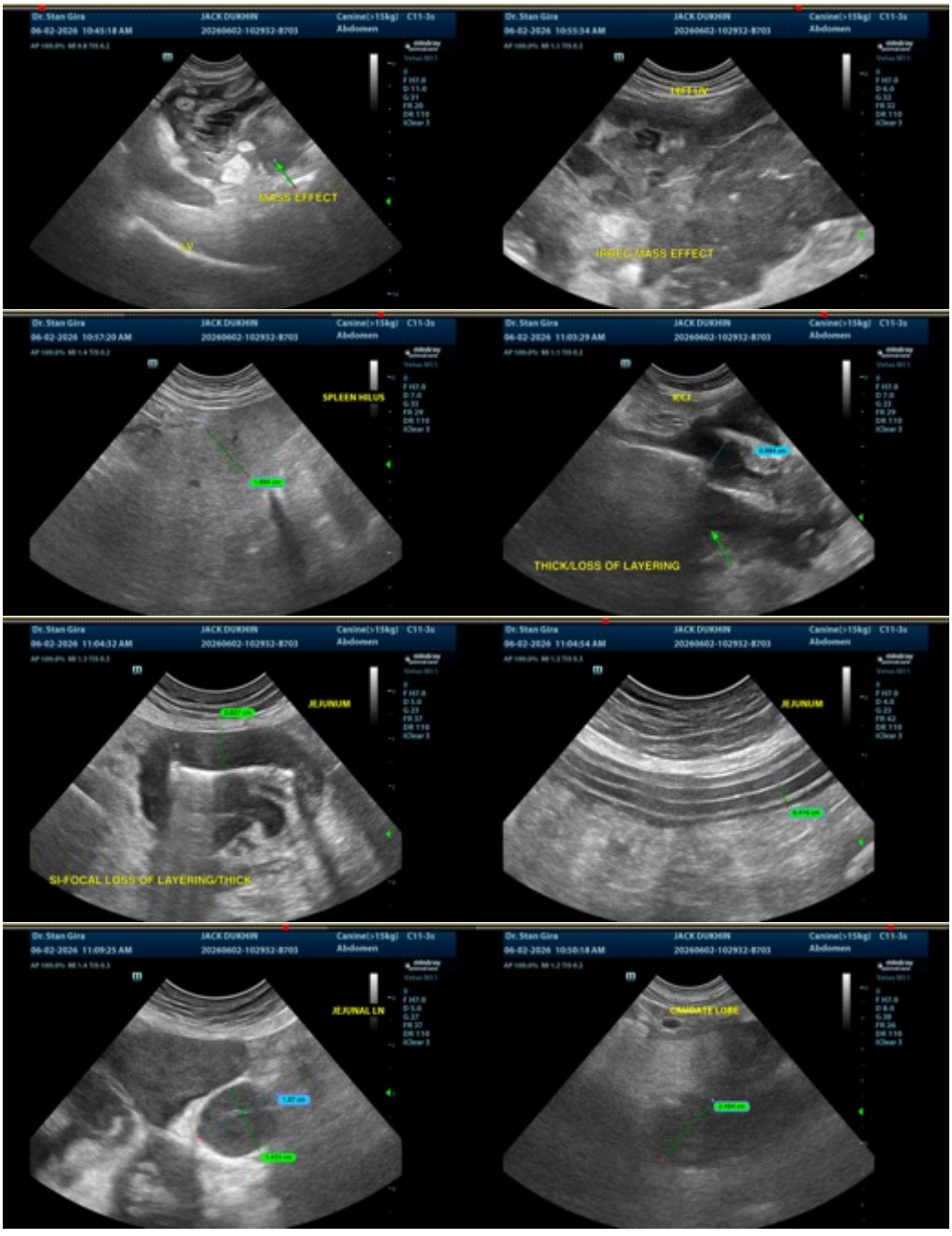

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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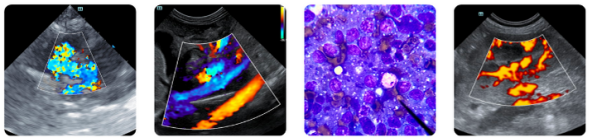

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