



PATIENT

Bbinky Kreuger

SPECIES

Canine

BREED

Corgi Mix

SEX

Male

AGE

13.5

WEIGHT

9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Wepprich

INVOICE

13164

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- P isn't eating but not having and vomiting or diarrhea since 2/4. P did eat some chicken but wouldn't eat or drink today.
- rDVM records:
- Presented 2/3 for vomiting and not eating and swelling under right eye. Diagnosed with pancreatitis and CKD. Cerenia, SQF, buprenorphine given
- Re-presented 2/4, received IVF, IV Cerenia, buprenorphine and given amantadine, cerenia, and Clindamycin to give at home on 2/5

Abnormal PE/Chem/CBC/UA Results: coag: WNL chem 17: ALT>1,000; ALP>2,000; GGT 54; Bilirubin - Total 4.9; Cholesterol 457 CBC: RBC 3.82; Hematocrit 23.1; Hemoglobin 8.4; MCV 60.5; Reticulocytes 6.9; WBC 19.47; Neutrophils 16.53; Monocytes 1.79 UA Urine protein 500; Bilirubin 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate was free of overt pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild medullary mineral was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited generalized hepatomegaly. The liver parenchyma was moderate, nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign



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parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Expansive, mixed echogenic mass occupying majority of the right liver and extending caudally measuring ~9.0 cm x 8.0 cm. The gallbladder was non distended in size with mild to moderate, primarily gravity dependent, non-organized, echogenic, nonmineralized biliary sludge. No evidence of gallbladder wall edema or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta/chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Associated asymmetrical hepatic capsule distortion, surrounding perihepatic hyperechoic omentum and potential scant effusion.

ULTRASONOGRAPHIC FINDINGS

- Expansive right liver mass with surrounding inflammation
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract with mild retained gastric ingesta/non-shadowing gastric ingesta/chyme
- Age-related kidneys with mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is consistent with neoplastic criteria, i.e. carcinoma or other with benign etiology such as significant hyperplasia or granuloma considered unlikely. NO evidence of current post hepatic or gastrointestinal obstruction. Some degree of gastric displacement or irritation secondary to the caudally expansive liver mass possible. Resectability of the liver mass considered questionable to unlikely given suspected expansion in the area of the porta hepatis. Liver mass FNA cytology could be considered for further clarification. Gastrointestinal support is recommended.



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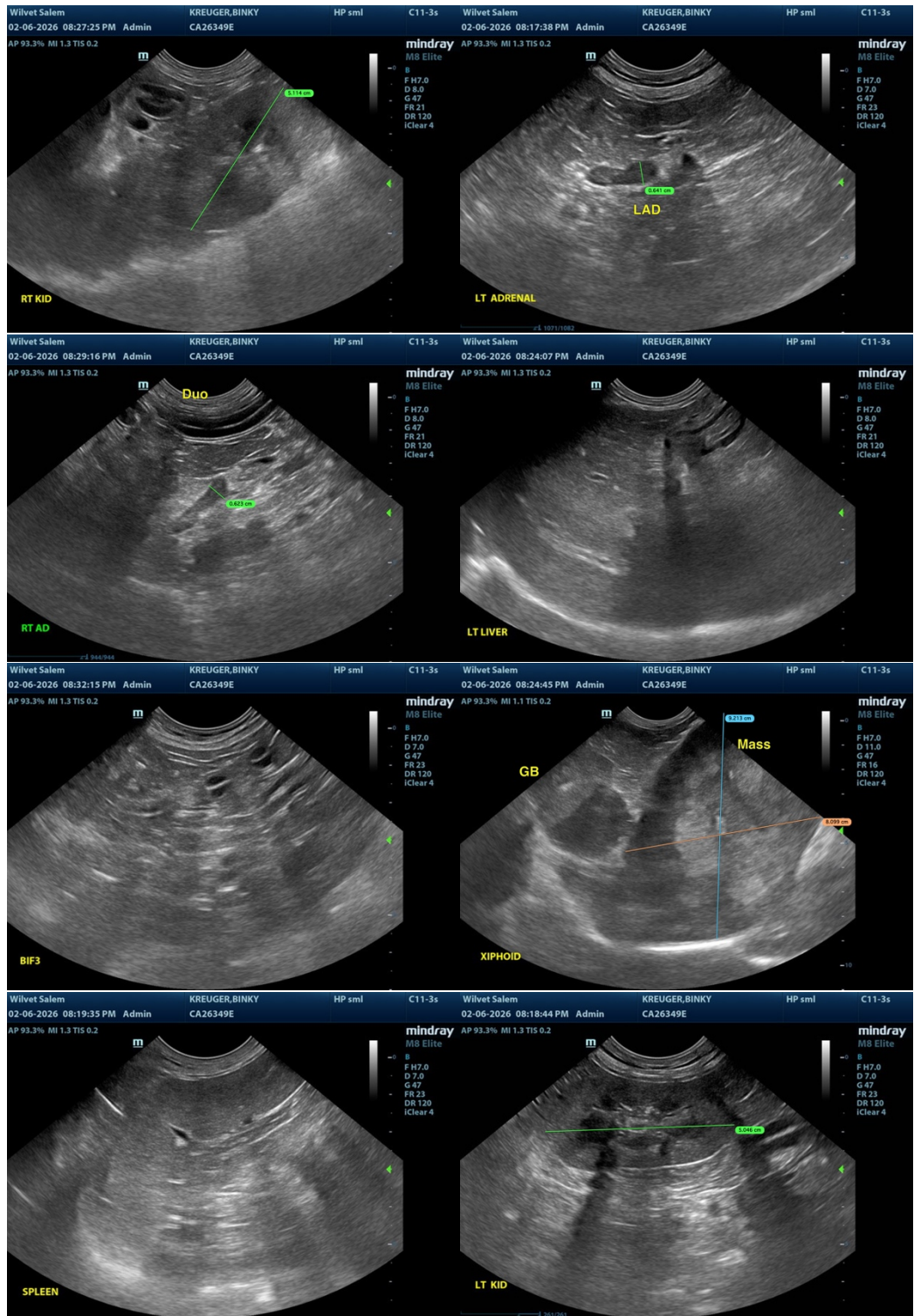
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com