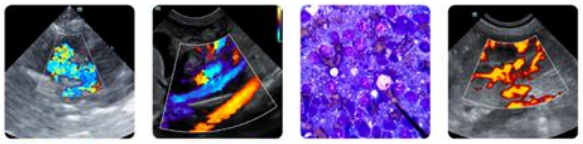


PATIENT

Big Charlie Litwiller

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

14yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

Mack

INVOICE
24128

DATE
03/05/2026

PRESENTING CLINICAL SIGNS

Patient has been losing weight and coughing

Originally presented for dental cleaning today but had elevated liver values, held off on dental due to newly found liver abnormalities and history of grade 2-3 heart murmur

Abnormal PE/Chem/CBC/UA Results: - ALT 233 U/L (H) - ALKP 1957 U/L (H) - GGT 21 U/L (H) - Grade 2-3 heart murmur - Dry eye OU

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of a calculus measured 1.0 cm diameter.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Left kidney medullary renoliths were present. Possible concurrent indistinct medullary mineral / renoliths. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

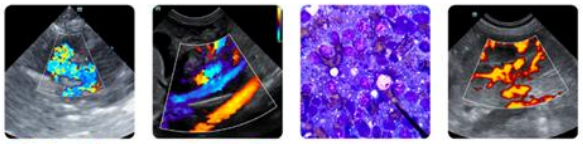
The left adrenal gland was uniform in size with mild asymmetrical margination and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size with mild asymmetrical margination and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 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/Gallbladder

The liver was asymmetrically enlarged with diffuse non-homogenous, variably echogenic to nodular parenchyma. An example of liver nodule measured 1.6 cm in diameter. An asymmetrical thinly walled cyst was present dorsal to the gallbladder measuring 3.3 cm in diameter. The gallbladder was non-distended in size with thin walls and non-organized gravity dependent to non-dependent debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 mechanical/metabolic 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

No evidence of peritoneal effusion was present.

Non-homogenous mass lesion or solitary mesenteric lymphadenopathy adjacent to the caudal spleen without evidence of splenic attachment measuring 2.4 cm x 1.1 cm. Mild surrounding hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Cystic calculus with mild cystitis
- Chronic renal changes exhibiting medullary renolithiasis
- Hepatomegaly exhibiting diffuse non-homogenous nodular to focally cystic parenchyma
- Moderate gallbladder debris - early immature mucocele
- Unspecified non-homogenous perisplenic mass lesion vs lymph node
- Sonographically normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status hepatic and unspecified mass vs lymph node FNA cytology recommended for further clarification as neoplastic criteria is favored in this patient. Significant to chronic remodeled hepatic inflammatory disease, mesenteric lymphadenitis or other benign etiology possible yet thought less likely.

Three view chest radiographs and a GI panel to assess for non-hepatic or occult disease as a contributing factor may be considered. A urinary workup is recommended if not done.

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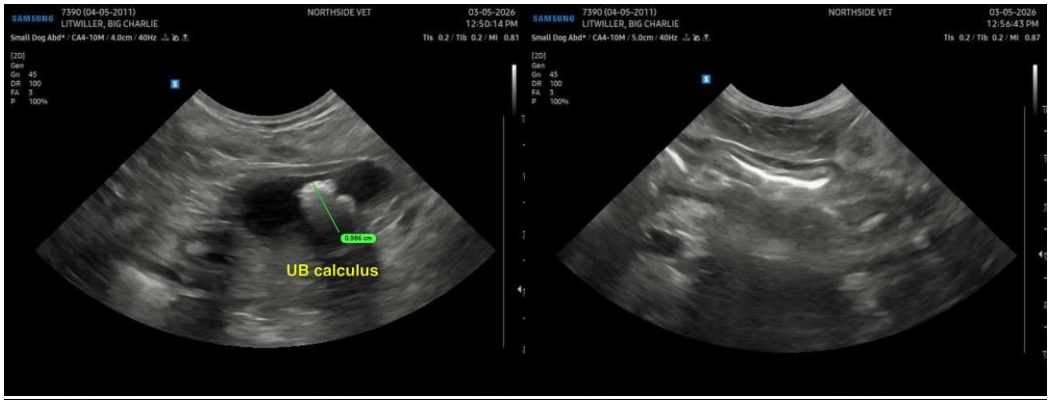

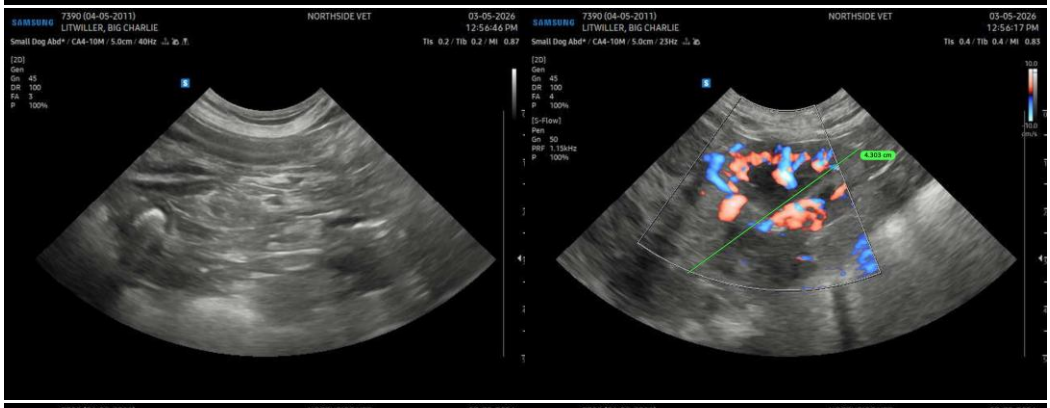

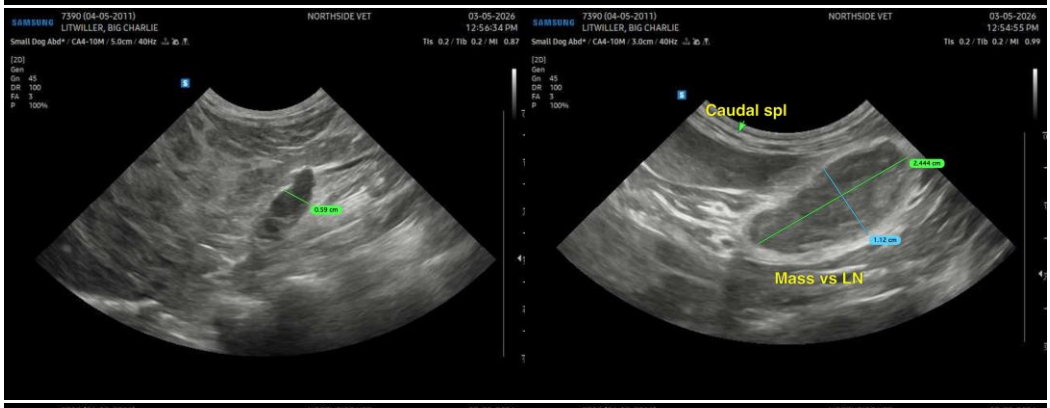

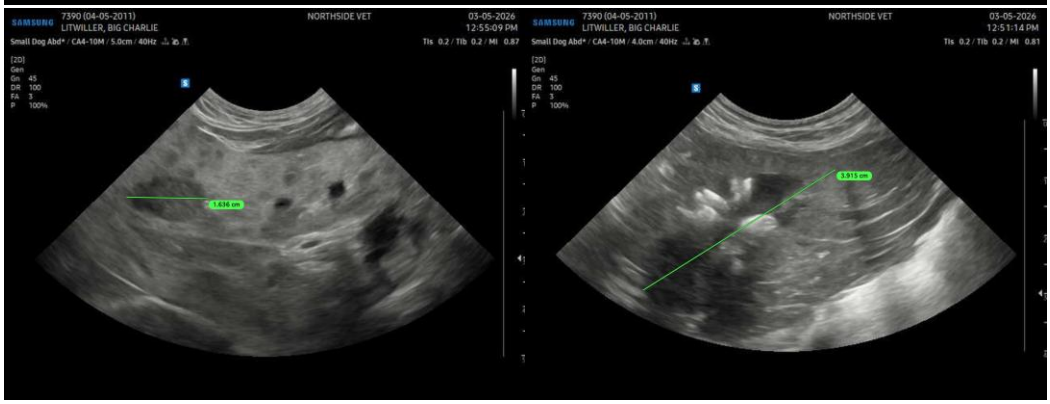

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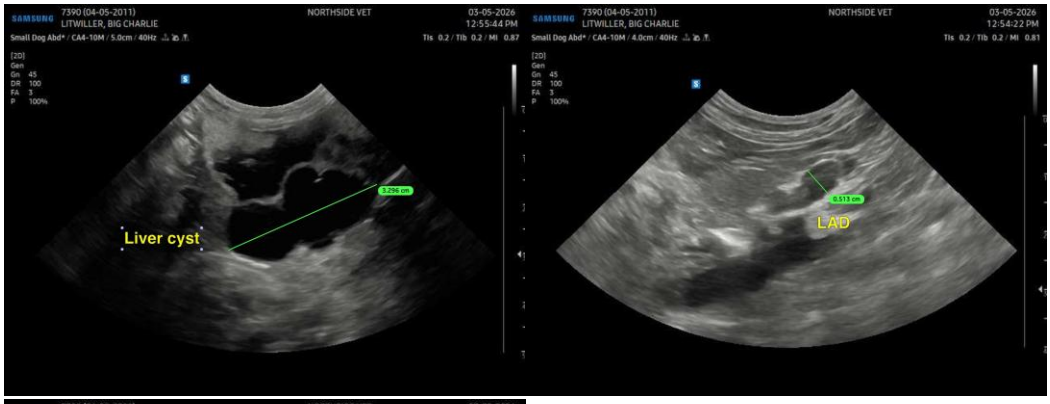

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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