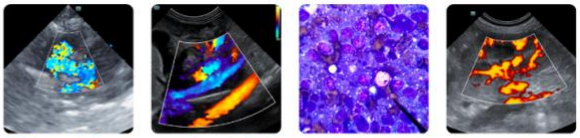


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Carl Sagan Hornung

SPECIES

Canine

BREED

Golden Mix

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

45.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland Animal Hospital

REFERRING VET

Dr. Sullivan

INVOICE

15304

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: tacky mms, hx of diarrhea but resolved now, picky appetite past week ABNORMAL Labwork Values see records Current Medications Cerenia, gaba

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 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 0.81 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 0.74 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. Focal to intermittent discrete nonhomogenous nondisruptive splenic nodules were present with an example measuring 0.80 cm in diameter.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with primarily maintained symmetrical to mildly rounded hepatic capsule contour. A moderately sized to indistinctly marginated nonhomogenous mildly hyperechoic mass was present occupying a majority of the left to mid liver measuring approximately 9.0 cm in diameter. The remainder of the hepatic parenchyma exhibited homogenous normal parenchymal echogenicity exhibiting mild coarse echotexture and normal hepatic vascular volume.

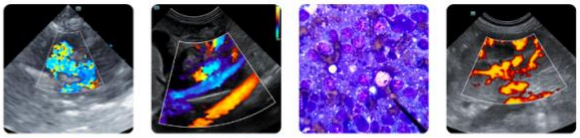
The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach 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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with current formed fecal matter.



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Pancreas

The right pancreas presented prominent in size exhibiting heterogeneous parenchyma with mild surrounding per-pancreatic hyperechoic omentum.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with liver mass.
- Nonorganized gallbladder debris (non-mucocele).
- Discrete splenic nodules.
- Prominent nonhomogenous pancreas with peripancreatic reactive omentum- consistent with chronic/chronic active pancreatitis.
- Mild age-related renal changes.
- Sonographically normal gastrointestinal tract/colon with current formed fecal matter.

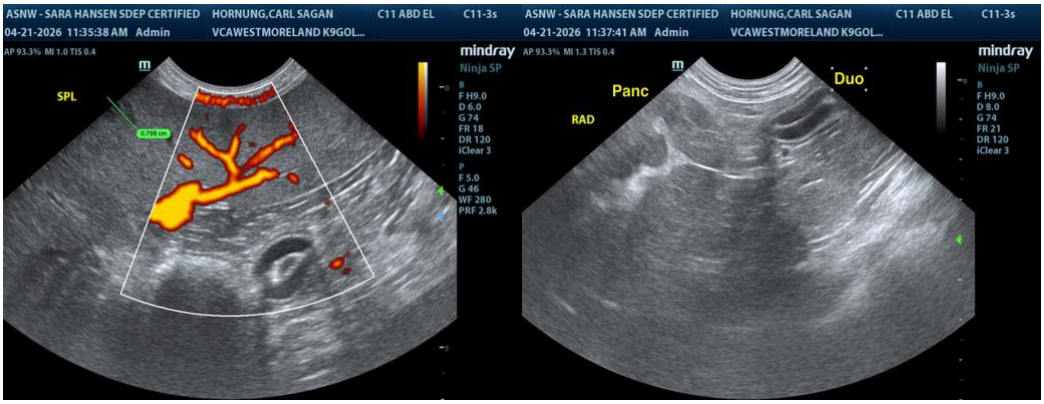
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the hepatopathy and liver mass may include vacuolar or inflammatory hepatopathy, primary hepatocellular neoplasia, i.e. carcinoma, or other, hyperplasia, granuloma, or possible combined etiologies.

The discrete splenic nodules may indicate hyperplasia or hematopoiesis, small hematomas or granulomas with potential for emerging primary or metastatic splenic neoplasia.

Assuming normal clotting status and if accessible, hepatic parenchyma/mass and discrete splenic nodule FNA cytology using a 25-gauge needle could be considered for further clarification. Biopsy is likely required for a definitive diagnosis.

Empirically, hepatogastrointestinal support and therapy for chronic/chronic active pancreatitis would be reasonable. Three view chest radiographs are recommended if not done.



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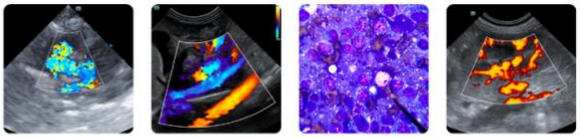

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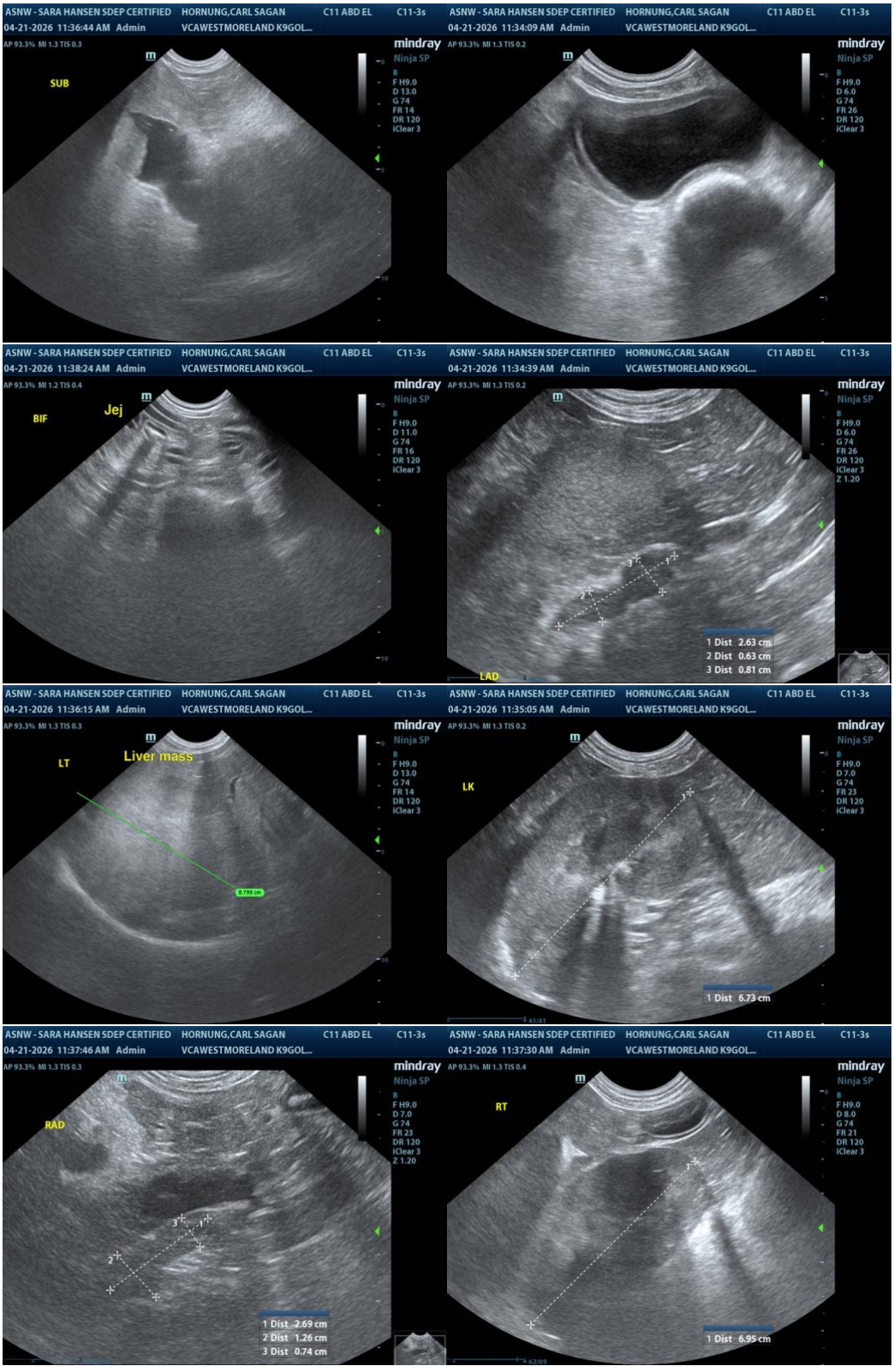

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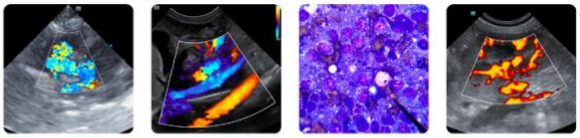

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com