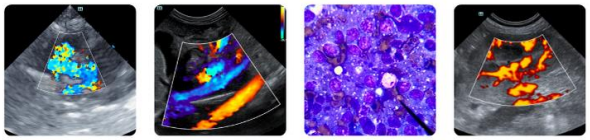

PATIENT

Hannah Clark

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

12

WEIGHT

40.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Milad Gendi

HOSPITAL NAME

Severn River AH

REFERRING VET

Milad Gendi

INVOICE

10792

DATE

4/9/26

PRESENTING CLINICAL SIGNS

P presented for elevated liver enzymes, not eating as much/not interested in food, weight loss.
Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 292 12 - 118 IU/L HIGH CHOLESTEROL 339 92 - 324 MG/DL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. Mild medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology, subjectively measuring 0.45 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen was subjectively mildly enlarged with maintained symmetrical capsule contour and mild nonhomogeneous hypoechoic parenchyma compared to the liver. There were no visualized splenic masses or nodules. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented asymmetrical hepatomegaly with concurrent asymmetrical hepatic capsule contour and variable heterogeneous to mild lobar hypoechoic hepatic parenchyma, exhibiting variable coarse echotexture. Discreet parenchymal nodular changes were also present. The gallbladder was non-distended in size containing primarily anechoic content with moderate, congealed, nonorganized hyperechoic gallbladder debris. The common bile duct was not visualized.

Gastrointestinal

The stomach presented regional, irregularly thickened to hypoechoic wall, primarily visualized in the caudal gastric body with asymmetrical luminal surface contour and potential lumen surface cratering in the area of thickened stomach wall. This may potentially indicate emerging ulceration. Area of thickened stomach wall measured ~4.4 cm x 2.0 cm stomach wall width. By comparison, normal intact stomach wall measured 0.40 cm wall width. The stomach contained a mild amount of retained echogenic fluid.

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.

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Normal visible colon wall layers were present with 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 overt lymphadenopathy or peritoneal effusion was present.

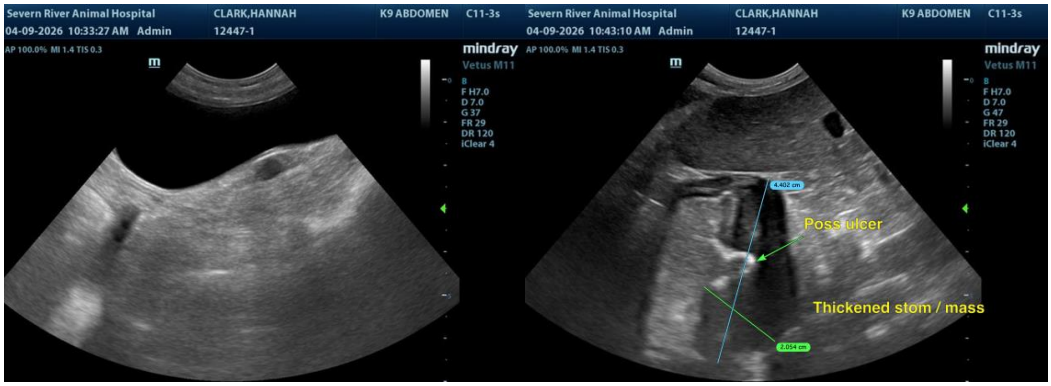
ULTRASONOGRAPHIC FINDINGS

- Asymmetrically enlarged variable nonhomogeneous subtle nodular liver
- Mild splenomegaly exhibiting mild nonhomogeneous hypoechoic parenchyma
- Regionally thickened stomach / stomach wall mass with possible emerging ulceration, nonobstructive gastric stasis
- Sonographically unremarkable small intestine
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the hepatopathy and thickened stomach wall / stomach wall mass are consistent with neoplastic criteria with possible splenic involvement. Non-neoplastic etiology, i.e., infectious, inflammatory, or granulomatous disease thought less likely. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is recommended. Gastric wall biopsy is likely required for a definitive diagnosis.

Hepatic support with concurrent broad-spectrum gastroprotectants and supportive care, pending additional diagnostics, is recommended.



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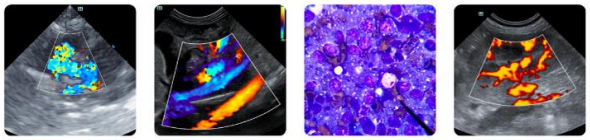

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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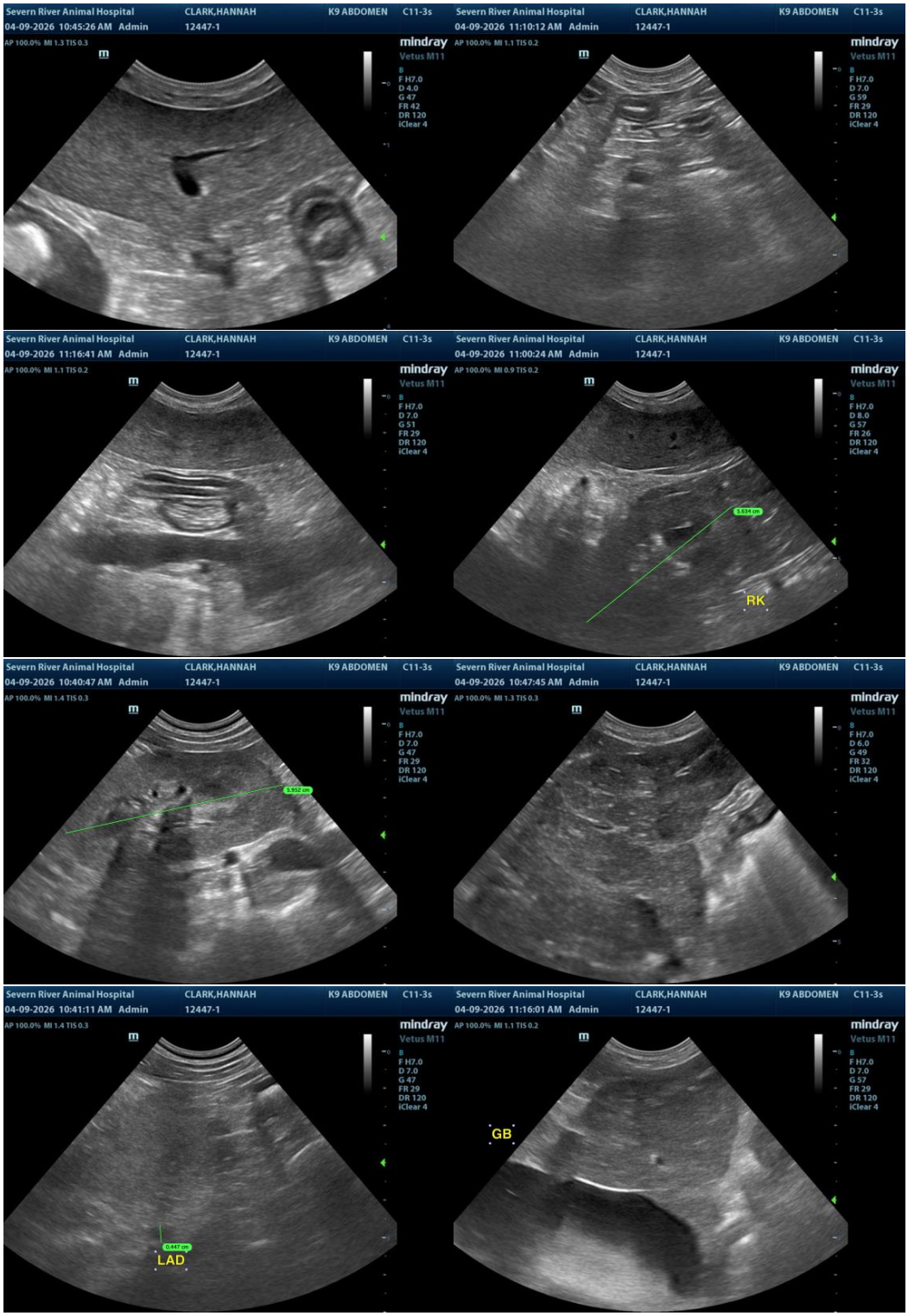

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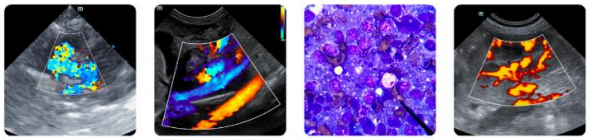

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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