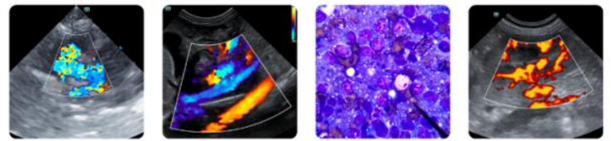


PATIENT
Libby Schularick

SPECIES
Canine

BREED
Border Collie Mix

SEX
Spayed Female

AGE
13 Years

WEIGHT
19.5 kg

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

IMAGING PERFORMED BY
Dr. Leah Richter

HOSPITAL NAME
Allied Veterinary Emergency & Referral

REFERRING VET
Dr. Leah Richter

INVOICE
16096

DATE
05/11/26

PRESENTING CLINICAL SIGNS

Presenting complaint: Lethargy and inappetence since last night.

History: Inappetence started last night; hides when unwell. No vomiting, normal stool, normal water intake. History of back pain and hind limb stumbling; previously received chiropractic adjustments. Owner expressed anal glands prior to visit; vet confirms both are now empty. Hoarse voice for the past month. Current Medications: Meloxicam: last dose last night. Cerenia: last dose last night. Gabapentin: 200 mg by mouth this morning. Ursodiol: ongoing. Denamarin: 1 tablet by mouth at night. Previous Diagnostics: Bloodwork (prior): Alkaline phosphatase 620, GGT 64. Mild anemia noted previously. Abdominal ultrasound (prior): Multiple liver nodules reported. Back radiographs (prior): No significant findings. Other Medical Problems: Pancreatitis: diagnosed over 1 year ago. Liver nodules. Chronic back pain. Diet: Ate chicken today. Treats: dehydrated chicken hearts. Vaccine History: Reported as up to date. Travel/Origin: Rescue; moved from Texas. Lifestyle Risks: Retired therapy dog. Indoor/Outdoor: Attended individual daycare last Tuesday. Housemates: 1 other dog.

Abnormal PE/Chem/CBC/UA Results: CBC shows a very mild anemia and neutrophilia. Chem 17 has the following abnormalities: ALP= 1,208 (23-212) GGT= 88 H (0-11) Cl-= 108 L (109-122)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

The submitted study contained 25 videos for review.

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 change were noted.

Normal size and margination was present in the left kidney. 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 5.5 cm in length.

The right kidney was not definitively visualized.

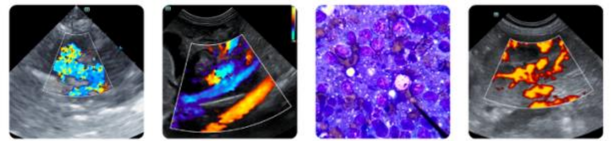
Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting potential mild enlarged caudal pole with symmetrical contour and maintained visible homogenous parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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.



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Liver & Gallbladder

The liver presented generalized possibly asymmetrically enlarged exhibiting subjective mid to right lobar swelling with possible indistinctly marginated isoechoic intraparenchymal mass measuring approximately 6.0 cm to 7.0 cm in diameter. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate gravity dependent nonorganized hyperechoic nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of 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 area of the left pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present. Normal omental echogenicity.

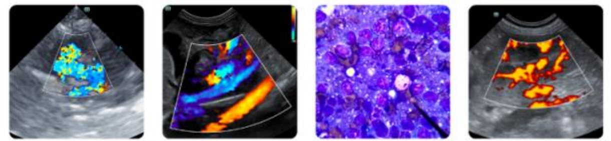
ULTRASONOGRAPHIC FINDINGS

- Asymmetrical hepatomegaly exhibiting possible mid to right lobar swelling versus indistinct isoechoic liver mass.
- Nonorganized gallbladder debris- not consistent with mature mucocele criteria.
- Normal visualized gastrointestinal tract with mild nonshadowing gastric ingesta- most consistent with food echogenicity.
- Age-related left kidney.
- Possible mild left adrenomegaly.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar/cholestatic hepatopathy, inflammatory hepatic disease, lobar hyperplasia, hepatoma, emerging to possible low grade hepatic neoplasia are all potentials.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology in the area of lobar swelling to potential indistinct mass could be considered for further clarification. No obvious visualized gastrointestinal mural pathology or mechanical/metabolic ileus. Correlation with most recent meal ingestion is recommended. Hepatogastrointestinal support including Denamarin, Ursodiol and gastroprotectants with clinical and sonographic monitoring would be more conservative. Adrenal



SonoPath.com info@sonopath.com 1.800.838.4268

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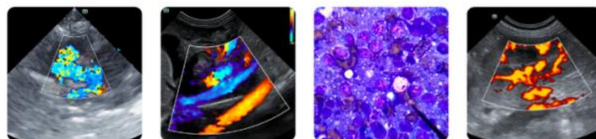
screening is suggested if clinical signs are consistent with Cushing's syndrome. Sonographic assessment of the right adrenal gland is recommended if clinical signs are consistent with adrenal disease. Mild to chronic pancreatitis at times may present sonographically normal.



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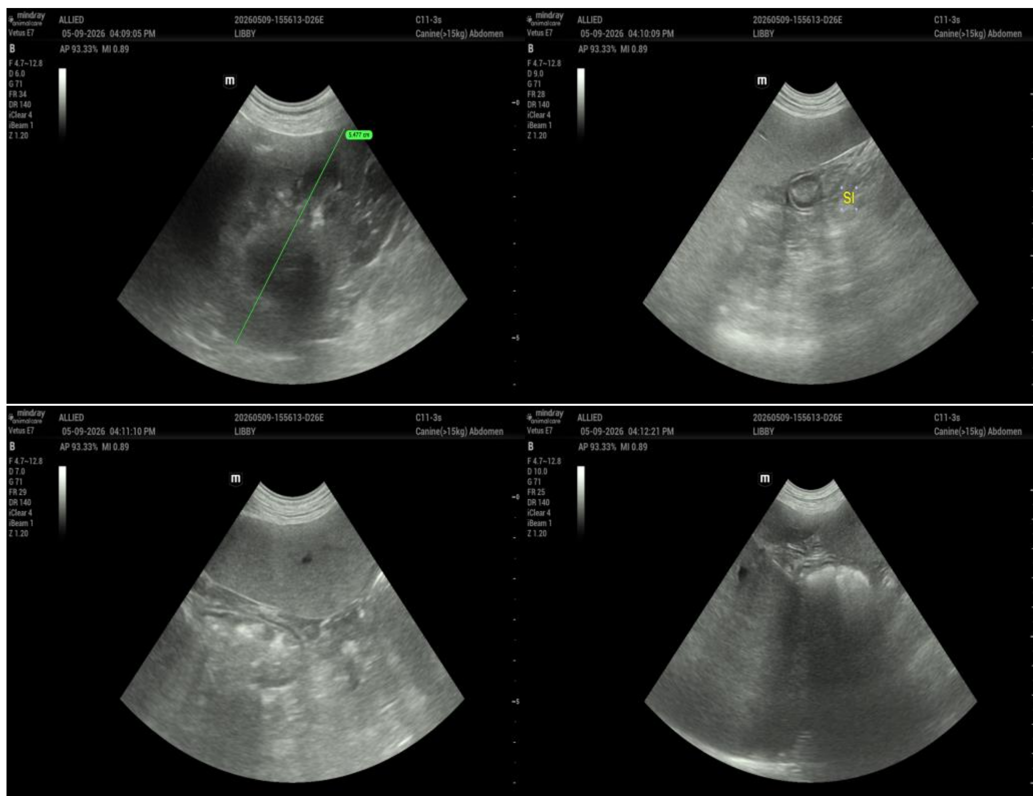

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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