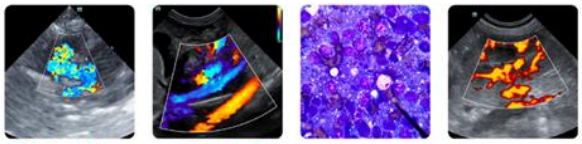


PATIENT

Camden Gwin

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12yr

WEIGHT

71.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas DVM, PhD

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Ashleigh Bisset DVM

INVOICE
24925

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

Camden is a 12-year-old, female spayed, mixed breed dog who initially presented for evaluation of a very large mass on her left lower eyelid. Preanesthetic bloodwork was performed on 4/16/26 and showed the following values:

On 5/20/26 owner noted that patient is drinking a lot more water, panting a lot, past couple of days and getting up 2-3 times a night to go urinate.

Abnormal PE/Chem/CBC/UA Results: Preanesthetic bloodwork was performed on 4/16/26 and showed the following values: AST 67 H, ALT 366 H, ALP 194 H, GGT 20 H, Glucose 60, Cholesterol 506 H, T4 1.3 N, USG 1.005, trace protein in urine and UPC 0.7. PU/PD Panting

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

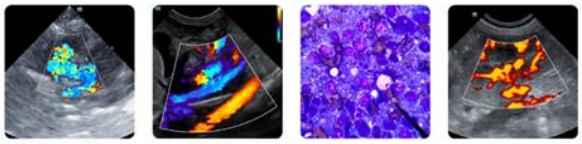
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.73 cm width at the caudal pole.

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 presented mild to moderate enlarged in size. 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. An indistinct non-homogenous cranial intraparenchymal nodule was present measuring 3.1 cm in diameter. 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 peripheral lumen non-organized 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with indistinct non-homogenous intraparenchymal nodule
- Non-organized gallbladder debris
- Mild age-related renal changes
- Overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no evidence of adrenal pathology, adrenal workup with LDDST recommended given clinical signs and decreased USG. Monitoring of UPC for evidence of persistent proteinuria is recommended.

Further assessment of the liver may include assuming normal clotting status, parenchyma and indistinct nodule FNA cytology. Hepatosupportive medications may prove beneficial. Sonographic monitoring of the indistinct liver nodule for evidence of progression with initial recheck in 4-6 weeks would be more conservative.

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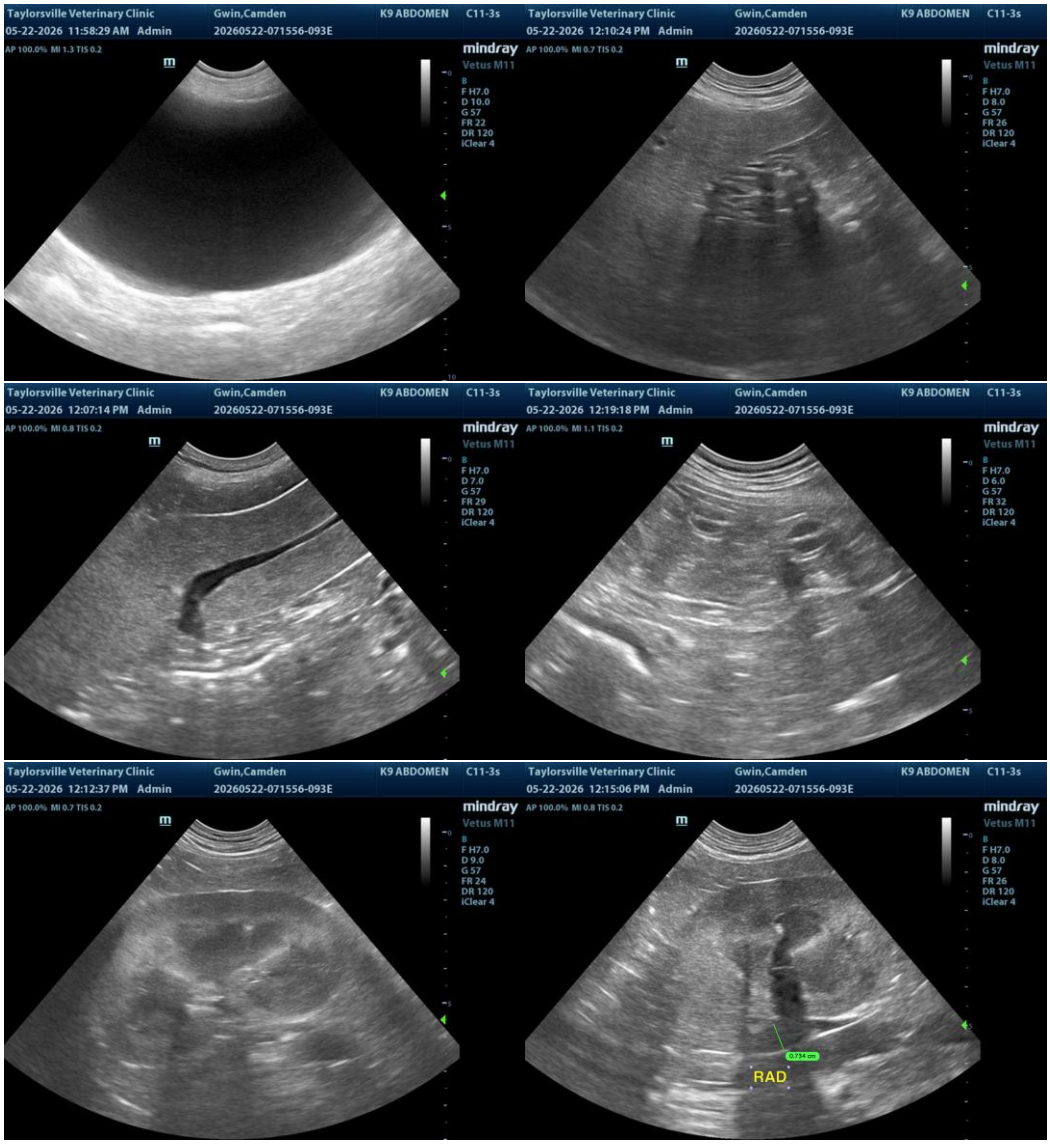

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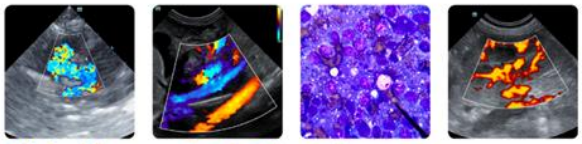

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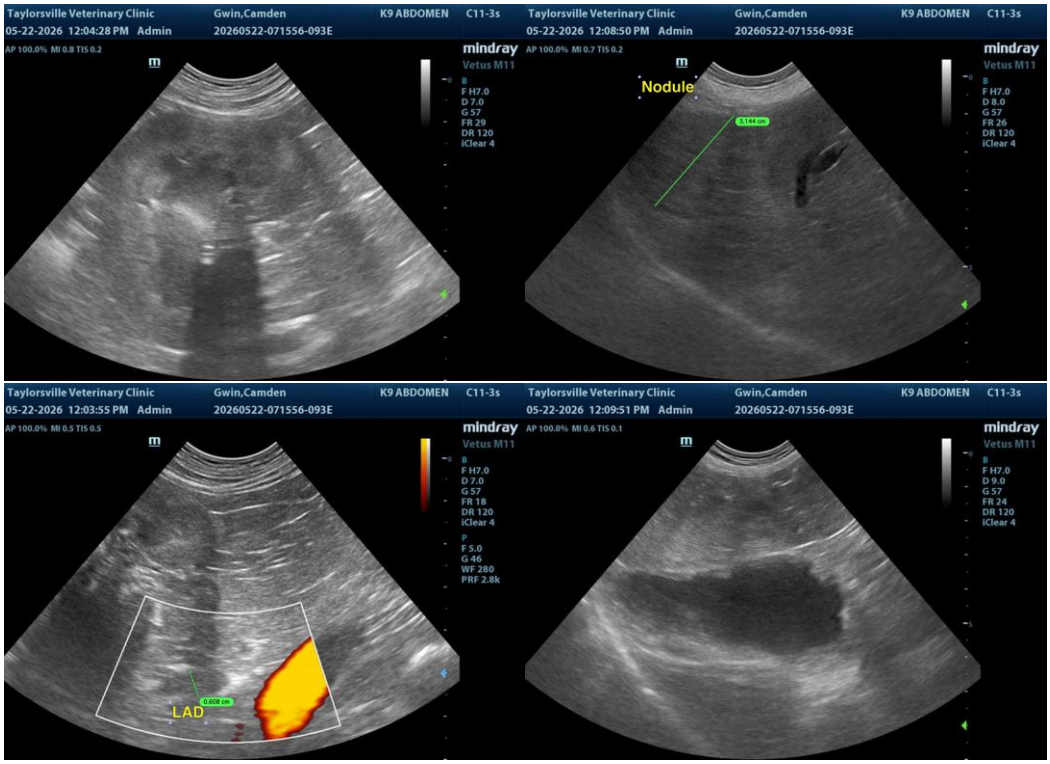

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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