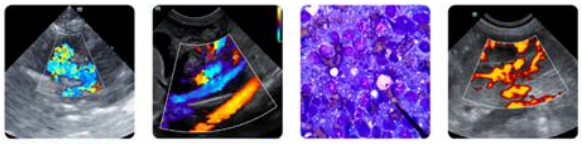


PATIENT

Theo Sword

SPECIES

Canine

BREED

Treeing Walker Coonhound

SEX

MN

AGE

13yr

WEIGHT

93

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Christopher Dewitt

INVOICE
24736

DATE
05/07/2026

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of abdominal swelling/discomfort and ecchymosis around the umbilicus.

Abnormal PE/Chem/CBC/UA Results: Labwork shows elevated ALT (823), ALP (1280), and PSL (166)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. The 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 6.9 cm in length. The right kidney measured 7.4 cm in length.

No evidence of medial iliac or sublumbar lymphadenopathy, masses or distal aortic thrombus.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

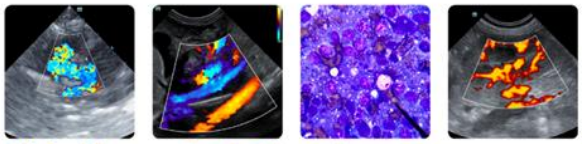
Spleen

The spleen exhibited possible mild enlargement with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing hyperechoic nodules were present throughout the cranial to caudal parenchyma. AN example measured 1.2 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented 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. Intraparenchymal hepatic non-homogenous possibly cystic mass lesion with impingement on the gallbladder probable. Subjective mass lesion measured ~ 4.1 cm in diameter.

The gallbladder was non-distended containing concurrent similar appearing nondependent non-organized bile debris which was difficult to discern from the subjective pericholecystic hepatic non-homogenous to cystic intraparenchymal mass lesion. The common bile duct was not visualized.



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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 subjective probable pericholecystic intraparenchymal non-homogenous /cystic hepatic mass lesion
- Non-distended gallbladder with similar appearing non-dependent non-organized bile debris
- Possible mild splenomegaly with diffuse to coalescing hyperechoic nodules
- Mild chronic renal changes
- Sonographically normal yet distended urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall hepatopathy is non-specific with considerations including metabolic, reactive, vacuolar cholestatic, inflammatory or occult neoplastic hepatopathy. Differentiation between the gallbladder / gallbladder debris and subjective probable pericholecystic similar appearing hepatic mass lesion was difficult while potential for dilated cystic duct with non-obstructive or mineralized ductal mucus not defensively excluded. However, pericholecystic hepatic mass lesion is favored which may include neoplasia, necrosis, possible abscess or other. Multifocal to coalescing splenic myelolipomas, hyperplasia, emerging mineralization or potential infarcts favored while occult splenic neoplasia not definitively excluded. No evidence of active pancreatitis.

Assessment of clotting status indicated. If appropriate and using a 25g needle, hepatic parenchyma, subjective pericholecystic mass lesion and screening splenic FNA cytology could be considered for further clarification. Hepatosupportive medications, empirical therapy for potential inflammatory hepatobiliary disease given gallbladder debris with clinical and sonographic monitoring would be more conservative.

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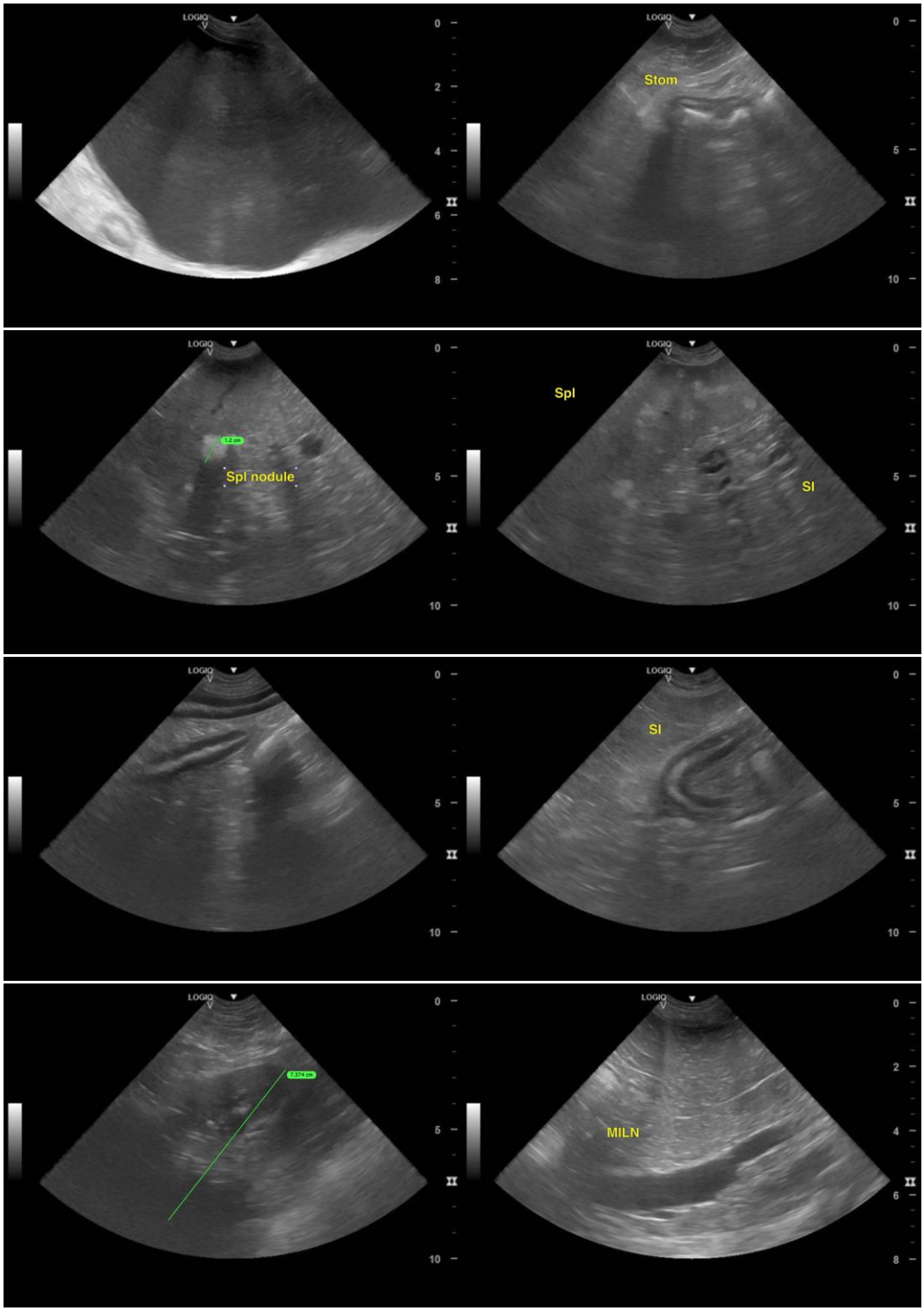

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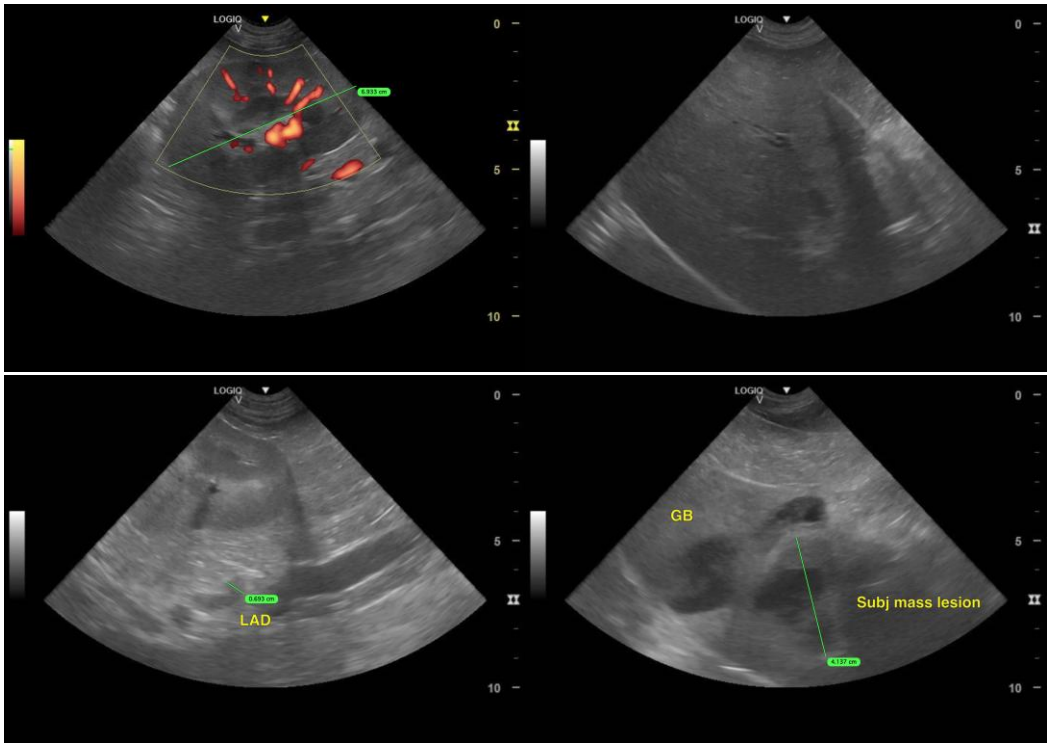

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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