



## PATIENT

Bella Dooley

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

5 kg

## INTERPRETED BY

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

## IMAGING PERFORMED BY

Catherine Alexander,  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography

## REFERRING VET

Dr. Labbe

## INVOICE

72119

## DATE

1/11/26

## PRESENTING CLINICAL SIGNS

Went to urgent vet yesterday, couple days ago vomiting, yesterday bloody stools. Pancreatitis diagnosed at Urgent Vet. Pt has only been sleeping, tarry black stools now. not eating. drinking small amounts of water. basically not getting better was told to come here in case she wasn't responding to treatment.

Abnormal PE/Chem/CBC/UA Results: mildly elevated BUN and ALKP; moderately elevated GGT; no other significant findings CPL abnormal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is mild pyelectasia present in the left kidney, with anechoic contents, measuring 2.1 mm in the transverse plane, and trace pyelectasia in the right kidney. The renal pelvic fat is of normal echogenicity. There are small cortical cysts present within the renal cortices of both kidneys. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.2 cm. Right kidney measures 3.9 cm.

### Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.9 mm at the cranial pole and 6.2 mm at the caudal pole. Right measures 7.0 mm at the cranial pole and 4.1 mm at the caudal pole.

### Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 5.6 cm x 3.6 cm x 3.2 cm heterogeneous mass located in the region of the caudate lobe. The surrounding omentum is normal. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. There are also several small hyperechoic nodules throughout the liver parenchyma, consistent with benign myelolipomas.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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## Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 3.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 4.8 mm. Jejunum wall measures 3.4 mm.

The visible portions of the colon have increased thickness, up to 3.0 mm with intact wall layering. The ileocecal junction is normal.

## Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

## Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- 5.6 cm x 3.6 cm x 3.2 cm heterogeneous mass arising from the caudate lobe region of the liver
- Diffusely thickened colon, consistent with non-specific colitis, or less likely, infiltrative neoplasia

## SECONDARY FINDINGS

- Bilateral chronic renal changes with pyelectasia
- Multiple hyperechoic liver nodules, consistent with incidental myelolipomas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the liver could represent neoplasia, such as a carcinoma, or a benign hepatoma. If malignant, this could be contributing to the patient's clinical signs. The appearance of the colon is typical of colitis. A neoplastic etiology, such as colonic lymphoma, is considered less likely.

Recommendations for next steps would include:

- Laparoscopic biopsy or ultrasound-guided biopsy of the liver mass for definitive diagnosis. Alternately, fine needle aspirate could be performed for cytology, but may not be diagnostic as compared to biopsy.
- An abdominal exploratory could be considered as an alternative to biopsy, to attempt to remove the mass en bloc as part of a liver lobectomy. Pre-operative CT may be helpful in confirming the mass can be reasonably resected in its entirety.
- 3-view chest radiographs



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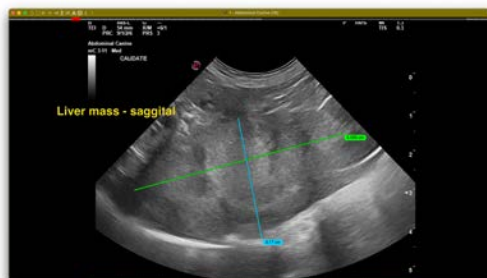
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- Supportive care with fluids, probiotic therapy, supplemental fiber and a bland diet. A diet such as Hill's Biome may be appropriate to meet all of these needs.
- Fecal parasite testing
- If symptoms persist, endoscopy would be recommended for colonic biopsy.





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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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

info@SonoPath.com