



**PATIENT**

Maggie Wood

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

51.8 Pounds

**INTERPRETED BY**

Tam Mengine DVM,  
DABVP (Canine/Feline  
Practice)

**IMAGING  
PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Kairis

**INVOICE**

35334

**DATE**

1/9/26

**PRESENTING CLINICAL SIGNS**

History: Per Dr.Kairis- Weight loss, PU/PD, increase appetite - R/O diabetes mellitus, cushings, other metabolic/endocrinopathy - Total health plus T4 to Idexx Meds: Proin ER 74mg 1 tab po SID, Apoquel 1 po daily, Bravecto and Tri-heart.

Abnormal PE/Chem/CBC/UA Results: BC: WBC 3.7 (5.8-16.2) Chems: ALT 324 (18-121) ALP: 5088 (5-160) GGT: 18 (0-13) UA: Spec grav 1.029 Protein 2+ TT4 1.7 A: Hepatopathy - R/O endocrinoaphy, neoplasia, other P: Abdominal ultrasound.

**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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.2 cm in length. The right kidney is 6.2 cm in length.

**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. The left adrenal gland height is 5.6 mm at the cranial pole and 7.0 mm at the caudal pole. The right adrenal gland height is 6.1 mm at the caudal pole.

**Spleen**

The splenic parenchyma is diffusely mottled with small hypoechoic nodules. 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 7.1 cm x 6.2 cm mildly hyperechoic mass with loss of portal detail located within the cranial aspect of the liver. The surrounding omentum is normal. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is mildly distended with gas. The gastric wall is 4.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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.

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering.

***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.

***Other***

The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Large mass within the cranial liver.

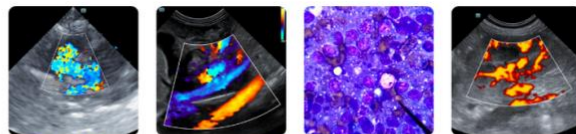
**Secondary Findings**

- Small hypoechoic splenic nodules

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the liver could represent neoplasia, such as a carcinoma, or a benign hepatoma. Given the patient's weight loss, a malignancy is suspected, however, a benign mass cannot be excluded without sampling. Recommendations include:

- Laparoscopic biopsy or ultrasound-guided biopsy 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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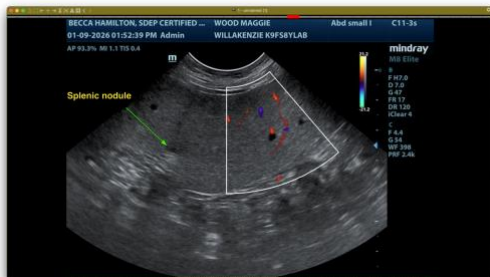
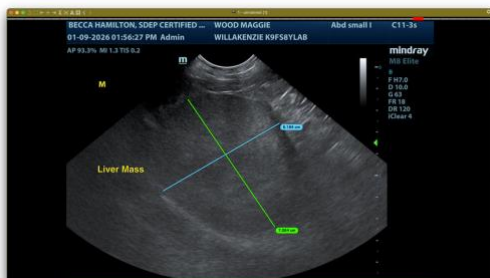
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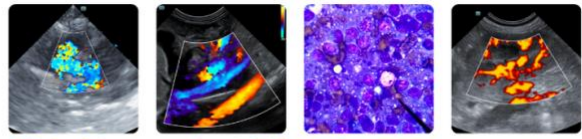
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The nodules within the spleen are more typical of a benign process, such as extramedullary hematopoiesis or nodular regeneration. The possibility of metastatic nodules cannot be completely excluded, but the appearance is not typical. Fine needle aspirate of these nodules could be considered for definitive diagnosis.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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



**PATIENT**

can be of any further assistance please contact me.

Maggie Wood

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