

PATIENT PRESENTING CLINICAL SIGNS

Sadie Pepper

SPECIES

Canine

BREED

Spaniel X

SEX

Spayed Female

AGE

16 Years

WEIGHT

16.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

West Brant AH

REFERRING VET

Dr. Pradeep

INVOICE

35713

DATE

2/6/26

- 1/23/26 presented for vomiting and lethargy, noted previous elevated liver enzymes and Calcium
- Significant dental disease, grade 1/6 heart murmur
- Abdomen soft for palpation
- No obvious masses felt
- Multiple skin tags and SQ fatty lumps, increased licking at hind end.
- Has been on Gabapentin and Librela injections and Fortiflora
- Abnormal PE/Chem/CBC/UA Results: SDMA and Urea slightly elevated but USG 1.036 Calcium remains elevated 3.4 Potassium is borderline high ALT elevated 823(previously 260) ALP 1050(previously 1319) U/A protein 1+, some WBCs rest quiet

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 3.0 cm.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.5 cm in length. The right kidney is 5.0 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 7.5 mm at the cranial pole and 7.2 mm at the caudal pole. The right adrenal gland height is 8.2 mm at the cranial pole and 3.7 mm at the caudal pole.

Spleen

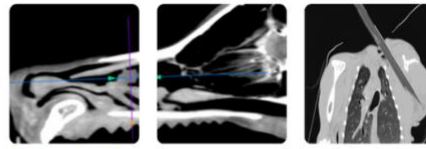
There are many hyperechoic nodules within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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 10.0 cm x 5.3 cm heterogenous mineralized mass located in the right caudal 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 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.

Gastrointestinal



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The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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.

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The visible portions of the colon are of normal thickness, up to 1.9 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

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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.

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Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of liver mass. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

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Tam Mengine, DVM,
 DABVP (canine/feline
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Primary Findings

- Large, mineralized mass arising from the right caudal aspect of the liver

Secondary Findings

- Bilateral mild chronic renal changes
- Numerous hyperechoic splenic nodules, most typical of a benign process, such as myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the liver could represent neoplasia, such as a carcinoma, or a benign hepatoma. Given the size and heterogeneity, a malignant etiology is deemed more likely. Recommendations include:

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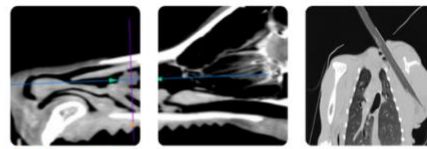
- 3-view chest radiographs
- Laparoscopic biopsy or ultrasound-guided biopsy for definitive diagnosis. Alternately, fine needle aspirate could be performed for cytology but may not be diagnostic as compared to biopsy.
- An abdominal exploratory could be considered as an alternative to biopsy, to attempt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

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confirming the mass can be reasonably resected in its entirety.

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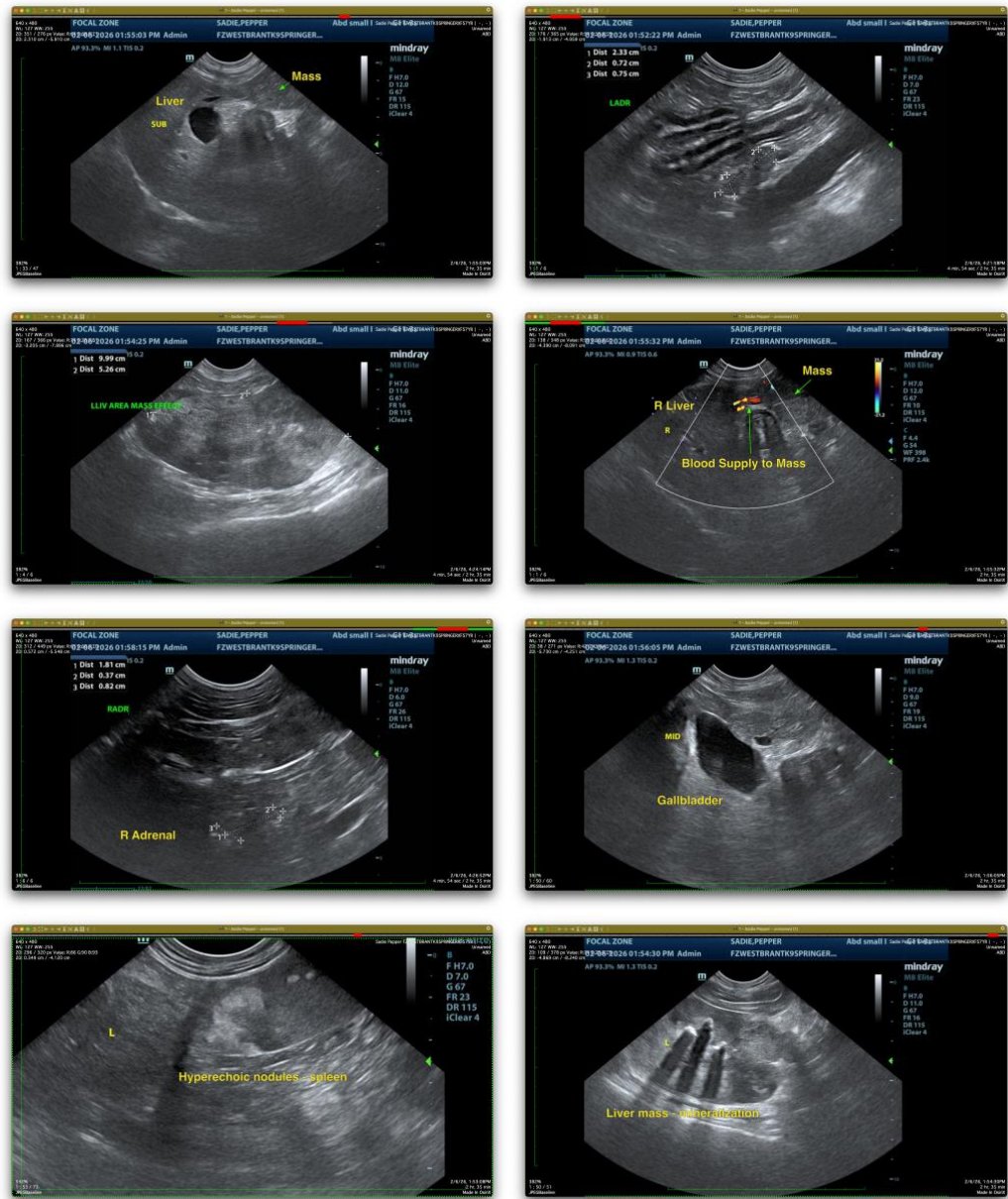
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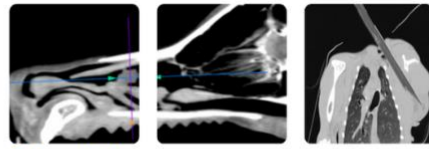
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

Sadie Pepper info@SonoPath.com

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