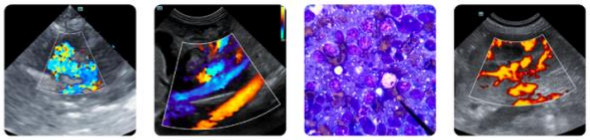


PATIENT

Tinleigh Richard

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

16591

DATE

05/29/26

PRESENTING CLINICAL SIGNS

P presents for vomiting and diarrhea starting today. P has vomited twice food and bile colored vomit. Diarrhea started this evening; consistency is very runny and light brown/orange color. P ate breakfast this morning but has not been interested in eating since, O offered a piece of bread and peanut butter and P declined. P typical diet is sensitive stomach and skin hills. P also gets a rawhide like stick but has had them one other time with no issues. No recent diet changes. P is not known to ingest foreign objects but O stated they cant rule out that P did not eat anything as P is a "floor surfer". HX: gallbladder issues; Suspected gallbladder calculus per ultrasound performed at VCA on 1/2024. Mild elevated liver values; ALT/ALP

Abdomen/Gastrointestinal- Mild pain on cranial abdominal palpation. No organomegaly or obvious masses. CBC: HCT 55.2 (N), WBC 13.56 (N), Neut 10.95 (N), Lymph 1.57 (N), Mono 0.79 (N), Plt 356 (N) Chem17: Gluc 108 (N), Creat 1.3 (N), BUN 17 (N), TP 9.2 (H), Alb 4.6 (H), Glob 4.6 (H), ALT 157 (H), ALP 549 (H), T.bili 0.7 (N) cPL: 155 (N)

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.

Both 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 5.6 cm in length. The right kidney is 4.0 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 measured 3.4 mm at the cranial pole and 5.6 mm at the caudal pole. The right adrenal gland measured 5.7 mm at the cranial pole and 5.3 mm at the caudal pole.

Spleen

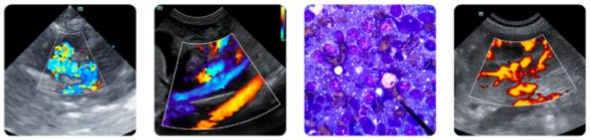
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There is a 2.6 cm x 2.2 cm heterogeneous mass located in the caudal aspect of the liver. The surrounding omentum is (hyperechoic. 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. There are choleoliths present within the gallbladder lumen measuring up to 1.3 cm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



PATIENT

Tinleigh Richard

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

16591

DATE

05/29/26

The stomach is moderately distended with gas and fluid. The gastric wall is 2.9 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.

The visible portions of the colon (1.4 mm) are of normal thickness with intact wall layering. The ileocecal junction was not seen.

Pancreas

The right limb of the pancreas is hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

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

PRIMARY FINDINGS

- Small heterogenous mass with inflammation in the left caudal aspect of the liver.

SECONDARY FINDINGS

- Bilateral chronic renal changes.
- Gallbladder choleoliths with no evidence of obstruction, which are typically an incidental finding in a canine.
- Diffusely hyperechoic liver parenchyma consistent with nonspecific or reactive hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is unclear whether the mass in the liver is the cause of the patient's current clinical signs or whether there is a concurrent gastroenteritis. There is no evidence of obstruction or other gastrointestinal disease present on ultrasound.

The mass in the liver could represent neoplasia, such as a carcinoma, or a benign hepatoma. Given the heterogeneous echotexture, malignancy is a concern. 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

❖ fecal parasite testing and empiric fenbendazole treatment

PATIENT

Tinleigh Richard

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

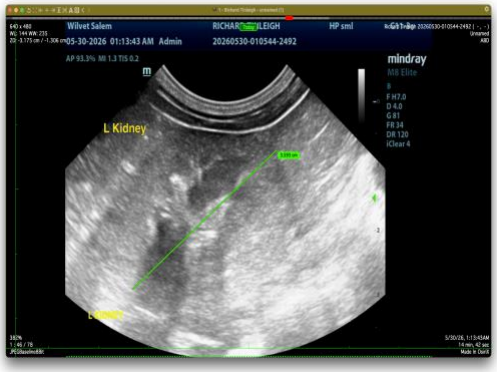
INVOICE

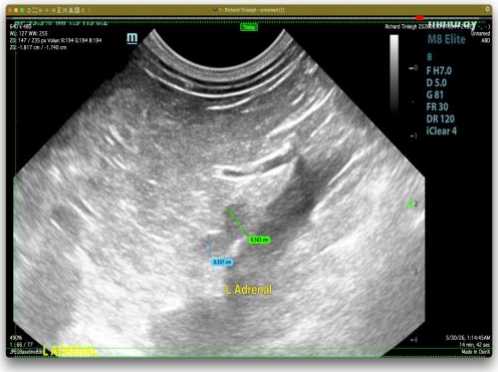
16591

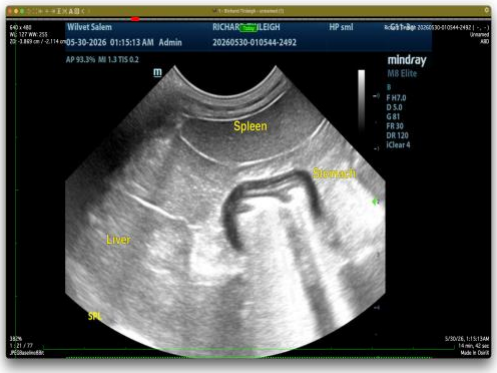
DATE

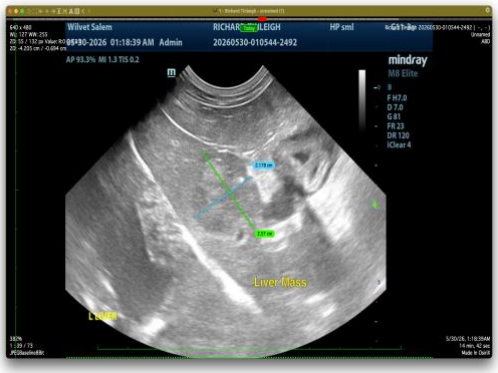
05/29/26

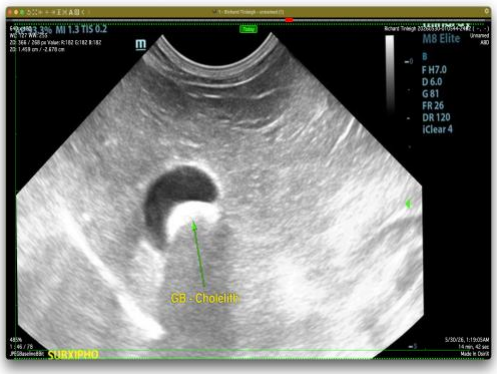
- ❖ probiotic therapy
- ❖ bland diet
- ❖ If GI signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered. Ultimately, GI biopsies may be necessary for definitive diagnosis.

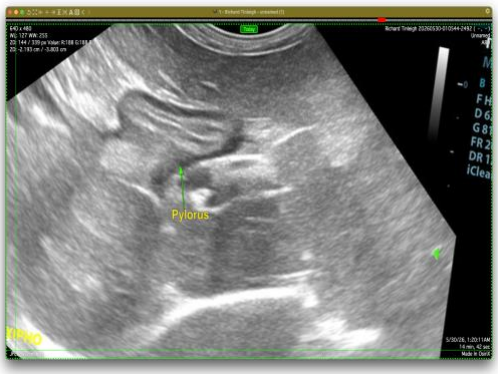




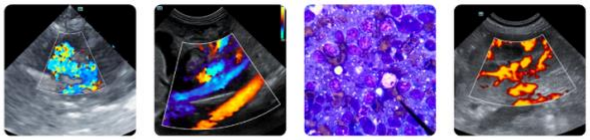








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tinleigh Richard

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

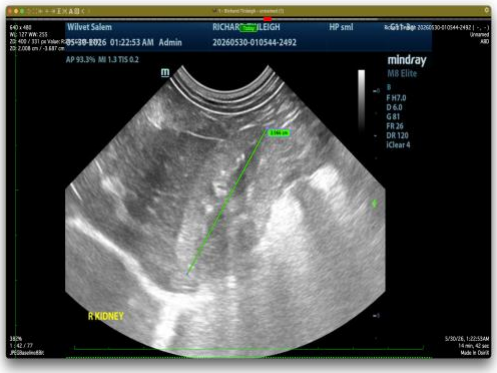
Dr. Sarah Burns

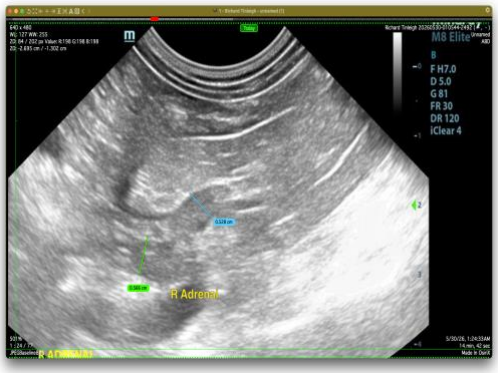
INVOICE

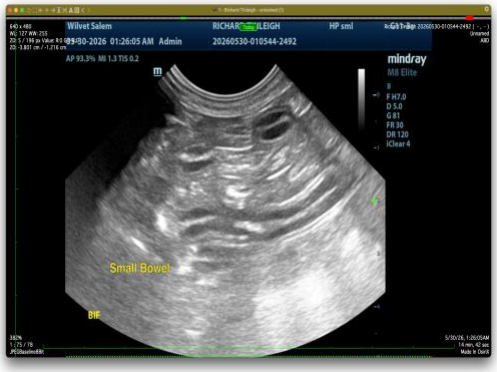
16591

DATE

05/29/26







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