



PATIENT

Daisy Totino

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

58.5

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Celia Galanti, DVM

INVOICE

73482

DATE

3/7/26

PRESENTING CLINICAL SIGNS

Palpated possible Left sided abdominal mass. Previously diagnosed cushings, last bloodwork indicated well regulated on Veteryl.

DDX: hepatic cysts vs. hepatic neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. There is a mild to moderate amount of suspended echogenic debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The caudal pole of the right adrenal gland is mildly enlarged at 7.9 mm, consistent with previous diagnosis of hyperadrenocorticism. The cranial pole is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 5.4 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

There are numerous variably sized cystic lesions found diffusely throughout the liver. One of the larger lesions is measured and found to be 3.1 cm in width. An additional cystic lesion is measured in the right aspect of the liver at 1.2 cm in diameter. There are also multifocal hyperechoic ill-defined lesions throughout the liver, concerning for possible metastatic neoplasia or possibly benign regenerative nodules. Two of these hyperechoic liver lesions are measured at 6.5 mm in diameter and 10.9 mm in diameter respectively. Several of the cystic lesions have flocculent debris within the cystic fluid. A representative cyst measures 3.0 cm in diameter. There does not appear to be any blood flow on doppler exam, so this debris does not appear to be consistent with a mass lesion. Normal liver parenchyma is diffusely enlarged and hyperechoic with diffusely mottled echotexture.

The gallbladder is diffusely markedly enlarged with a normal gallbladder wall. The gallbladder contains a marked amount of suspended echogenic debris. it does not appear to be a mucocele at this time. There are numerous hyperechoic cystoliths present within the gallbladder lumen as well. The size of the gallbladder gives some concern for possible gallbladder obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

The right limb of the pancreas appears normal. The left limb is not visualized.

Free Abdomen

No free abdominal fluid is seen.

There is a mildly enlarged mesenteric lymph node present measuring 1.1 cm in length x 0.50 cm in width, appears reactive and unlikely to be enlarged due to neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic liver with mottled echotexture and hyperechoic, ill-defined lesions throughout.
- Cystic lesions present throughout the liver, some with flocculent debris within the fluid.
- Enlarged gallbladder with a marked amount of suspended echogenic debris.
- Hyperechoic debris within the urinary bladder.
- Mildly enlarged caudal pole right adrenal gland.
- Mildly enlarged mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystic and hyperechoic lesions within the liver are concerning for possible neoplasia such as hemangiosarcoma or biliary cystadenocarcinoma. Another differential for the cystic lesions would be abscess. The hyperechoic, enlarged nature of the liver is most likely consistent with the previous diagnosis of hyperadrenocorticism. It is unclear as to the reason for the enlargement of the gallbladder at this time. No cause for this change is seen.

Recommend starting Ursodiol at 15 mg/kg by mouth split into two daily doses. Recommend fine needle aspirates of both the cystic lesions (especially those with flocculent debris) and the hyperechoic lesions within the liver and submit for cytology. The lesions with flocculent debris should be submitted for culture.

Recommend 3-view chest radiographs to rule out pulmonary metastatic disease.

If neoplasia is confirmed via cytology, recommend referral to a veterinary oncologist to discuss treatment options. If neoplasia is not confirmed on cytology, then continued monitoring via ultrasound every 3-6 months would be recommend.

Recommend (if not already performed) urinalysis, and if warranted, urine culture to rule out urinary tract infection.

No specific mass lesion was seen on the exam that would correlate what was described on physical exam as possible abdominal mass lesion.



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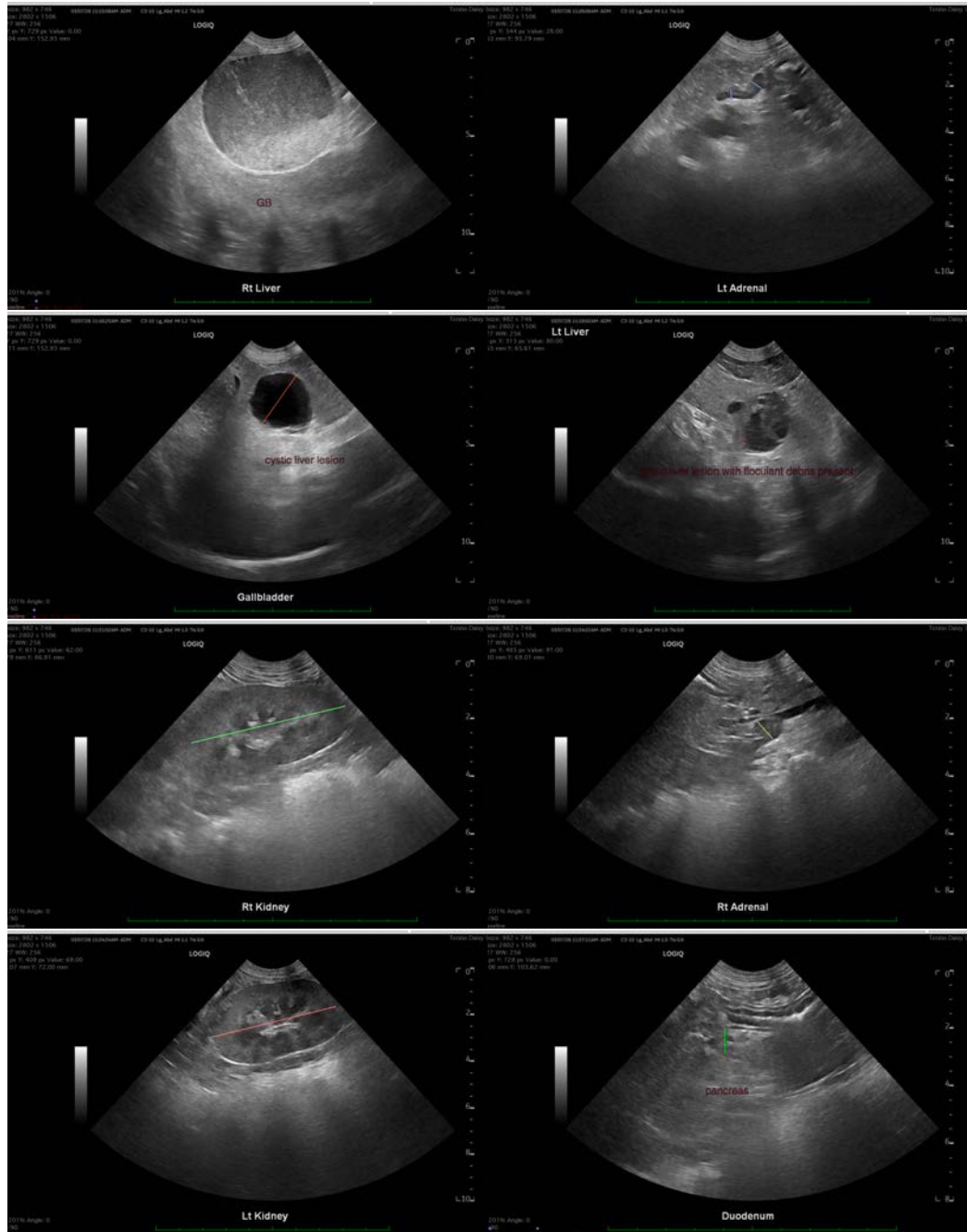
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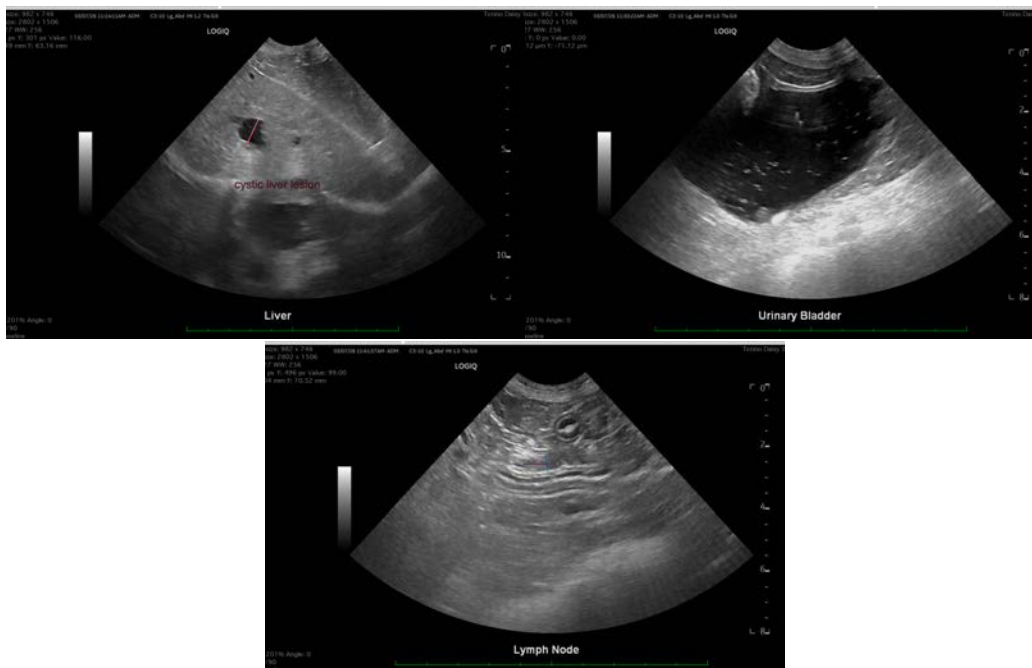
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com