PATIENT

Molly Purcell-Murray

SPECIES

Canine

BREED

Havanese x

SEX

Spayed Female

AGE

12 Years

WEIGHT

19.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Glastonbury Animal Hospital

REFERRING VET

Kaela Schraer, DVM

INVOICE

71612

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Molly was diagnosed with Cushing's disease last spring and has been treated with 5 mg Vetoryl since and is doing well overall. On Oct. 21st she presented straight from groomer b/c groomer noted that patient's abdomen apppered very distended. On exam: firm distension of the abdomen, especially cranially. Afast did not reveal any abdominal fluid, but liver enlargement and a mass-like lesion near right liver lobe, just dorsal to right kidney as well as significant amount of material in the gallbladder. Labwork: ALP 1238, BUNcreat 39, plateletws 459 - all else WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Mild pyelectasia is present bilaterally. Left kidney measures 5.46 cm. Right kidney measures 5.5 cm.

Adrenal Glands

The right adrenal gland is large with moderately heterogeneous parenchymal changes and diffuse swollen capsular expansion. The gland measures 2.6 cm wide x 3.7 cm long. There is no definitively visible evidence of vascular invasion. However, subtle or early vascular invasion can't be definitively ruled out.

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is thick, measuring 0.60 cm thick primarily in the proximal descending colon. There is no loss of layering noted. The lumen is empty.

Pancreas

In the right cranial abdomen, in the area of the right pancreas is a prominent 3.6 cm x 4.7 cm heterogeneous, largely hyperechoic density/mass-like object that I believe represents a prominent, nodular pancreas.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Suspect marked pancreatic nodular hyperplasia affecting primarily the right limb of the pancreas, although infiltrative neoplasia affecting the pancreas can't be ruled out without tissue sampling. Additionally, while the density appears to involve the pancreas, origination from another adjacent tissue including liver or even adrenal gland, while thought less likely, can't be ruled out.

- Right adrenal mass with normal left adrenal gland – This finding can be a normal or incidental patient variant, especially given the lack of a contralateral small/flat gland. Other differentials to consider include adenoma (vs adenocarcinoma), pheochromocytoma and/or adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

- Mildly thick colon – Trends in appearance toward benign colitis i.e., parasitic, infectious, dietary related, other benign inflammatory, with infiltrative neoplasia being possible but considered less likely.

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SECONDARY FINDINGS

- Age related kidney changes with mild to moderate bilateral pyelectasia.

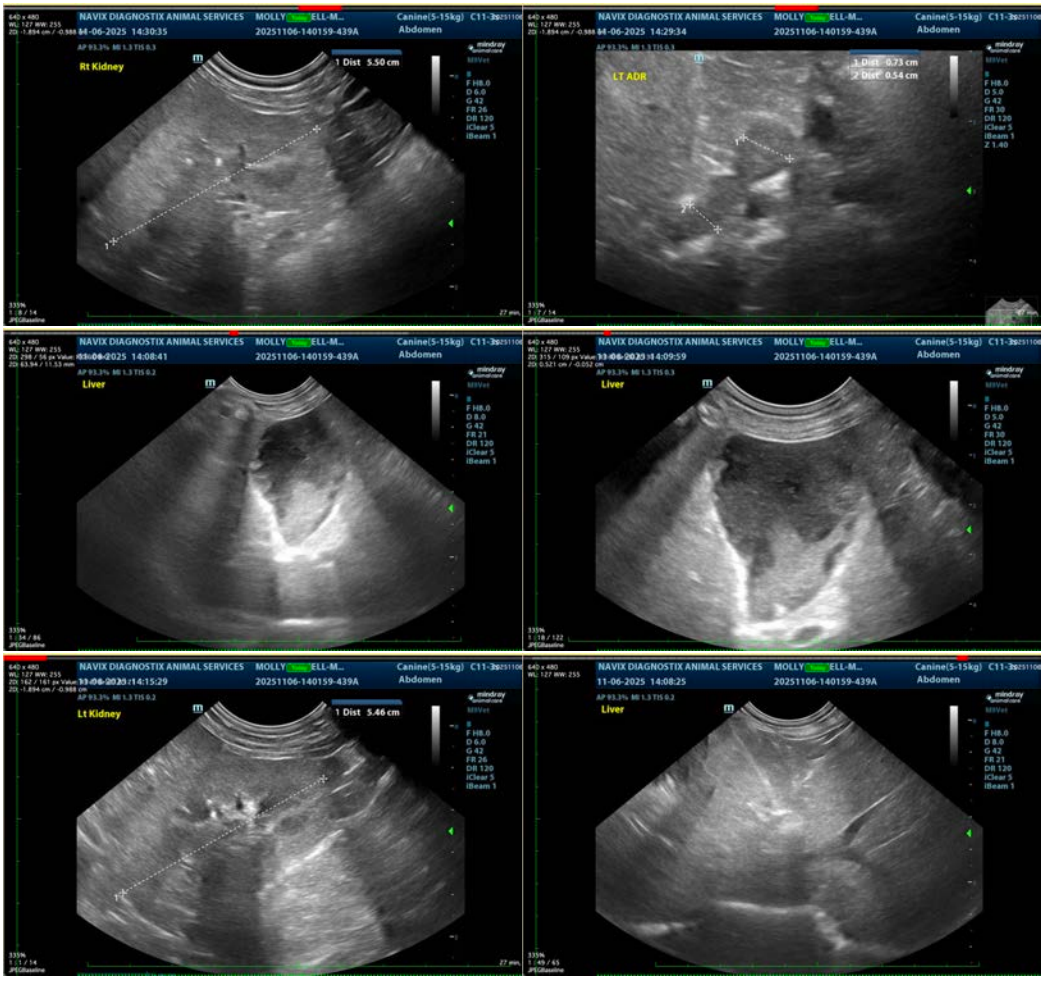
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of what I believe is the right pancreas, as described above, could be considered if patient's coagulation status is appropriate.

Given the concurrent right adrenal gland changes, advanced imaging could also be considered in the form of an abdominal contrast CT scan.

Other recommendations involving the other changes i.e., the colon, etc. are largely dependent on patient's clinical history.



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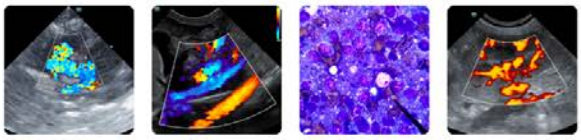

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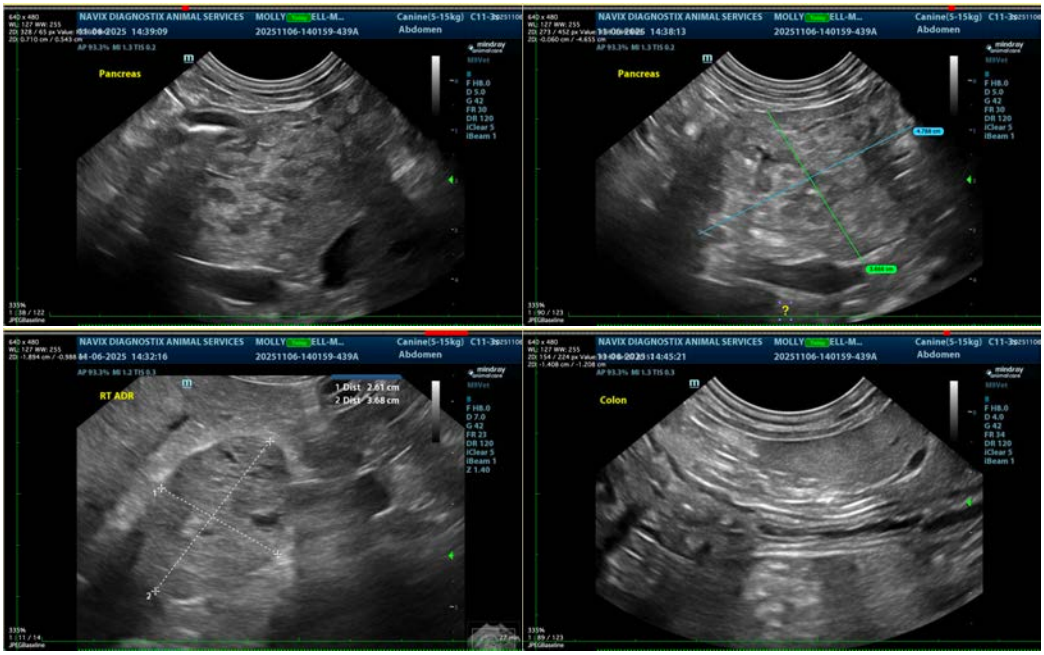

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com