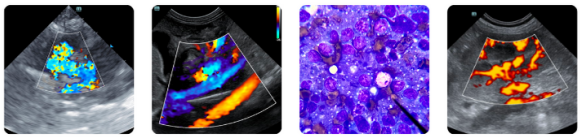

DATE

12/15/2025

PATIENT

Bruno Cellurale

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

9/13/2012

WEIGHT

4.14 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. Hess

INVOICE

10931

PRESENTING CLINICAL SIGNS

Patient History: P presented for inappropriate urination 11/21; progressive weight loss and mid-abdominal mass noted on exam; unable to do further diagnostics at time of exam d/t temperament.

Current Medications: MAROPITANT CITRATE 16MG TABLET 11/25/2025, Theophylline Flavored Mini-Tab (compounded) 25mg 200 count 10/2/2025.

Labwork Results: Labwork not attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Torb.

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

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.

The area of the prostate is examined without evident prostatic pathology.

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 pyelectasia, mineral or infarcts observed. Left kidney measures 3.32 cm but ***See other***. Right kidney measures 3.93 cm with several small cortical cysts are noted within the right kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized. ***See Other***

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

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

Other

In the left mid to cranial abdomen is an approximately 5.5 cm x 4.0 cm mixed heterogenous, very mildly cystic mass that in some views appears to originate from the cranial pole of the left kidney. Although, left adrenal and/or other origins from that area, cannot be definitively ruled out.

PRIMARY FINDINGS

- The left mid to cranial abdominal mass is concerning for infiltrative neoplasia with an undefinitively identifiable origin but differentials including left kidney, left adrenal, lymph node, other. A benign inflammatory process cannot be ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes, other than the mass, with several small cortical cysts.

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 the left abdominal mass could be considered if patient's coagulation status is appropriate.

Additionally, and/or alternatively, prior to sampling, advanced imaging such as an abdominal contrast CT scan could be considered for further identification of etiology, staging, etc.

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
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