



PATIENT

Lexi Picciallo

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

47.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Budd Lake Animal
Hospital

REFERRING VET

Dr. Welch

INVOICE

73748

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Pu/Pd, pot bellied, elevated Liver enzymes - suspect Cushings vs. Liver disease or cancer. Tense in abdomen. Hx of arthritis and dental disease.

Abnormal PE/Chem/CBC/UA Results: Running LDDST today SDMA 30, Creat 1.9, BUN 50, AlkP 8262, ALT 230, AST 78, Chol 458, Amylase 1789, Lipase 349

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The 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 pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Some likely age related parenchymal heterogeneity is present. Visible surrounding vasculature appears normal. Left measures 0.95 cm at the cranial pole and 0.98 cm at the caudal pole. Right measures 1.5 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

The liver appears to contain one irregular, mixed, mid to caudal mass measuring approximately 7.0 cm x 7.5 cm in size with what appears to be a more homogeneous hypoechoic approximately 6.0 cm area within it. The remaining more cranial liver is normal.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.



PATIENT	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.
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Canine	
BREED	Pancreas
Labrador X	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.
SEX	Free Abdomen
Spayed Female	There is no visible free peritoneal effusion noted in these images.
AGE	There is no apparent pathologic lymphadenopathy noted in these images.
13 Years 8 Months	The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.
WEIGHT	PRIMARY FINDINGS
47.7 lbs	<ul style="list-style-type: none">Differentials for the liver mass(es) including infiltrative neoplasia such as round cell neoplasia versus hepatocellular carcinoma versus other, as well as benign hepatoma/adenoma, chronic inflammatory change, nodular hyperplasia, etc., and can't be fully differentiated without tissue sampling. I believe this one mass with a focally more hypoechoic definitive area within the mass, although two separate masses and/or much less likely an adjacent splenic lesion overlapping one of the liver masses can't be definitively ruled out.Moderate gallbladder debris - 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.Mild bilateral adrenomegaly - In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
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Budd Lake Animal Hospital	
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INVOICE	SECONDARY FINDINGS
73748	<ul style="list-style-type: none">Age related kidney changes.Moderate amount of echogenic urinary bladder debris.
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

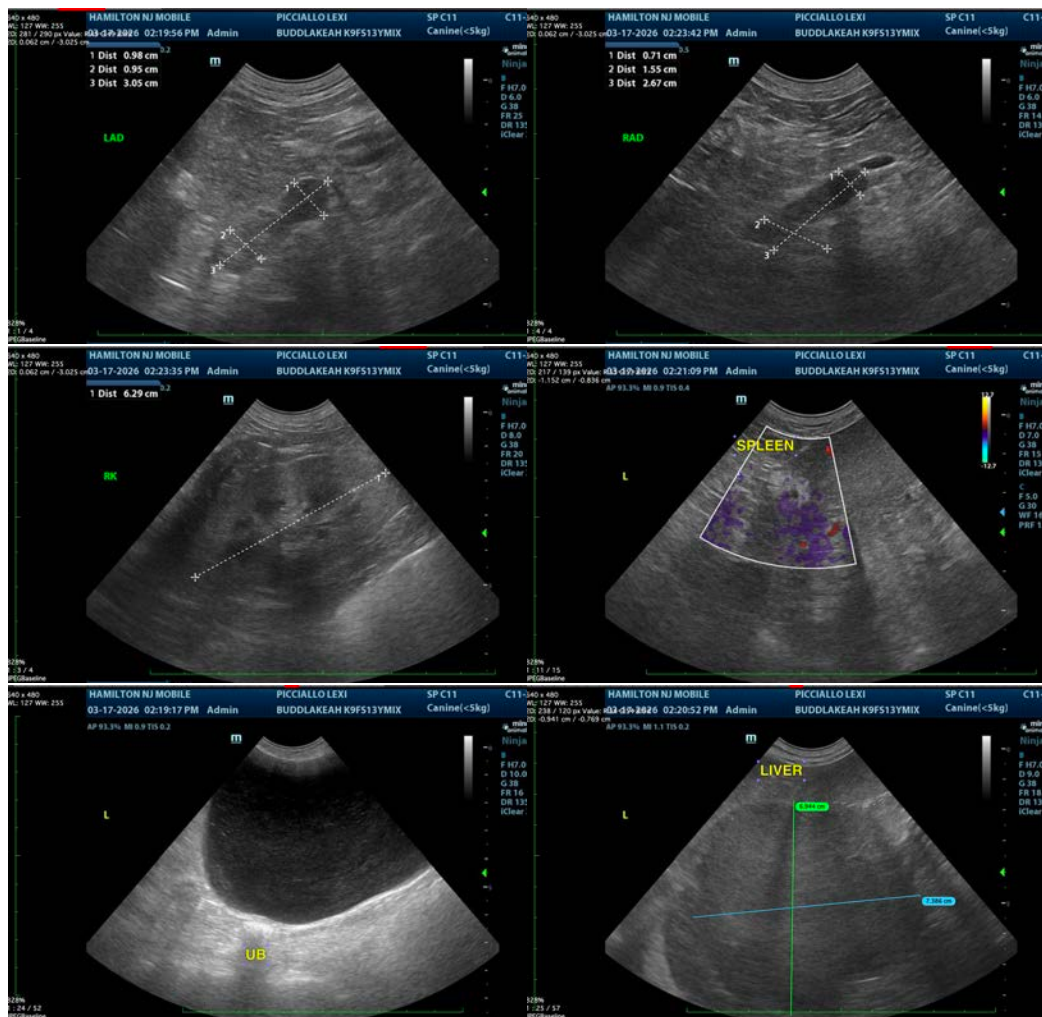
If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended.

Given the liver pathology, 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 liver mass(es) are recommended if patient's coagulation status is appropriate.

While concurrent adrenal disease including hyperadrenocorticism can't be ruled out, recommendations include a full workup of the liver mass, etc. prior to hormone testing. If/when hormone testing is elected, a low-dose Dexamethasone suppression test could be considered.





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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