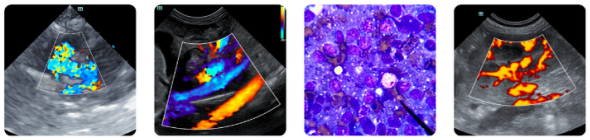

PATIENT

Jeter Morello

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years

WEIGHT

19.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

11589

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4/1/2026

PRESENTING CLINICAL SIGNS

Jeter presented to GSiVS for shaking, panting, and acting restless. No interest in food this morning. No v/d/c/s. Hx of MVD stage 1, Hx of Elevated LES, Hx of Pancreatitis - fed low fat diet, Hx of liver/splenic nodules, Hx of glaucoma OD. CM: dorzolamide/timolol OD, Denamarin.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: heart murmur, painful abdomen Diagnostics: BP 150mmHg CBC/Chem: retic 195.9 (10-110), wbc 24.36 (5.05-16.76), neu 21.39 (2.95-11.64), phos 2.2 (2.5-6.8), alt 205 (10-125), alkp > 2000 (23-212), ggt 31 (0-11) PSL: 1101 (0-200) Chest xrays: enlarged cardiac silhouette, left atrium enlargement

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.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

The right kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

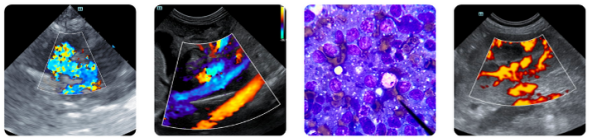
Adrenal glands are plump/swollen (primarily at the caudal poles) in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.2 cm at cranial pole and 0.98 cm at caudal pole. The left adrenal gland measures 0.59 cm at cranial pole and 0.82 cm at caudal pole.

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). Several mildly heterogenous, primarily hyperechoic non-capsular disrupting nodules are noted within the spleen. Both measures approximately 1.5 cm x 1.8 cm in size. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely 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. Additionally, in what I believe is the cranial liver, but is difficult to definitively say due to



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the close-up imaging of the mass and inability to see surrounding tissues, there is an approximately 3.0 cm x 3.4 cm mixed, mildly cystic, largely hyperechoic mass.

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.

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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

ULTRASONOGRAPHIC FINDINGS

- The suspect liver mass could represent a benign process such as cysts, hematomas, extramedullary hematopoiesis, a hepatoma/adenoma, chronic inflammatory lesion, other, or infiltrative neoplasia such as a primary hepatocellular carcinoma, sarcoma, round cell neoplasia, other, and can't be differentiated without tissue sampling.
- The splenic nodules trend in appearance toward benign, as is seen with benign myelolipomas, potentially fibrosis, or calcification or old hematomas, infarcts, chronic inflammation, granulomatous disease, other. Although infiltrative neoplasia including metastatic nodules, while thought less likely, can't be ruled out without tissue sampling.
- 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.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

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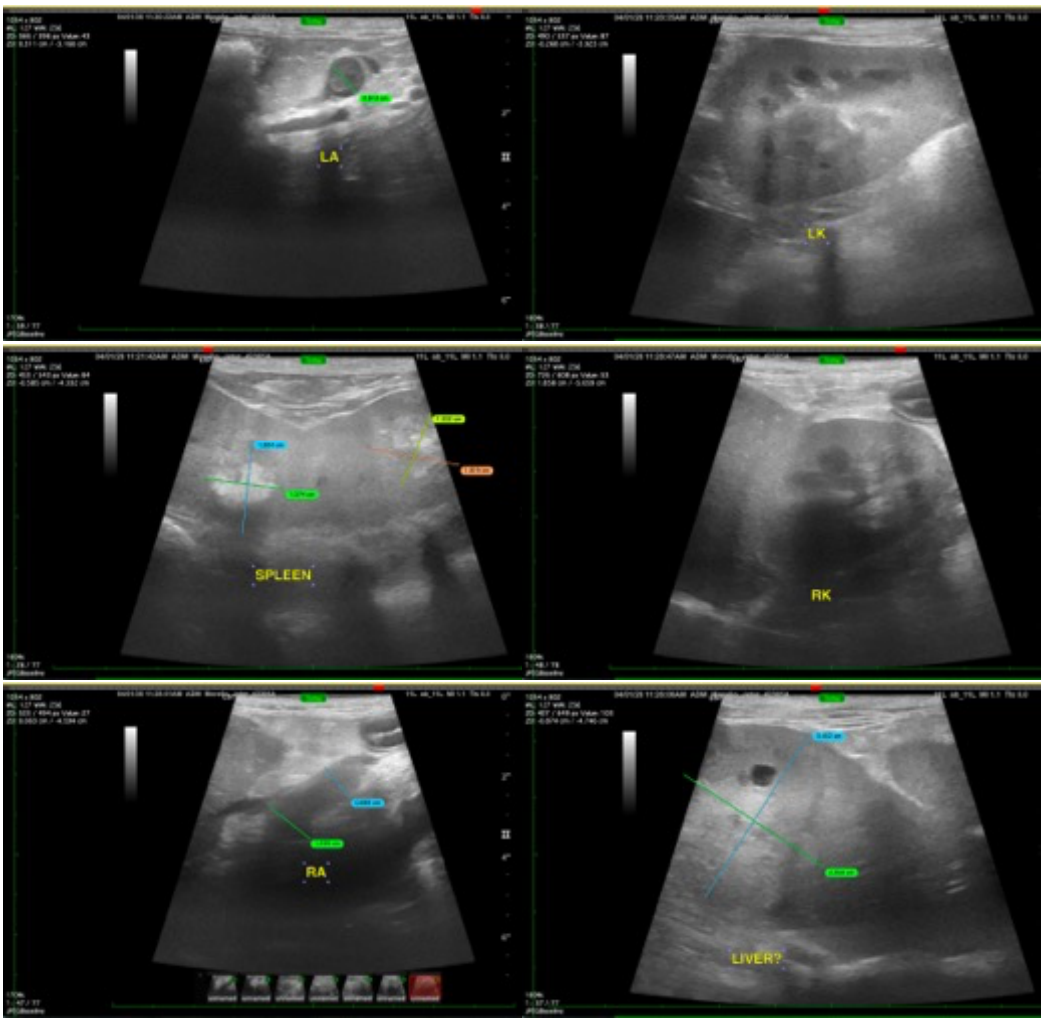
- Mild bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, an echocardiogram is recommended.

Fine needle aspirates of the suspect liver mass and splenic nodules/masses are recommended if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



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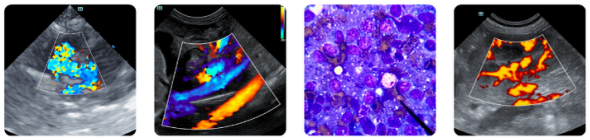

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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