

**PATIENT**

Penny Cruz

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

12 Years

WEIGHT

24.6 lbs

INTERPRETED BYDr Brittany Sinclair,
BVSc(hons),
DACVECC**IMAGING
PERFORMED BY**

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Barrera

INVOICE

73331

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of elevated liver enzymes. Px has been Dx with Chronic degenerative valve disease with mitral and mild tricuspid regurgitation. No episodes of vomiting/diarrhea. Px is currently eating and drinking normally. Px is currently on Pimobendan, Enalapril, Furosemide, and Denamarin. Owner reports that Px had a hemithyroidectomy a few years ago

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present bilaterally in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 5.02 cm. Right kidney measures 5.34 cm.

Adrenal Glands

The left adrenal gland is normal in shape and position. It is prominent in size and slightly hypoechoic. The visible phrenic vasculature was unremarkable. Left measures 2.17 cm in length x 0.76 cm at the caudal pole and 0.63 cm at the cranial pole.

The right adrenal gland is normal in shape and position. It is prominent in size and slightly hypoechoic. There is an irregular hyperechoic nodule noted within the gland measuring 1.21 cm x 0.66 cm. Visible phrenic vasculature is unremarkable. Right measures 2.98 cm in length x 0.63 cm at the caudal pole and 0.75 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively enlarged with slightly rounded contours. The parenchyma is diffusely coarse with multifocal variably sized hypoechoic nodules noted throughout. In the left liver there is a solid mass along the diaphragmatic surface measuring approximately 3.01 cm x 2.59 cm. It is similar in echogenicity and appearance to the liver nodules.

The gall bladder is moderately distended with anechoic fluid, with partially organized gravity dependent debris present. There are no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

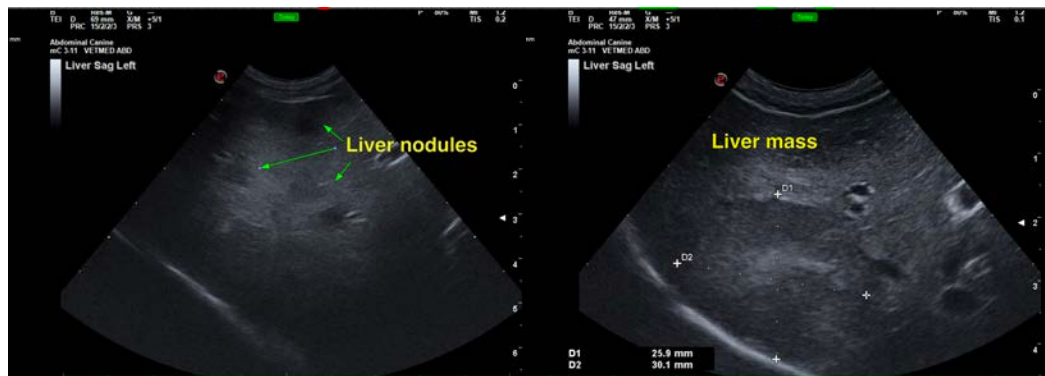
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Liver mass with multiple liver nodules.
- Bilateral adrenomegaly.
- Splenic myelolipomas.
- Mild aging renal changes.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions in the liver are most concerning for neoplasia, with hepatocellular carcinoma being the most common primary hepatic malignancy of the dog. The presence of multiple nodules may indicate local spread or may be a separate disease process. FNA of the lesion was an appropriate next step in diagnostics. Given the bilateral adrenomegaly, if other clinical signs of hyperadrenocorticism are present, testing for hyperadrenocorticism is reasonable. Vacuolar hepatopathy is a possible explanation for some of the liver nodules, and hyperadrenocorticism predisposes to this liver pathology.





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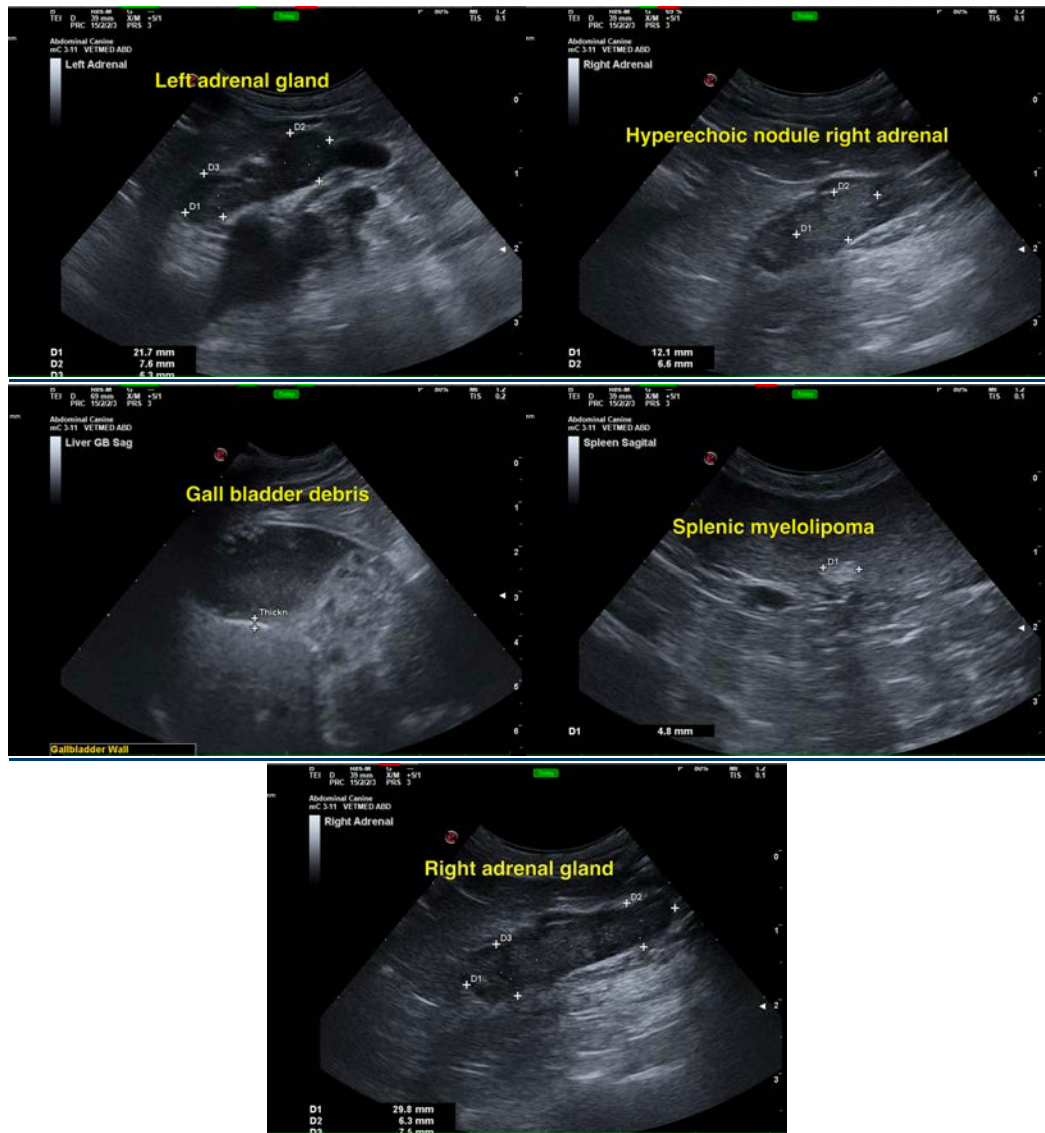
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com