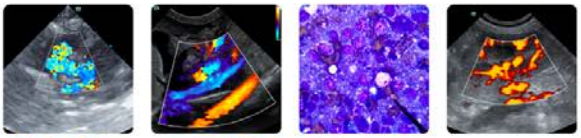


PATIENT

Mo Benson

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

17.6 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Country Lakes Animal Clinic

REFERRING VET

Dr. Griffith

INVOICE

72176

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Primary complaint of diarrhea and weight loss. weight loss and inappetence. Meds: Metronidazole. Abnormal PE/Chem/CBC/UA Results: Hypercalcemia, normal resting Cortisol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.63 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.63 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are small pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.36 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are small pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large and irregular in appearance, measuring 0.87 cm at the cranial pole and 0.66 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hypoechoic nodule in the cranial pole measuring 0.56 cm x 0.85 cm. No evidence of vascular invasion is visualized.

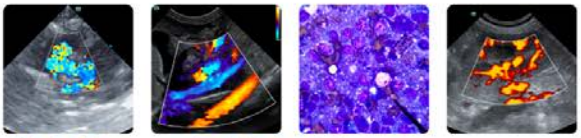
The right adrenal gland is normal in size measuring 1.06 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.8 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are some small, irregular, cystic appearing lesions visualized towards the cranial aspect of the liver measuring 0.49 cm and 0.83 cm. Additionally, in the mid caudal right region of the liver there is an



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isoechoic "bulge"/mass effect visualized measuring 3.05 cm x 3.17 cm, which could be consistent with a primary mass effect (adenoma, carcinoma, other), or an abnormal/rounded liver lobe.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.39 cm. There is mild mucosal fogging visualized associated with some sections of small intestine. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are moderately distended with non-formed/fluid fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

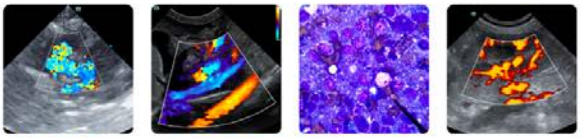
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Three brief videos of the heart were evaluated. No evidence of pericardial effusion is visualized. In one video there is a questionable homogenous mass effect (2.55cm) visualized in the region of the heart base. Recommend further evaluation with (ideally) a full echocardiogram or additional imaging of the heart base.

PRIMARY FINDINGS

- Hypoechoic nodule in the cranial pole of the left adrenal – This currently has a somewhat benign appearance, possibly consistent with an adenoma, focal hyperplasia, etc. An early neoplastic lesion (carcinoma, pheochromocytoma, other) cannot be ruled out.
- Large, hypoechoic, rounded, heterogeneous liver with an isoechoic "mass effect" – The appearance is most consistent with an adenoma, carcinoma, other, although a rounded atypical liver lobe cannot be ruled out.
- Diffusely thickened small intestine with mucosal fogging – Findings could be consistent with a primary enteropathy or edema.
- Questionable heart base mass



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SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Lesions most consistent with benign splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hypoechoic nodule in the cranial pole of the left adrenal. The significance of this is uncertain. This could be an incidental finding. Correlate with clinical signs. If symptoms consistent with Cushing's are present, consider adrenal function testing. Additionally, recommend a blood pressure evaluation. If hypertension is present, consider catecholamine screening, looking for a possible pheochromocytoma. Otherwise, recommend continued monitoring with ultrasound (recheck in 8-12 weeks, sooner if concerned).

The liver is somewhat heterogeneous, most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. In the mid caudal region there is a rounded, isoechoic region of liver most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). A rounded liver lobe is also possible. If a safe window for sampling is available, consider a fine needle aspirate. Additionally consider continued monitoring with ultrasound.

The small intestine appears somewhat diffusely thickened, with some areas exhibiting mucosal fogging. Findings could be consistent with a primary enteropathy. Consider the following:

- Consider a prescription ultra low-fat combination hydrolyzed protein prescription diet (Royal Canin).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

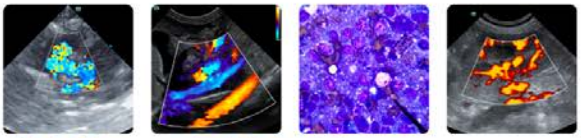
If symptoms are persistent, consider GI biopsies to further evaluate.

Consider further evaluation of the hypercalcemia with a hypercalcemia of malignancy panel with an ionized calcium, PTH, PTHrP level. Recommend palpation of the peripheral lymph nodes, and a digital rectal exam to palpate for any anal gland nodules.

On one view of the heart base there is concern for a possible heart base mass. Consider an echocardiogram to further evaluate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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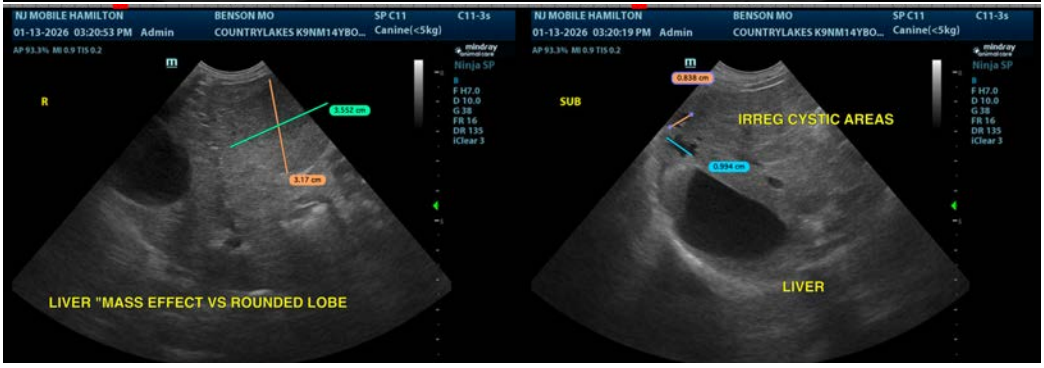

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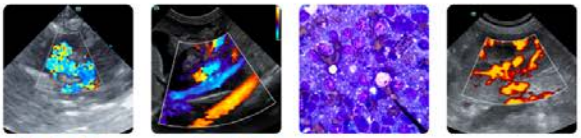

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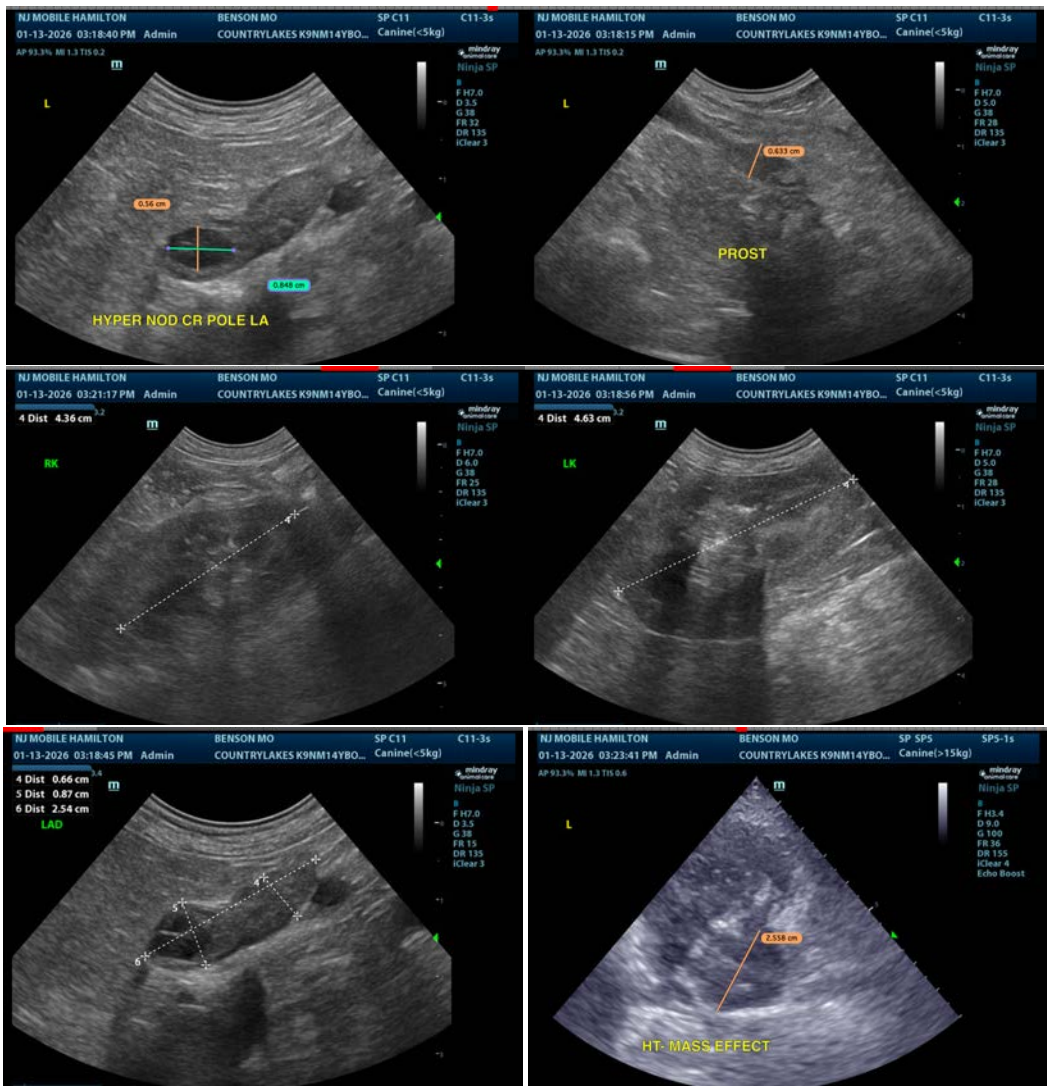

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com