



**PATIENT**

Rilla Hoffman

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

57 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Megan Cassels-  
Conway DVM

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Lezcano

**INVOICE**

95474

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

P has hx of VERY mild proteinuria in fall of 2021. No v/d/c/s. P is eating well. P has hx of heartworm dz, treated w immiticide in 2017. P has tested NEG for HW in in house IDEXX SNAP test and Antech. P presented for biannual wellness exam this month and o reported PU/PD. All else unchanged in PE and hx. Recent inc in ALP level.

Abnormal PE/Chem/CBC/UA Results: Jan 2022: CBC: WNL, Chem: ALP: 710HH (NEW), alb: 4.0, creat: 1.0, T4: 2.1, UA: SG: 1.005, trace prot, quiet sediment, UPC: 3.4H bp: 140-150mmHg chest rads: diffuse midl bronchial pattern r/o pulm fibrosis and age-related changes, no pulm metastasis, poss sternal lymphadenopathy 11/21: UPC: 0.8, no change after doxy trial, changed diet to Derm complete (per Hill's consult), cont OFA 9/21: UA: mild protenuria, quiet sediment, UPC: 0.7, accuplex: NEG< doxy trial x 1 m 7/2021: CBC: WNL, miniChem: WNL, UPC: 0.6H, abd rads: NSF, normal bp

**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 left kidney has a normal shape and size (5.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.73 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.57 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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**Liver**

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large, relatively well, demarcated, hypoechoic mass effect in the medial right portion of the liver adjacent to the gallbladder. This lesion is solid and measures approximately 7.49 x 5.41 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

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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.

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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**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.

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Megan Cassels-  
Conway DVM

**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.

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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Lezcano

**PRIMARY FINDINGS:**

- Mildly heterogenous liver with hypoechoic solid mass effect. The appearance of this lesion is most consistent with an early primary hepatic mass. Other possibilities exist.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is a moderate sized solid, hypoechoic mass lesion within the liver. The appearance of this mass



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effect favors a primary hepatic mass although a FNA is recommended to make sure cytology fits with this diagnosis. These mass lesions can get quite large, but can have a relatively benign behavior and the prognosis can be very good with surgical resection.

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- I recommend FNA of the hepatic mass.
- Recommend three view thoracic radiographs (I believe this was already done).
- Recommend contrast CT scan to better evaluate the extent of the hepatic mass as it lies close to the gallbladder.
- Consider referral to a veterinary surgeon for evaluation of surgical removal.

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While other possibilities exist I suspect that the elevation of liver values the and PU/PD are secondary to this liver mass.

**SEX**

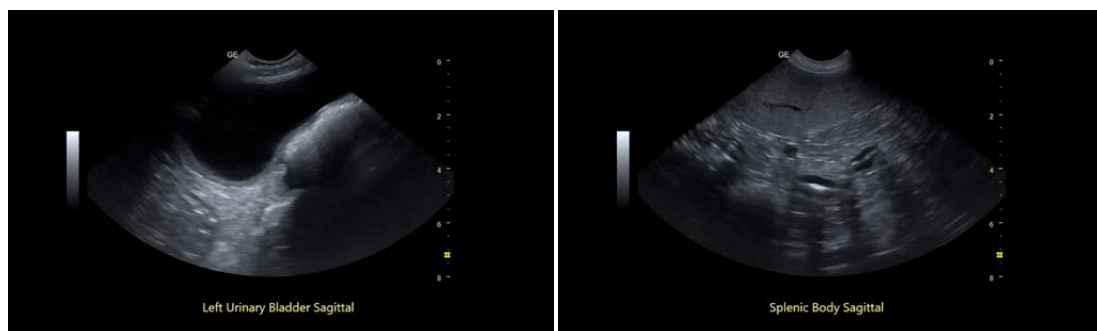
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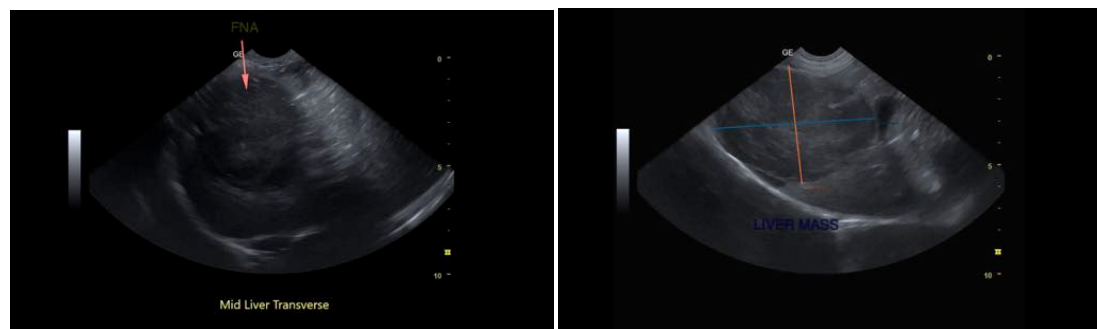
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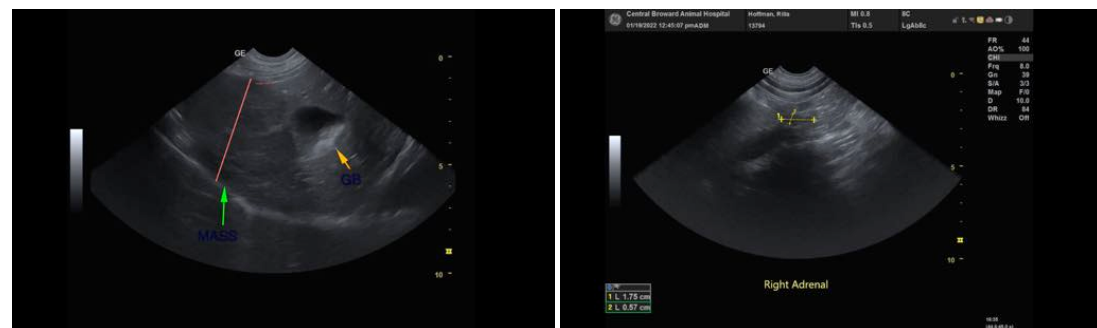


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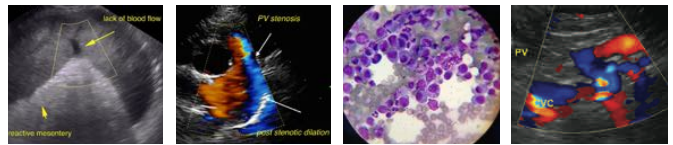
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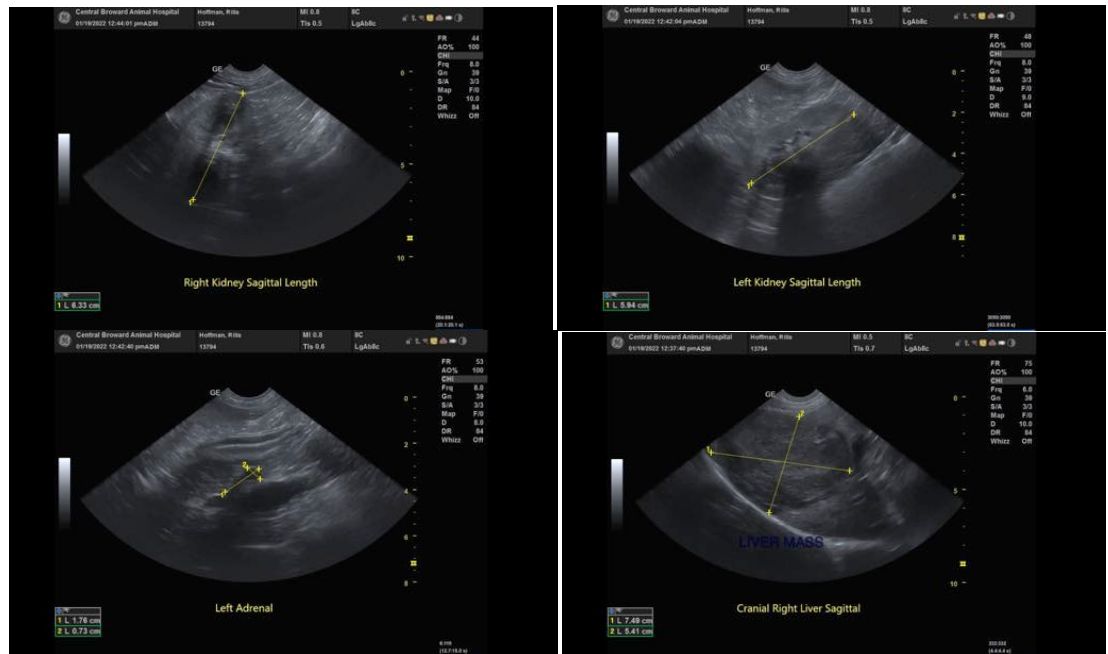
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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