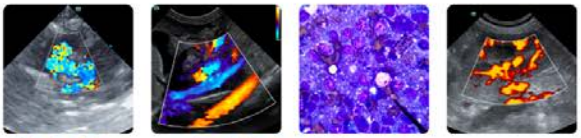


PATIENT

Rosie Bellomo

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Veterinary Hospital

REFERRING VET

Dr. Enoch

INVOICE

72296

DATE

1/20/26

PRESENTING CLINICAL SIGNS

Recently diagnosed with cushings 1/8/26. Overweight.

Abnormal PE/Chem/CBC/UA Results: PLT-1053 ALT-125 ALP-293 GGT-19 TT4-0.6 LDST pre-3.6 fourhour-0.6 8hour-1.7

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 (4.3 cm) with small shadowing non-obstructive mineralizations. 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 is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.19 cm) with small non-obstructive nephroliths. 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 is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.49 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 0.89 cm at the cranial pole and 0.71 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.

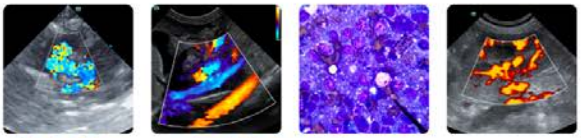
Spleen

The spleen is subjectively normal in size (0.93 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hypoechoic nodule visualized associated with the spleen measuring 0.58 cm in diameter.

Liver

The liver is large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. In the mid left region of the liver there is a large, poorly defined, irregular, hyperechoic, cystic mass effect measuring >7.45 cm x 5.46 cm.

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.



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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 0.64 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral age related renal changes.
- Large, poorly defined, hyperechoic, irregular cystic liver mass lesion – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma), although other differentials are possible.
- Thick small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Small, hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a poorly defined hyperechoic irregular mass effect visualized associated with the mid left region of the liver. A primary hepatic mass lesion is suspected, but other differentials are possible. Consider a fine needle aspirate and ideally a contrast CT scan to plan for potential surgical removal. This lesion is suspected to be the cause of the liver enzyme elevations reported. There is no evidence of adrenomegaly or other features of Cushing's disease at this time.

The small intestine (duodenum in particular) appears thickened. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain. If additional evaluation is desired, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional

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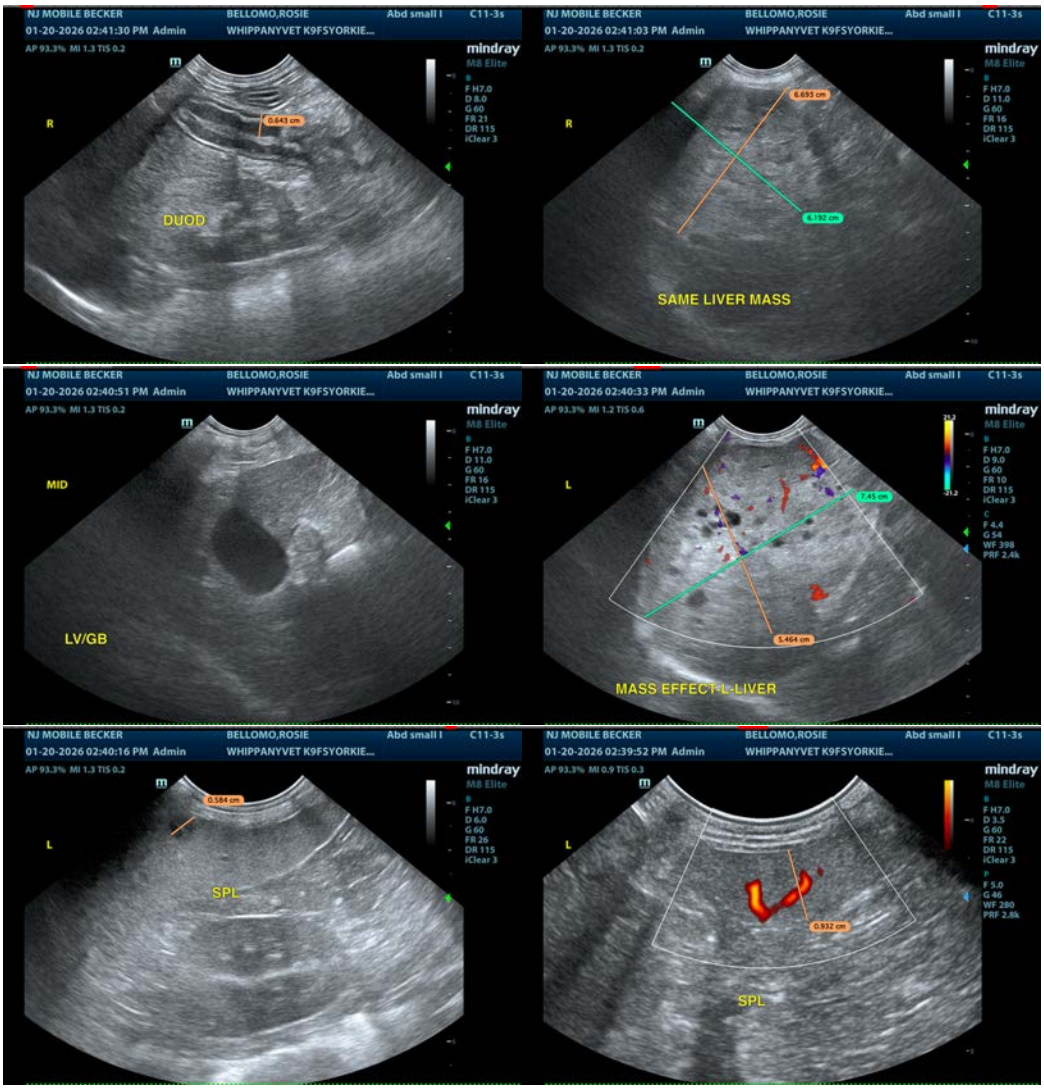
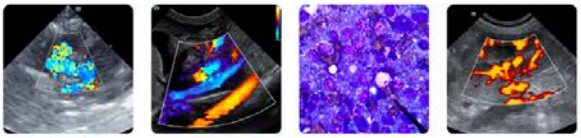
evidence of underlying gastrointestinal disease.

There is a small, hypoechoic nodule visualized in the spleen. Ideally a fine needle aspirate would be evaluated for cytologic evaluation. If this is not an option, recommend continued monitoring with ultrasound +/- biopsy at the time of surgery.

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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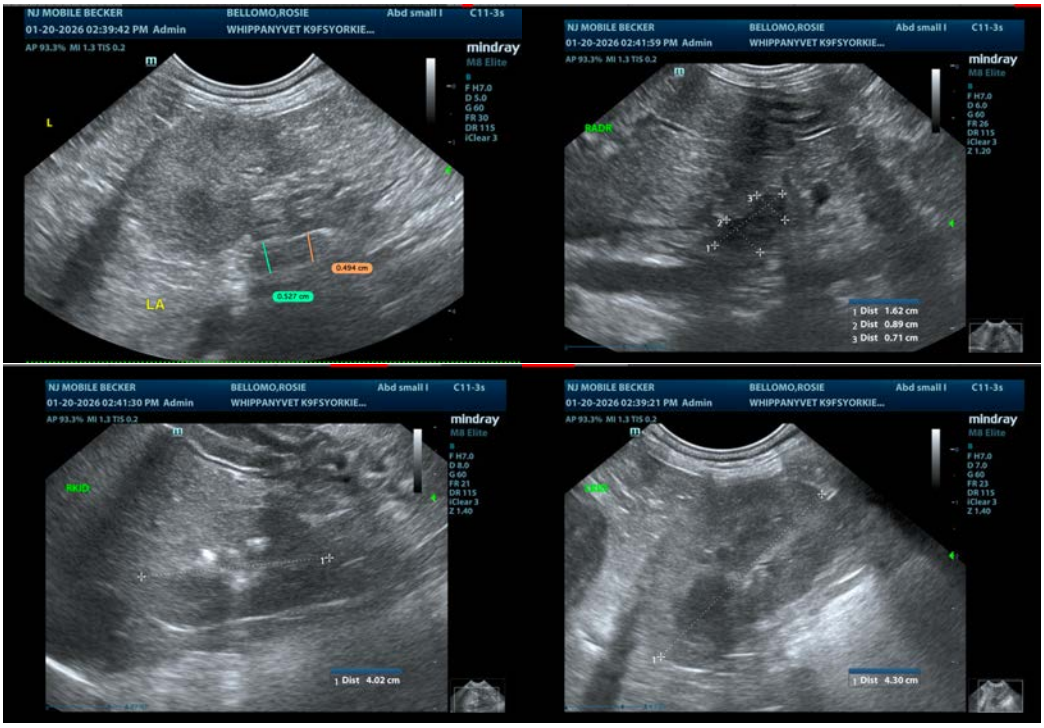

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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