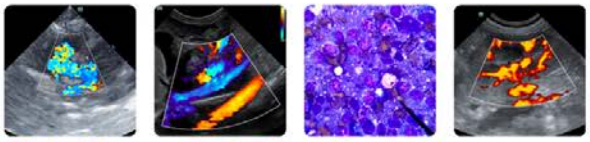


PATIENT

Lily Showers

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

15 Years

WEIGHT

15.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinery Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

72572

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Seen for annual AUS, previous concerns of elevated liver values, nodule visualized on spleen last AUS and liver nodules. 1 month ago P displayed 2 day bought of urinary incontinence, resolved on own. Occasionally P will display bowel incontinence, small amounts of fecal matter left behind after sleeping. No major concerns over the past year. gabapentin 200mg TID, trazodone 100mg TID, melatonin 5mg TID, Dasuquin SID, CBD chew BID

Abnormal PE/Chem/CBC/UA Results: Elevated liver values, torn R ACL, anxiety, dental disease, arthritis September 22nd, 2025: ALK PHOS 672 (HIGH); BUN/CREAT RATIO 29 (HIGH); TRIGLYCERIDE 777 (HIGH)

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 (5.67 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.17 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.67 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.

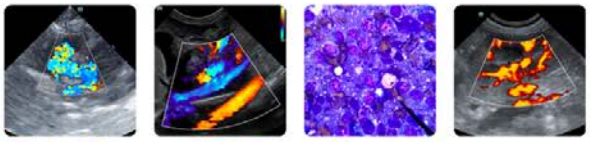
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic irregular peripheral lesion surrounded by hyperechoic tissue visualized, measuring 2.08 cm x 2.65 cm. I believe this is the previously described lesion that measured 2.55 cm in diameter on the previous exam 1/2025. There are numerous other irregular, hyperechoic lesions most consistent with benign myelolipomas.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



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vasculature and biliary tract appear normal. There are too numerous to count hypoechoic nodules throughout the parenchyma, examples measure 1.87 cm and 1.45 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.

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 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. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.42 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

- Age related changes visualized associated with both kidneys.
- Numerous hyperechoic lesions visualized in the spleen, most consistent with benign myelolipomas. A hyperechoic nodule with a surrounding hypoechoic rim is visualized and appears relatively stable from the previous exam. This likely represents a myelolipoma. Recommend continued monitoring.
- Large, heterogeneous liver with hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's exam appears similar to the previous exam 1/2025. Subjectively the liver appears significantly more nodular, although a benign process is suspected. Further evaluation could include a liver function test and a fine needle aspirate.

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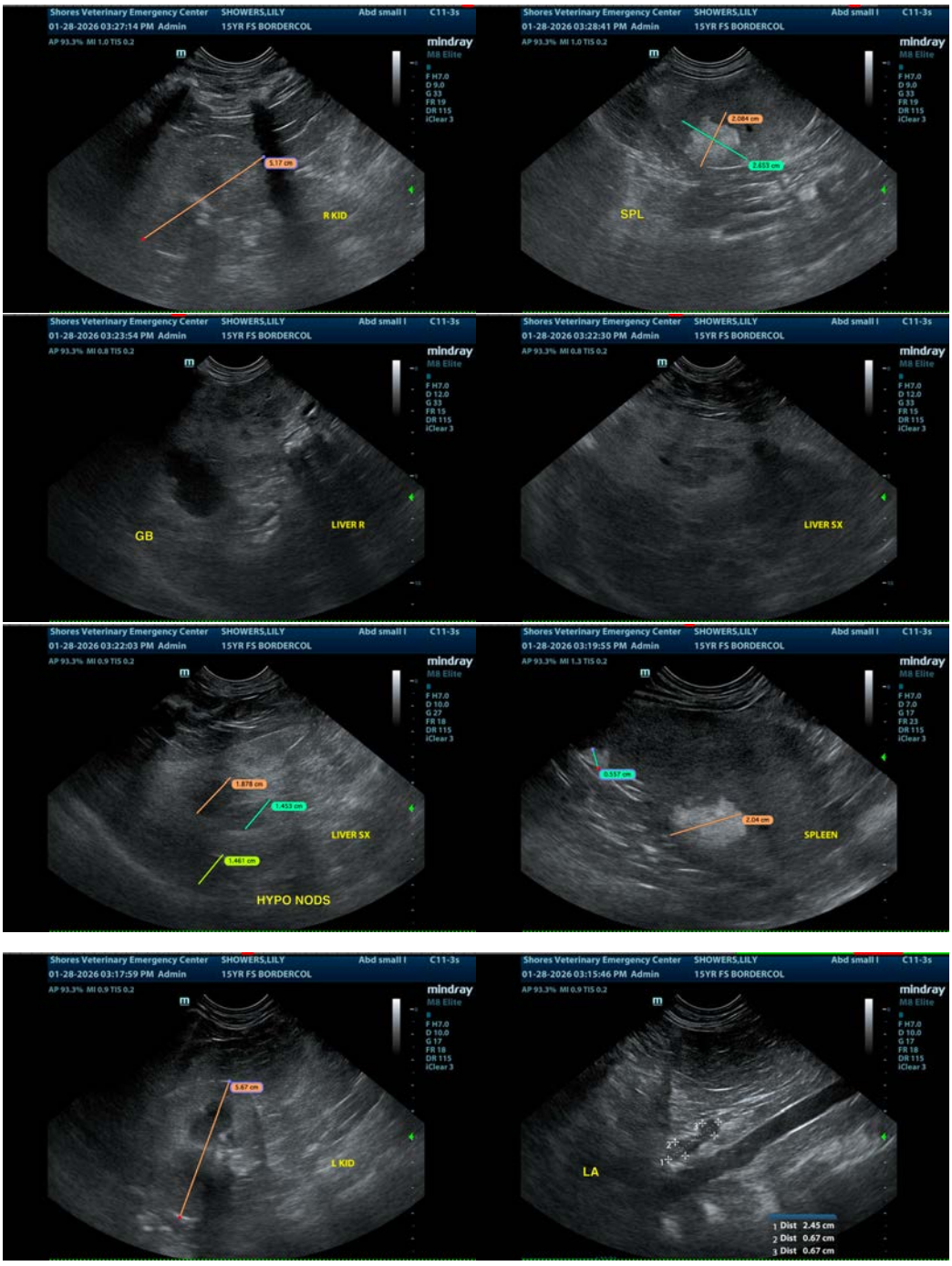
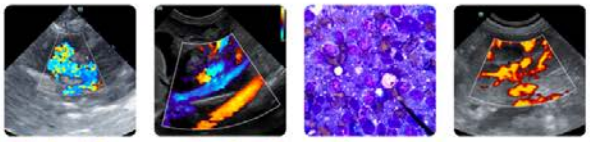
The spleen has numerous myelolipomas, and the previously described nodule is visible and appears relatively stable.

The previously described caudal abdominal mass effect/lipoma is not visible on today's exam.





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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