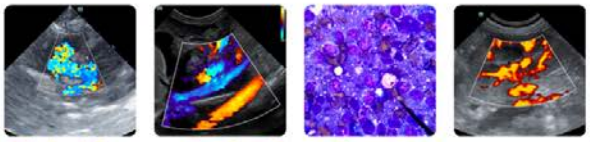


PATIENT

Pippa Leisher

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

14 Years

WEIGHT

18.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Dawn Eckert

INVOICE

72615

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History of L radical mastectomy 03-16-23, o declined histopath.

08-08-25 presented for mammary nodules that had been increasing in size, unclear how long they had been noted. See PE. Recommended removal & histopath d/t limitations of FNA/cytology for mammary neoplasia, o elected to discuss with spouse & let us know how they would like to proceed.

Next seen 01-06-25, o noting continued growth in mammary mass on left, no pain/discharge, otherwise normal behavior.

O considering surgical removal, have recommended thoracic/abd rads & abd US as pre-op metastasis check.

Abnormal PE/Chem/CBC/UA Results: PE 1/6/25: Firm, rounded, mobile subcutaneous growth 5 mm x 5 mm left ventral abdomen just caudal to ribs; right mammary chain: Two small nodules near last nipple, both 2-3 mm diameter; several (at least 3) small swellings between second to last and preceding nipple, all approximately 2 mm; mobile, somewhat deeper growth near first nipple, 2-3 mm. Also possible soft gr I/VI murmur. 1/10/26: BUN 33; (9-31), normal SDMA/creat. ALP 175 (5-160), Na:K 27 (28-37), Cl slightly decreased (107; 108-119). Thoracic and abdominal radiographs 1/30/26: Abnormal rounded appearance of kidneys. Prominent liver. Generalized bronchointerstitial pattern, possible increased soft tissue opacity in cranial/ventral region which may be a mass effect, no other overt metastatic lesions noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

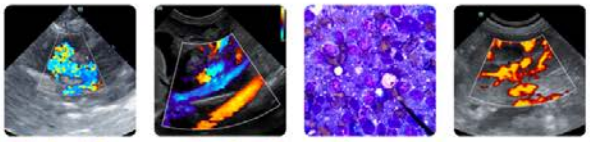
The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size but irregular in shape, measuring 4.56 cm in length, with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, hypoechoic, partially cystic, mixed echogenicity mass effect visualized deriving from the caudal pole, measuring 3.03 cm x 3.09 cm.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 (5.0 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, cystic lesion visualized in the cranial pole measuring 1.31 cm in diameter. 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 borderline large and irregular in shape, measuring 0.43 cm at the cranial pole and 0.94 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 the caudal pole is large and rounded with hypoechoic focal lesions



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(cystic or hypoechoic nodules), measuring 1.21 cm x 1.11 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.41 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. There is a poorly defined, irregular cystic appearing lesion visualized in the parenchyma measuring 1.04 cm x 1.13 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing ingesta. 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 0.39 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

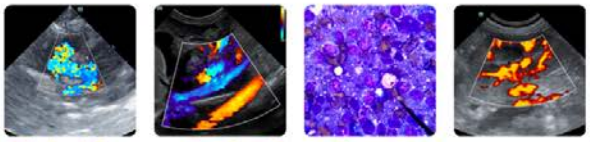
Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The 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.



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ULTRASONOGRAPHIC FINDINGS

- Irregular mixed echogenicity nodule visualized at the caudal pole of the left adrenal – Possible differentials include an adenoma, carcinoma, pheochromocytoma, other. A metastatic lesion would be a concern given the other mass lesions described.
- Mixed echogenicity hypoechoic cystic left kidney mass lesion- Possible differentials include adenoma, carcinoma, round cell neoplasia, metastatic lesion, etc.
- Cystic mixed echogenicity hypoechoic nodule in the spleen – 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.
- Mildly heterogeneous liver – 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.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Age related changes visualized associated with both kidneys as well as numerous cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is large mass effect visualized associated with the left kidney, and a smaller nodule visualized associated with the caudal pole of the left adrenal. It is uncertain if there is an association between these mass lesion and the mammary mass lesions (metastatic lesions?) or if this is a concurrent neoplastic process (or possibly 3 separate neoplastic process). Based on appearance alone, the renal and adrenal lesion have similar characteristics – possibly carcinoma? A fine needle aspirate of the renal lesion could be considered if this would change the plan. Additionally, you could aspirate the adrenal nodule if a safe window is available, provided there is no evidence of hypertension, which could indicate a pheochromocytoma.

If surgery is still a consideration, I would strongly recommend a contrast CT scan, looking for possible additional lesions, evidence of vascular invasion, etc. Additionally, a consultation with a veterinary oncologist could be considered to discuss your options.

There is a poorly defined, irregular, hypoechoic lesion visualized in the parenchyma of the spleen. This could represent a benign or neoplastic lesion and could be related to the other lesions (metastatic lesion?) or could be a separate benign or neoplastic process.

Both kidneys have changes consistent with chronic age related renal disease. The significance is more pertinent if considering removing the left kidney. A baseline blood pressure, urinalysis, culture +/- urine protein to creatinine ratio is recommended.

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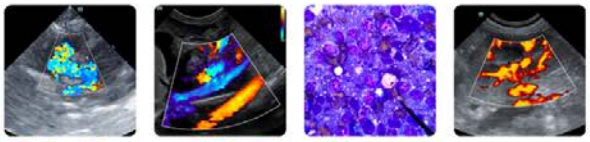

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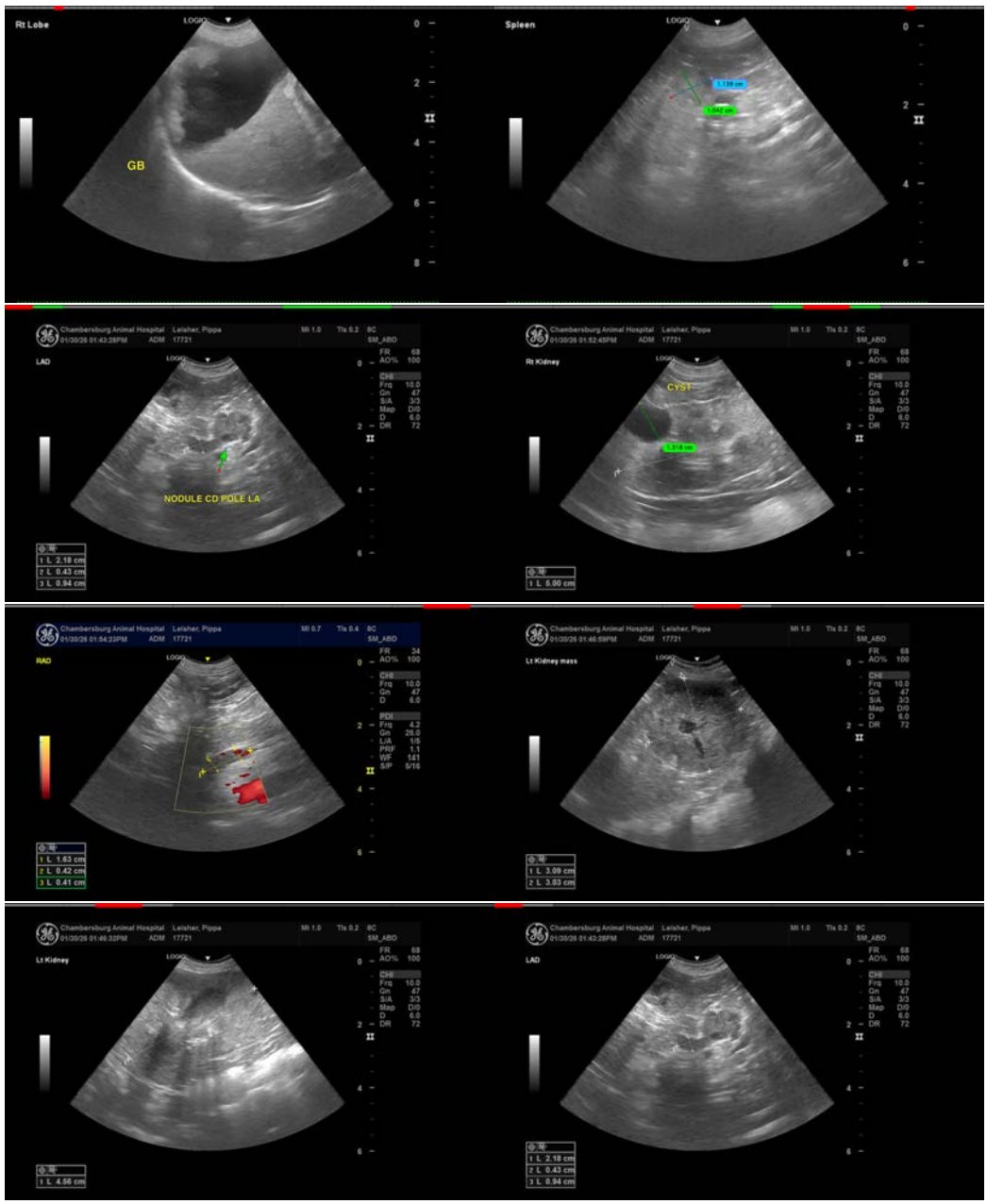

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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