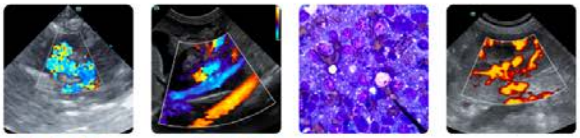


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Blue Bird

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

13 Years

WEIGHT

85.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel Animal Hospital

REFERRING VET

Dr. Walters

INVOICE

72960

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Anorexia, lethargy; Current Medications Benazepril 10 mg SID for proteinuria, butorphanol.

Abnormal PE/Chem/CBC/UA Results: Dec 22/25 Blood ALP high 2103 (N 5-161 U/L), ALT high 293 (N 6-118 U/L), AST high 285 (N 5-71 U/L), urinalysis SG 1.040, no growth Primary Question to Be Answered in This Exam Reason for anorexia?

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (8.24 cm). Overall echogenicity is normal with adequate 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 (7.78 cm). Overall echogenicity is normal with adequate 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 “plump” measuring 0.61 cm at the cranial pole and 0.79 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.

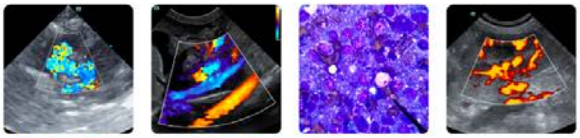
The right adrenal gland is “plump” measuring 0.93 cm at the cranial pole and 1.18 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size but slightly irregular in shape, measuring 1.97 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect visualized associated with the spleen measuring 2.26 cm x 3.53 cm. Additionally, there are two poorly defined hypoechoic nodules, one measuring 1.24 cm, the other measuring 0.95 cm.

Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an irregular, heterogeneous, partially cystic cranial abdominal mass lesion suspected to arise from the liver, measuring 9.45 cm x 7.75 cm. While this is strongly suspected to be of hepatic origin, an



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association with the spleen, stomach, or other cranial abdominal structures cannot be definitively ruled out.

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

Portions of the stomach are visualized and appear within normal limits. Visualization of much of the stomach is obscured by the cranial abdominal mass lesion.

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.

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. No significant lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen around the cranial abdominal mass effect.

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Hypoechoic mass effect and two nodules visualized in the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc.).

- Large, heterogeneous liver with a suspected mass lesion – The appearance is concerning for a primary hepatic mass lesion (adenoma, carcinoma, other), although a metastatic lesion is possible. The possibility of this mass lesion originating from the spleen or other cranial abdominal structure cannot be definitively ruled out.

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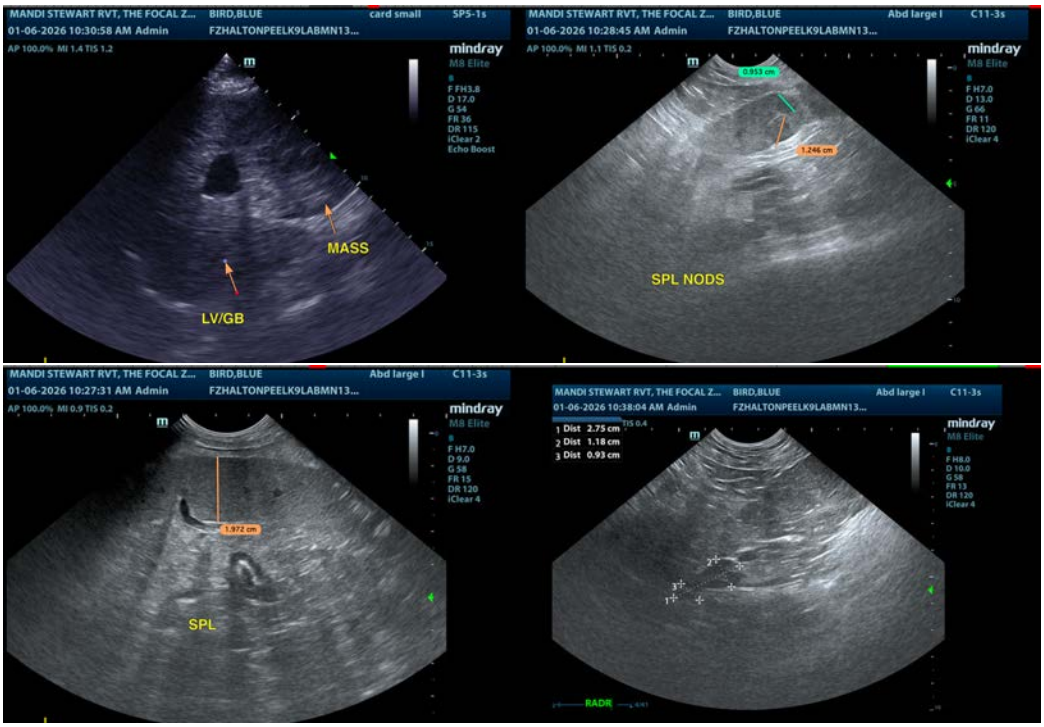
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a solid, hypoechoic mass effect visualized associated with the spleen, as well as two smaller hypoechoic nodules. This could represent a benign or neoplastic lesion, but given the other lesions visualized in the abdomen, a neoplastic lesion is of more significant concern. Consider a fine needle aspirate of the splenic mass lesion observed.

Additionally, there is a large, irregular, partially cystic cranial abdominal mass lesion. This is strongly suspected to be of hepatic origins, but a direct vascular connection is not observed. An alternate origin (spleen, stomach, etc.) cannot be ruled out. Recommend a fine needle aspirate and ideally recommend a contrast CT scan to better evaluate the spleen, liver, and abdomen for evidence of metastasis and to localize the extent and nature of the mass lesion observed. Based on CT and cytology results, decisions can be made about the possibility of surgical intervention, medical therapy, etc. Additionally recommend 3-view thoracic radiographs.

Both adrenals are “plump”. The significance of this is uncertain. This could represent anatomic variation, early hyperplasia, etc. At this time, this is likely somewhat less significant, but continued monitoring is warranted.



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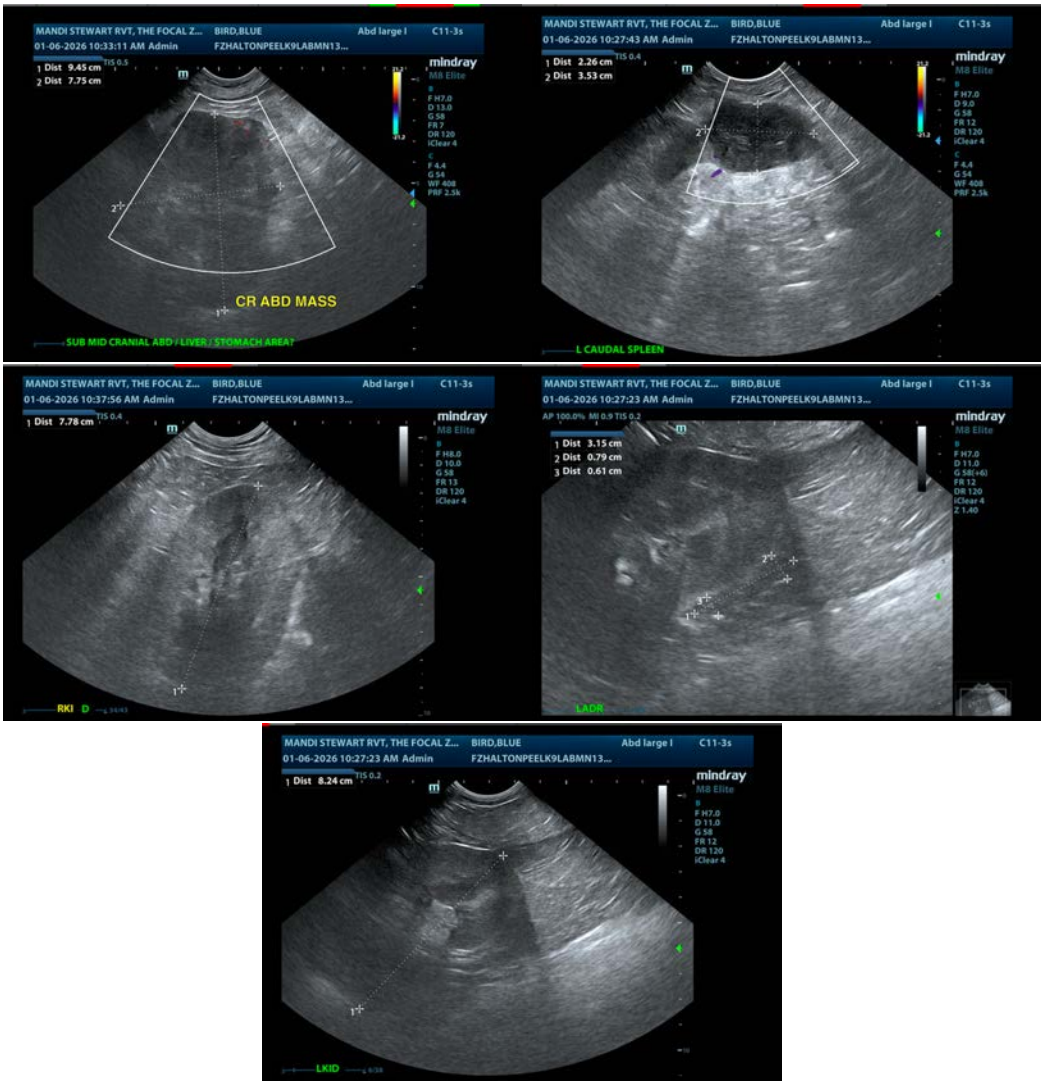

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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