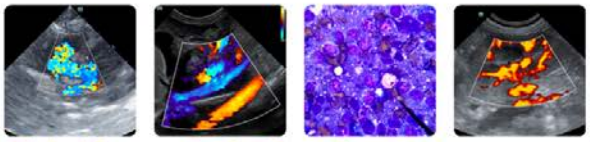

PATIENT

Rachel Cook

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

Dr. Cassie Jackson

INVOICE

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DATE

1/6/26

PRESENTING CLINICAL SIGNS

Rachel presents for recheck abdominal US (previous one done Mar 2025) due to significant changes in liver values on pre-anesthetic BW for dental extractions which have been postponed - Previously diagnosed with IBD/lymphangiectasia and has been on Prednisone for 3 years at a low dose - currently receiving 0.25mg/kg PO q24h - Also receiving Ursodiol which was initiated after previous US 15mg/kg PO q24h - Has had multiple diet trials in past but very picky about food, unable to be on hypoallergenic diet - Clinically doing well at home, no V/D/C/S, normal energy - On PE abdomen is M2 distended, otherwise no relevant abnormal findings.

Abnormal PE/Chem/CBC/UA Results: M1 nonregenerative anemia - M2 thrombocytosis - M1 elevation urea and cystatin B - Magnesium 1.2 (0.7-1.0) - M1 hypernatremia - TP 78 (55-75) - M2 elevation ALT and ALP, trending up - GGT 298 (0-13) - M1 elevation triglycerides and lipase - UPC 3.5 (trending up) - UA SG 1.028 - Rest NSF, Coag profile normal

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 (3.77 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 (4.59 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.

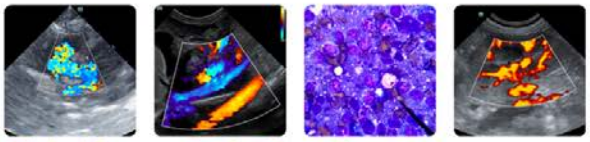
Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.59 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 0.35 cm at the cranial pole and 0.60 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 (1.09 cm in width at the level of the hilus), 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 subtle hypoechoic nodule visualized in the spleen measuring 0.53 cm x 0.56 cm.



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Liver

The liver is large in size, rounded, and irregular in shape. 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 small, hyperechoic cystic lesion visualized in the cranial left liver measuring 0.80 cm x 0.91 cm. There are occasional poorly defined hyperechoic areas/nodules visualized within the parenchyma. Examples measure 0.50 cm and 0.60 cm. Additionally, there is a large hyper-/isoechoic mixed echogenicity solid mass effect visualized in the right caudal aspect of the liver measuring 3.39 cm x 3.85 cm.

The gall bladder is prominent and somewhat overdistended. There is moderate debris present.

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 thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There is mucosal irregularity and fogging visualized associated with the duodenum.

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

There is a small amount of free fluid visualized around the liver (likely due to recent biopsy). No significant lymphadenopathy. The omentum is generally normal in echogenicity.

PRIMARY FINDINGS

- Subtle 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.

- Large, heterogeneous, rounded liver with a small left-sided cystic lesion and a larger, discrete iso/hyperechoic mass effect in the right caudal region – Findings are most consistent with a diffuse vacuolar hepatopathy (likely secondary to steroid use). The cystic lesion has a somewhat of a benign appearance at this time (cystadenoma, cystadenocarcinoma, etc.). Recommend continued monitoring. The larger caudal right mass effect could represent a primary hepatic mass lesion (adenoma, carcinoma, other).

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- Large, distended gallbladder with a moderate amount of dependent 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.
- Thickened duodenum with mucosal fogging – Findings are most consistent with a primary enteropathy.

SECONDARY FINDINGS

- Mild age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

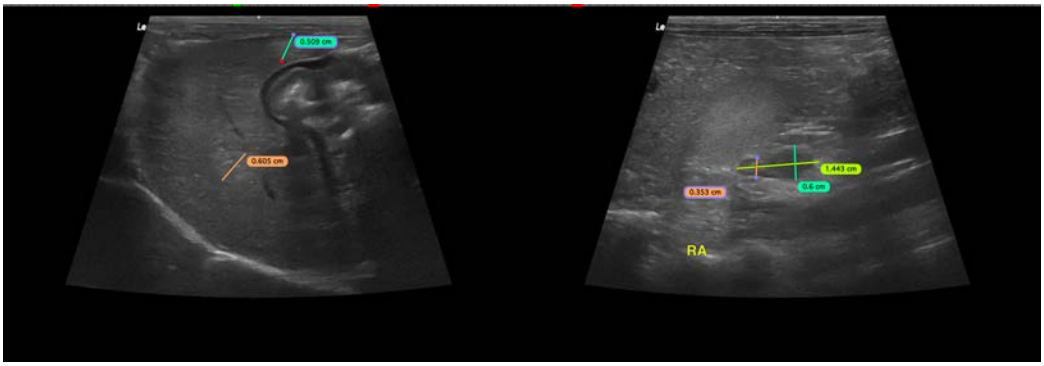
The liver is large, heterogeneous and rounded with occasional small lesions. Much of this change could be secondary to a vacuolar hepatopathy secondary to steroid use. Recommend chronic Denamarin therapy. Additionally, there is a larger, more distinct mass effect visualized in the right caudal aspect of the liver. This was sampled today with a tru-cut biopsy. Ideally consider contrast CT scan to further evaluate and for surgical planning if surgical removal is pursued.

Both kidneys have changes consistent with chronic renal disease. Given the significant proteinuria reported, recommend a blood pressure, urinalysis and culture. Recommend reevaluation of urine protein levels on a pooled sample (multiple samples combined from a 24-hour period). If the proteinuria is persistent, further treatment for glomerulonephritis may be warranted, and possible platelet inhibitor therapy to reduce the risk for thromboembolism given the combination of disease processes present.

There are significant changes to the small intestine consistent with an underlying enteropathy. Consider the possibility of referral to a veterinary nutritionist (most offer online consultation) for the possibility of a homemade prescription diet that is ultra low-fat, hypoallergenic, etc. (possibly low protein for the kidneys) to potentially address medical needs with a more palatable diet.

There is a subtle hypoechoic nodule in the spleen. Recommend continued monitoring with ultrasound, as I suspect a safe window for sampling would be challenging to achieve at this time.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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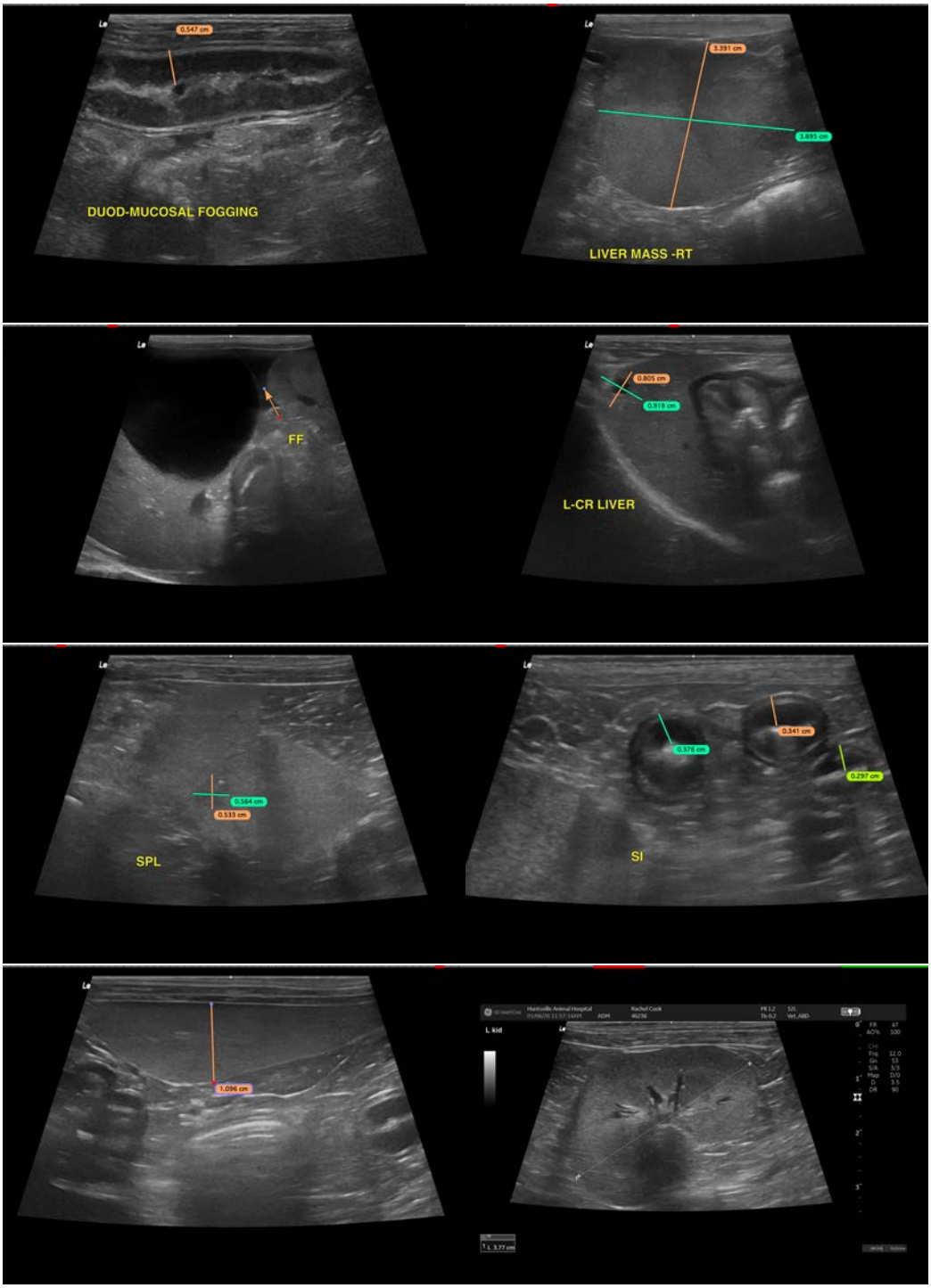

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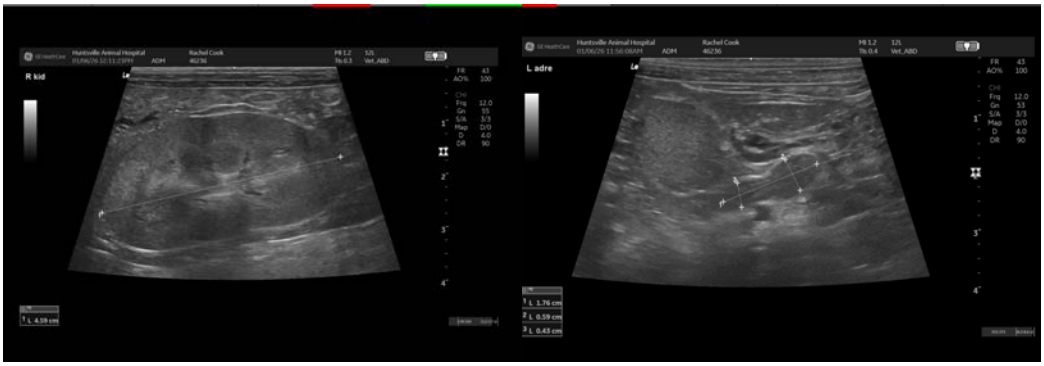

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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