



PATIENT

Bojangles McKenzie

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

12 years

WEIGHT

19.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek Veterinary
Clinic

REFERRING VET

Dr. Dayna Mills

INVOICE

11071

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

History of cushings dx previous scan performed in September. Noted a mass in liver suspected to be benign/ related to cushings. There was also a nodule on the left adrenal gland that they said looked benign but should be monitored.

MED-Vetoryl 30mg 1C BID.

Abnormal PE/Chem/CBC/UA Results: 12/16/2025 Chem - ALT 255 (up from 242); BUN 21; Creat 1.2; SDMA 17.4; Remainder unremarkable Cortisol - 3.8 (up slightly from 3.7 last month) USG - 1.009.

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 prostate is large, slightly irregular measuring 1.94 cm in the sagittal view. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. Previous measurement 9/12/2025 was 1.25 cm.

The left kidney has a normal shape and size (5.48 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 (5.73 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 somewhat large in size, and irregular in appearance measuring 0.81 cm at the cranial pole and 0.85 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that there is a poorly defined hyperechoic nodule/irregular area in the mid region of the adrenal measuring approximately 0.68 cm x 1.13 cm. There's a small irregularity in this area which could be concerning for early vascular invasion or anatomic variation.

The right adrenal gland is normal in size measuring 0.89 cm at the cranial pole and 0.65 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



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The spleen is subjectively normal in size (2.04 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

SPECIES

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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 vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The previously mentioned poorly defined mass effect is not clearly visualized on today's exam.

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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation. The gallbladder appearance improved from the previous exam.

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of 0.43 cm 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.

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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 (0.43 cm 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.

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The ileocecal junction was visualized and there is a hypoechoic mass effect visualized associated with this region, measuring 1.36 cm x 1.99 cm. Most concerning for a cecal mass lesion. The descending colon is visualized with normal intact wall layering and appears within normal limits.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no lymphadenopathy. 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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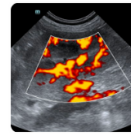
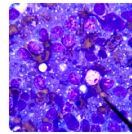
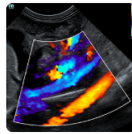
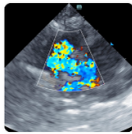
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ULTRASONOGRAPHIC FINDINGS

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- Large prostate. The prostate is prominent for a neutered male and measures as larger than the previous exam. The significance of this is uncertain. Correlate with a digital rectal exam. If prostatic disease is a concern a fine needle aspirate should be performed. Recommend reevaluation in 2-3 months.



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- Large, borderline bilateral adrenomegaly with an irregular hyperechoic region in the left adrenal. Findings are likely consistent with asymmetrical hyperplasia. The nature of the hyperechoic lesion is uncertain as it's poorly defined. Small irregularities present which could be consistent with vascular invasion.
- Large, heterogenous liver. Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Moderate gallbladder distension with moderate debris with very early organization. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
– This appears improved from the previous exam. Recommend continued chronic ursodiol therapy.
- Mass effect visualized at the ileocecal junction. Findings are concerning for a benign or neoplastic lesion. Possible differentials include sarcoma, carcinoma, round cell neoplasia, adenoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogenous and adrenals are plump. Potentially consistent with Cushing's disease. The left adrenal appears abnormal and there's an irregular blob which could be consistent with early vascular invasion, but this is questionable. Options moving forward would include continued serial evaluation with ultrasound or a contrast CT scan to better evaluate.

There's a new mass effect visualized associated with the cecum. A fine needle aspirate could be considered. Ideally surgical removal should be considered.

The prostate measures as significantly larger on today's exam. This could potentially represent image variation, etc. Correlate with the age of neutering. If this patient was neutered prior to puberty this could be normal. Additionally, recommend a digital rectal exam. If there's concern for prostatic disease, a fine needle aspirate should be performed. Ideally, this should be rechecked along with the adrenal gland in 2-3 months. If surgery for the cecal mass is pursued, you could consider a fine needle aspirate prior to surgery.

The gallbladder still has some mild changes, but they appear improved from the previous exam. Recommend continued chronic ursodiol therapy. Additionally, the previously described poorly defined hepatic mass lesion is not readily identified on today's exam.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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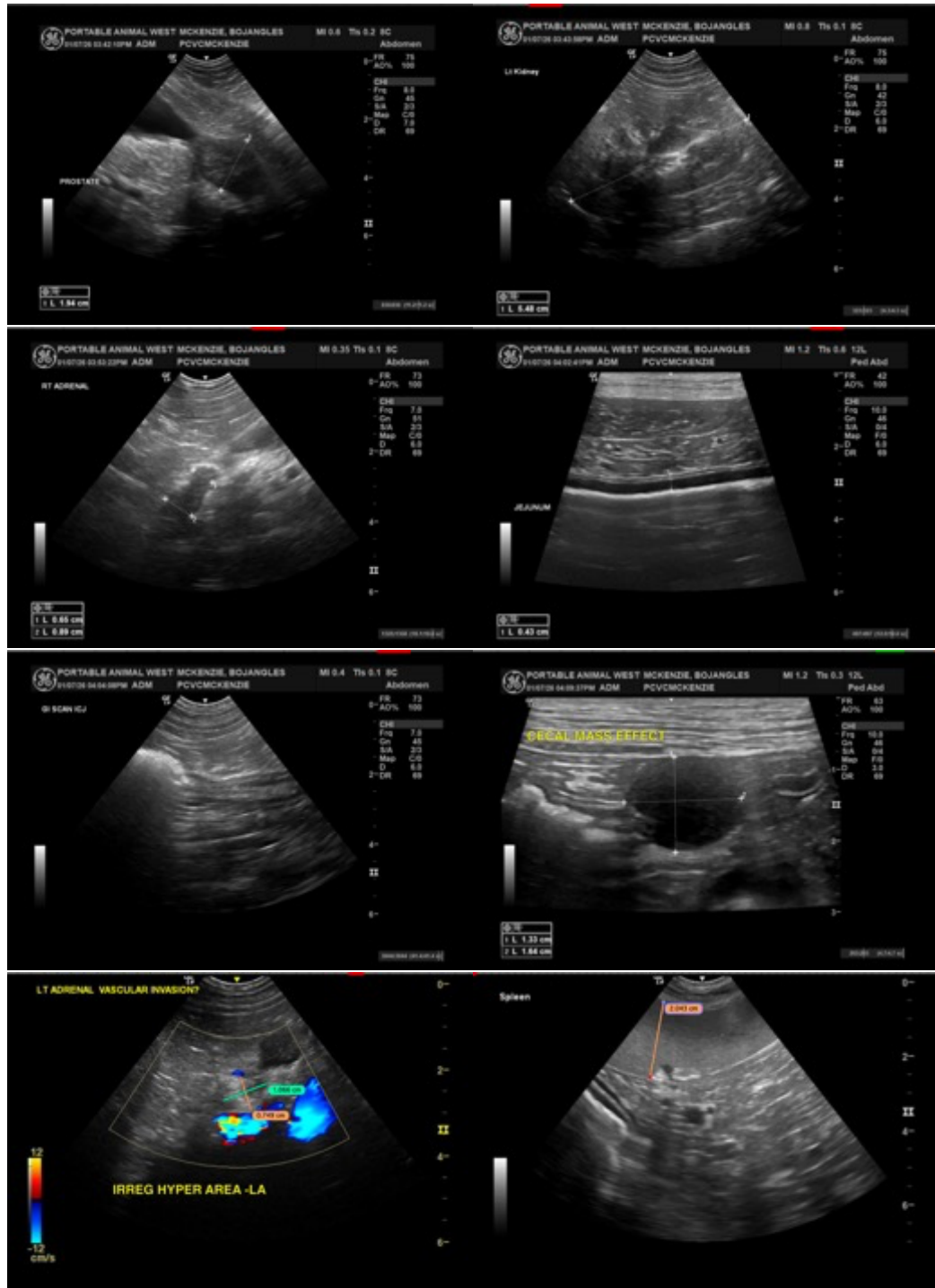
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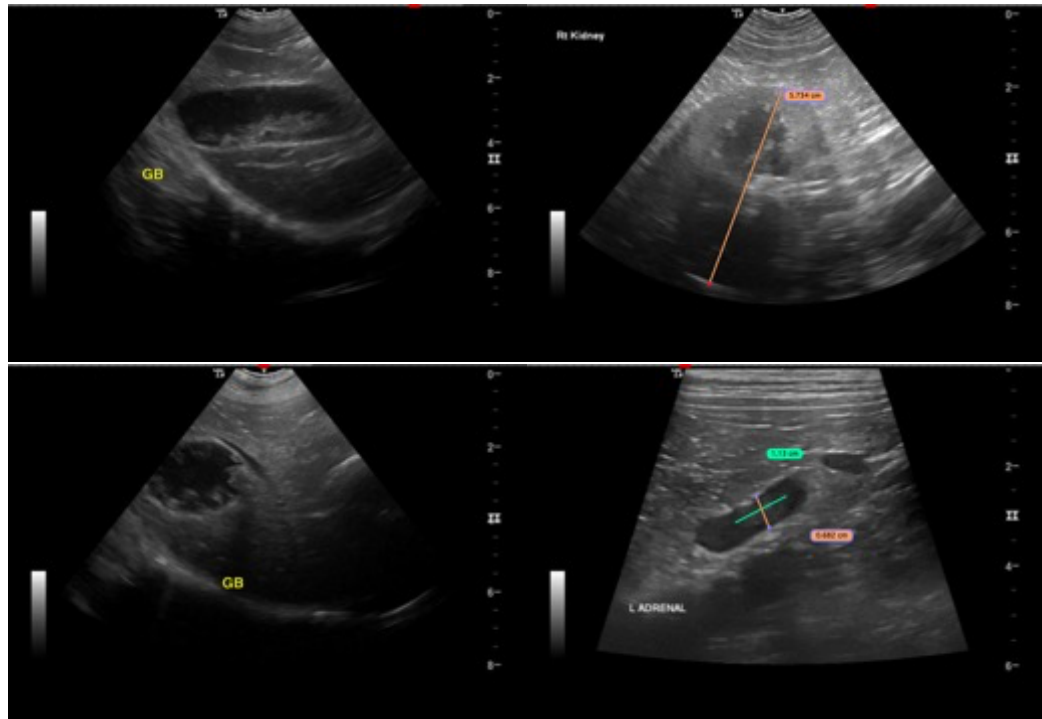
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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