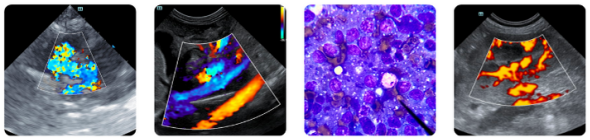


PATIENT

Suzy Hudek

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography

REFERRING VET

Dr. Kaiser

INVOICE

11054

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

SQ MCT right forelimb, Subcutaneous mast cell tumor (low grade/grade II), complete excision (>4 cm)- Sx March 2023. Right axillary lymph node: Metastatic mast cell tumor (HN3, overt metastatasis)- LN extirpation March 2023. Enlarged right prescapular LN- Sinus hemosiderosis (HN0, non-metastatic)- LN extirpation March 2023. Elevated ALP, moderate to severe- chronic. Skin allergies, treated with Apoquel. Grade II heart murmur. Obese. Questionable pulmonary nodule, right caudal lung lobe 7-8th ICS (CXR March 2023.)

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 (4.77 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are occasional small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.8 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are occasional small cortical cysts noted. 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 0.49 cm at the cranial pole and 0.53 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.

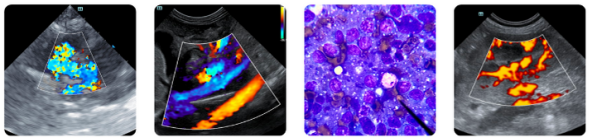
The right adrenal gland is normal in size measuring 0.6 cm at the cranial pole and 0.6 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.95 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. There is a small hyperechoic nodule at the periphery of the spleen measuring 0.26 cm x 0.37 cm most consistent with a benign myelolipoma.

Liver

The liver is large in size, and irregular/rounded in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left lobe of the liver appears focally rounded and isoechoic. Findings are most consistent with an isoechoic “bulge” but a poorly defined mass effect (adenoma/carcinoma, etc.)



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cannot be ruled out. Additionally, there are hypoechoic nodules visualized randomly in the parenchyma. On the right side there are two measuring 0.59 cm and 0.58 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and there is organization and stranding of this debris into a mucocele. There is minimal surrounding inflammation and no obvious free fluid observed. The bile duct is normal/not visible. Findings are consistent with a mucocele. Consider close monitoring and initial medical management

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. The duodenum measured as normal (0.27 cm in wall thickness) and the jejunum measured as normal (0.28 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 prominent and mottled in the right limb. 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. There is no evidence of a significant diffuse lymphadenopathy. The left external iliac lymph node is prominent but isoechoic measuring 0.66 cm x 2.17 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with a chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- Large, heterogenous, rounded liver with an isoechoic “bulge”, and hypoechoic nodules. It appears generally most consistent with vacuolar hepatopathy. The rounded areas could be consistent with a poorly defined mass effect or more likely a “anatomic bulge.” Hypoechoic nodules could represent neoplastic foci or regenerative nodules, etc.
- Mature gallbladder mucocele. There is no evidence of significant surrounding inflammation or free fluid at this time. Gallbladder wall appears mildly thickened. Options include medical or surgical management.

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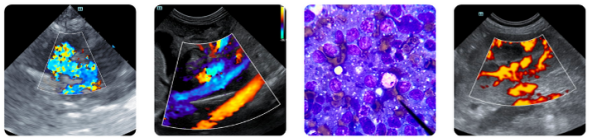

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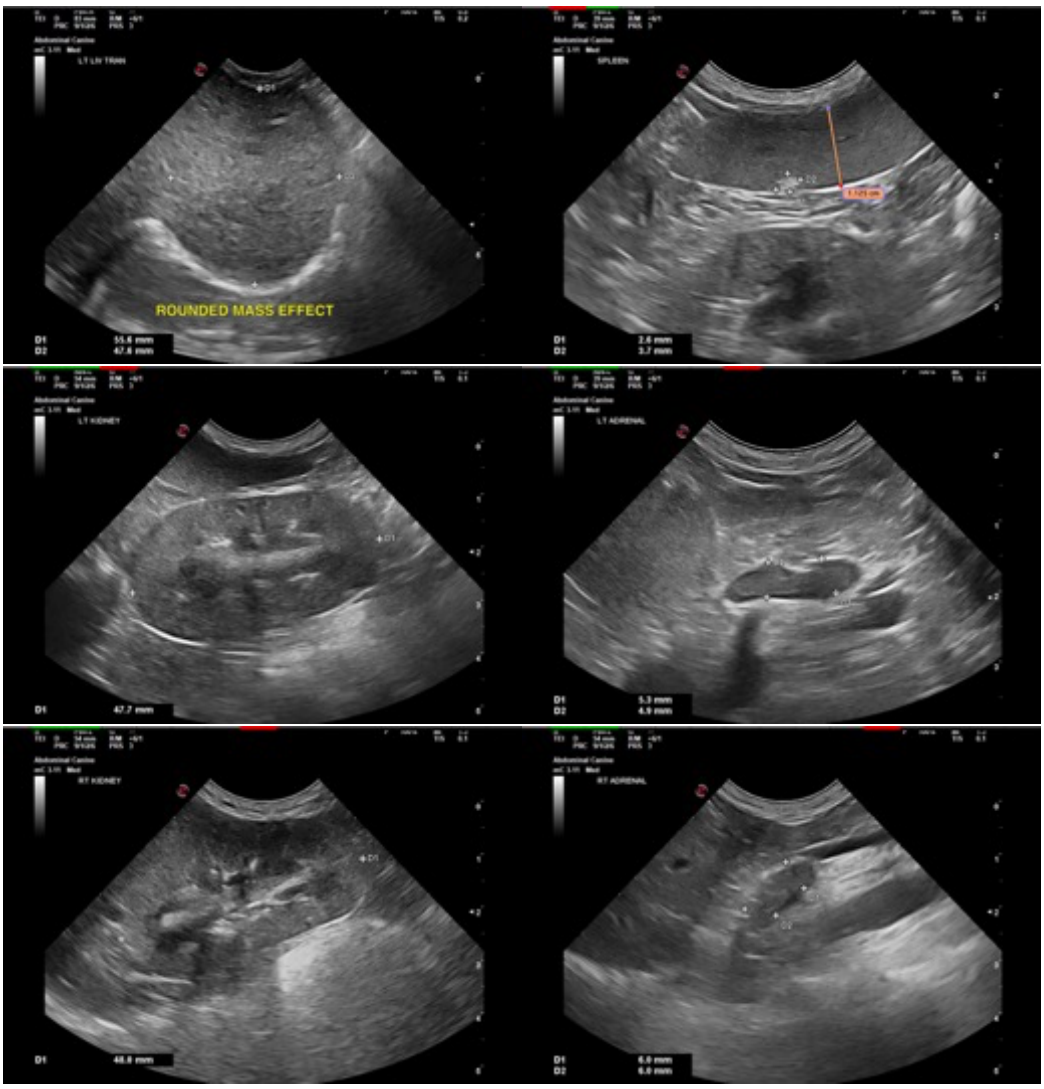
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogenous with some hypoechoic nodules, and an isoechoic bulge These changes could represent neoplastic infiltration or benign lesions (vacuolar hepatopathy with regenerative nodules, etc.) Recommend a fine needle aspirate of the liver for further evaluation (provided coagulation parameters are normal.

There is a mature gallbladder mucocele present with no evidence of free fluid or severe surrounding inflammation. Ideally, this would be surgically removed depending on the clinical status of this patient, you could consider chronic ursodiol therapy, close continued monitoring, as this could transition to a surgical emergency. Although, some of these can stay stable for a long period of time.



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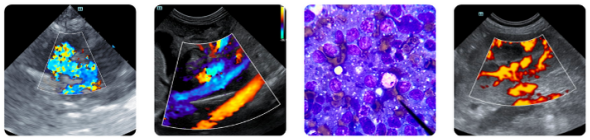

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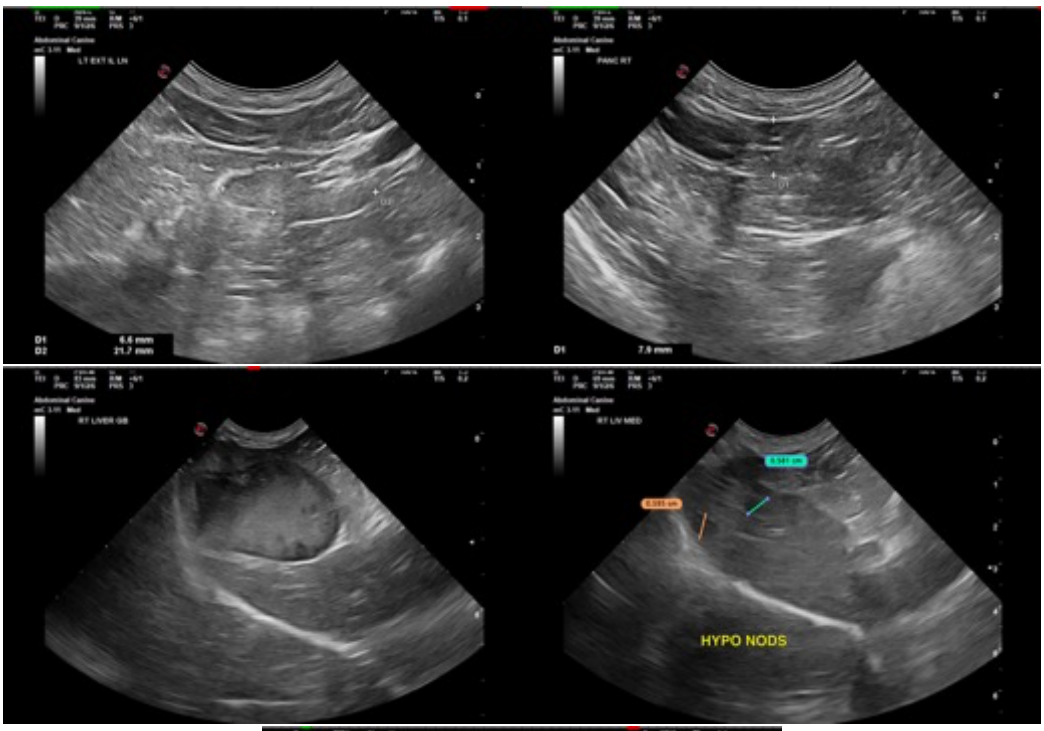

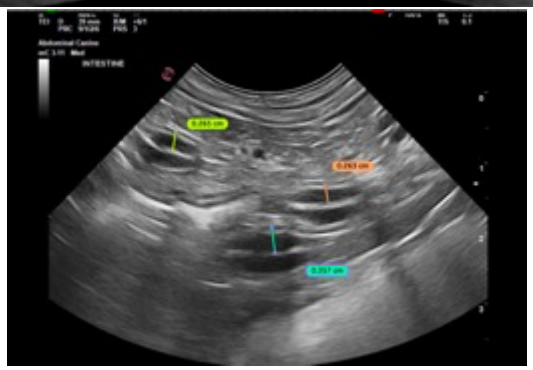

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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