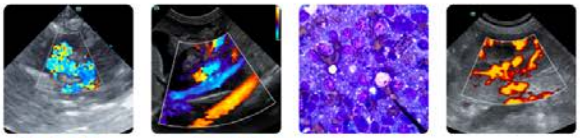


PATIENT

Lacy Clark

SPECIES

Canine

BREED

Maltese x

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Chatham Veterinary Services

REFERRING VET

Dr. Scott

INVOICE

71687

DATE

11/11/25

PRESENTING CLINICAL SIGNS

P presented for 2nd opinion. Family travels back and forth from Martha's Vineyard and North Carolina. Seen by Dr. Andy Abbo (Oncologist) 9/24/25 P diagnosed with Grade 3 MCT. On Palladia 10mg 1 tab PO M, W, F Previous US- Liver enlarged, GB sludge, Kidneys- no pelvic distension or cysts, Spleen- 0.5cm hypoechoic nodule along with hyperechoic nodule assoc with splenic vasculature, adrenals upper limits of normal L: 0.62, R : 0.8cm Bladder normal, Spleen Aspirated- Cytology results normal

Abnormal PE/Chem/CBC/UA Results: 9/24/25 ALKP 526, Amylase 1400, BUN 42, K+ 5.9 11/11/25 HCT 34.8%, HGB 12.2, WBC 4.7 BUN 47, Glob 4.6, ALKP 655, AMy 1661, Lipase 4257, K 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely thickened and somewhat irregular, most pronounced in the apical region, measuring 0.47 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Full evaluation of the urinary bladder is impaired due to lack of urine distention.

The left kidney has a normal shape and size (4.45 cm) with numerous small cortical cysts, an example of which measures 0.30 cm, and pyelectasia measuring 0.32 cm. The cortex is of increased echogenicity with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.87 cm) with numerous small cortical cysts. The cortex is of increased echogenicity. with poor 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.

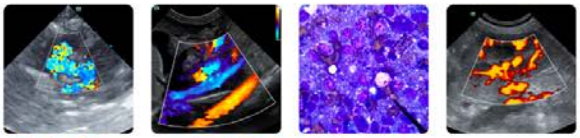
Adrenal Glands

The left adrenal gland is large, measuring 0.74 cm at the cranial pole and 0.65 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 large, measuring 0.92 cm at the cranial pole and 0.70 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 (1.27 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 are numerous small hyperechoic nodules/foci in the spleen most consistent with benign myelolipomas. In the cranial aspect of the spleen there is a poorly defied/subtle hypoechoic nodule visualized measuring approximately 0.74 cm x 0.49 cm.



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Liver

The liver is large in size, and normal in echogenicity with rounded 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.25 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 visible/mildly 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, or significant 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.

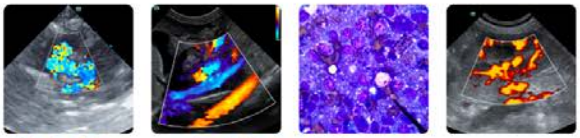
Other

There is a small, hypoechoic structure visualized near the left adrenal. This is hypoechoic and poorly vascular, possibly consistent with an omental cyst or a lymph node measuring 0.94 cm x 0.55 cm.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

- 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.



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- Age related changes visualized associated with both kidneys in addition to mild left-sided pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Poorly defined/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.
- Prominent, mottled right limb of the pancreas – Findings are most consistent with pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- Large, heterogeneous, rounded liver – The appearance is most consistent with a vacuolar hepatopathy. Other hepatopathies are possible. Infiltrative neoplasia cannot be ruled out.
- Large, distended gallbladder with a large amount of intraluminal debris and some debris adhered to the gallbladder wall – 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.
- Hypoechoic, poorly vascularized structure visualized near the left adrenal. Findings are most consistent with omental cyst or small lymph node. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are “plump” and the liver appears somewhat large and heterogeneous. Correlate with patient’s clinical symptoms. If signs of Cushing’s are present, you could consider adrenal function testing. The appearance of the liver could also be consistent with current steroid therapy or less likely neoplastic infiltration.

The urinary bladder is mildly distended, and the urinary bladder wall appears thickened and irregular, possibly consistent with cystitis. Recommend a urinalysis and culture. Consider repeat evaluation of the urinary bladder in the future with a full bladder to better rule out a mass effect/focal lesion.

Both kidneys have changes consistent with chronic age related change/early renal disease. Correlate with urinalysis, blood pressure, urine culture +/- urine protein to creatinine ratio.

There is a poorly defined hypoechoic nodule in the spleen. Given the history of mast cell disease, a fine needle aspirate should be considered (I believe this was already done).

There is a large amount of debris visualized in the gallbladder. Consider initiating chronic Ursodiol therapy and continued monitoring of the gallbladder for possible progression to a mucocele.

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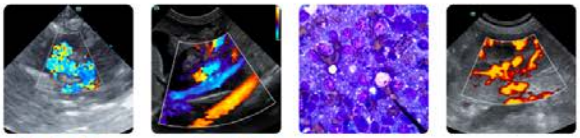

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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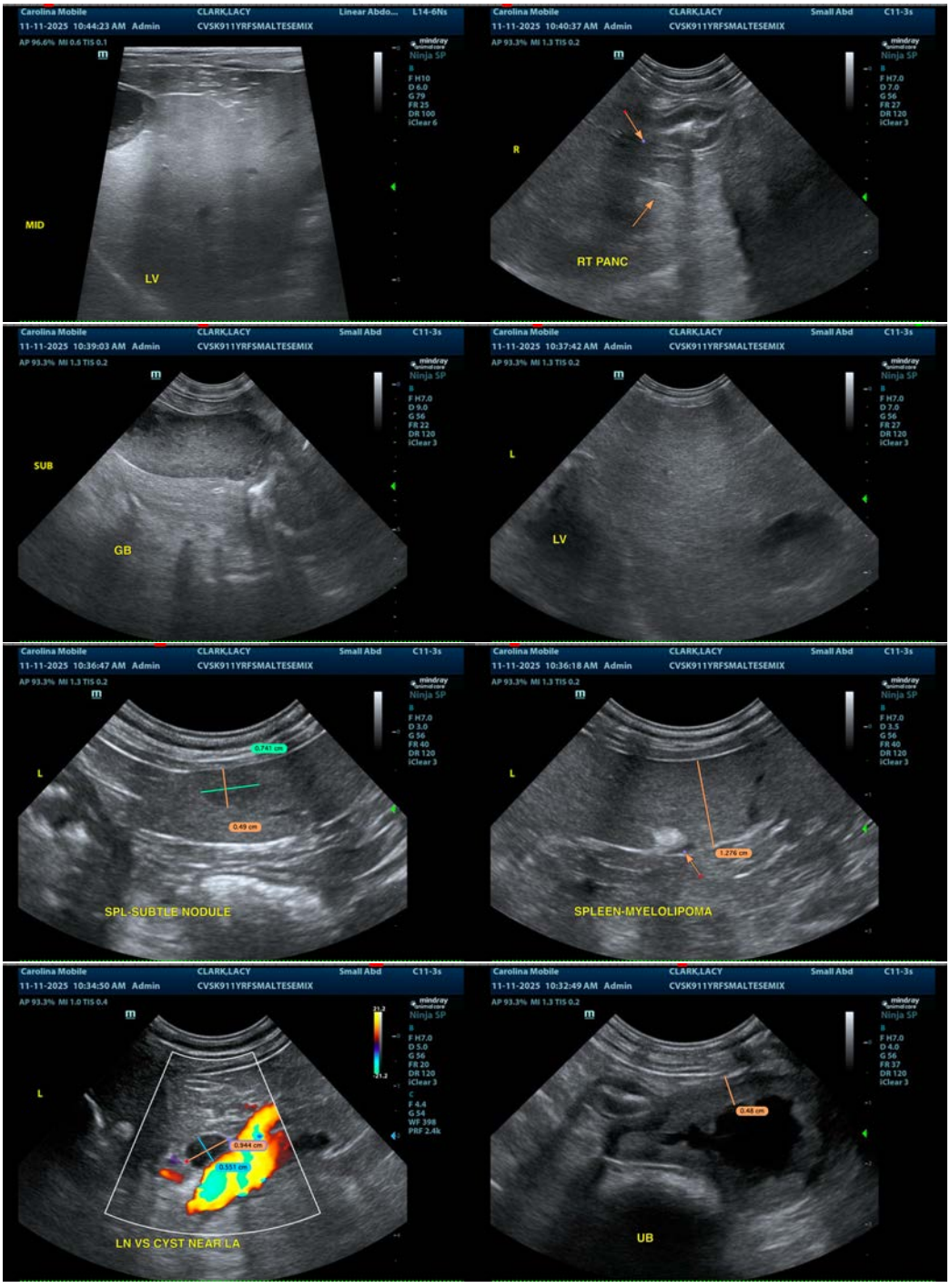

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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