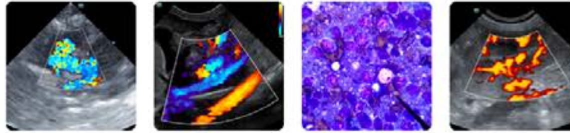


DATE
11/13/25

PATIENT
Dash Clayborne

SPECIES
Canine

BREED
Boston Terrier

SEX
Spayed Female

AGE
4/7/15

WEIGHT
26.2 lbs

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

HOSPITAL NAME
Everhart Veterinary Hospital

REFERRING VET
Dr Notarangelo

INVOICE
71787

PRESENTING CLINICAL SIGNS

Patient History: Inappropriate urination and defecation, recently seen for annual wellness and severe proteinuria, and new liver value elevations noted. Owner did not described polyuria/polydipsia, but pet has been house-soiling for a few months when owner leaves and owner attributed it to anxiety due to loss of housemate but suspicious of underlying disease.

Current Medications: SIMPARICA TRIO 22.1 - 44 LBS SINGLE 9/5/2025, DOUXO S3 PYO MOUSSE 11/19/2024, SIMPARICA TRIO 22.1 - 44 LBS 6 MOS 11/14/2022
Labwork Results: Labwork attached, reported as: 11/7/25: ALT 313, ALKP 457, chol 512, trig 444, PSL 197 USG 1.013, 3+ protein, UPC 11.4. 12/11/24: ALT 121, chol, trig 440, UPC 0.8
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (5.43 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 (5.68 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 normal/borderline "flat" measuring 0.48 cm at the cranial pole and 0.44 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 in size and abnormal, measuring 2.14 cm at the cranial pole, 0.58 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 abnormal in appearance in that there is a mass effect primarily involving the cranial pole, measuring 2.14 cm x 1.92 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.7 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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. There is a hypoechoic nodule visualized in the mid region of the liver measuring 0.90 cm x 2.23 cm.

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.

Gastrointestinal

The stomach contains mild fluid and gas. Normal areas of gastric wall measure 0.39 cm. Towards the body of the stomach the wall thickens with very prominent rugal folding and slight loss of layering, measuring up to 1.99 cm in thickness. The distal pylorus and outflow tract appear normal.

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 mwall measures 0.39 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 mildly hypoechoic 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 subjective 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.

PRIMARY FINDINGS

- Large, heterogeneous liver with an ill-defined hypoechoic nodule – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible. The hypoechoic nodule could represent a benign or early neoplastic lesion.

- Early gallbladder mucocele with no evidence of surrounding inflammation.

- Regional thickening of the gastric wall with prominent rugal folding and some reduced detail of wall layering – Findings are concerning for a possible early gastric mass lesion. Other differentials such as hyperplasia, inflammation, and edema are also possible.

- Right adrenal mass lesion – Possible differentials include adenoma, carcinoma, pheochromocytoma, other.

SECONDARY FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

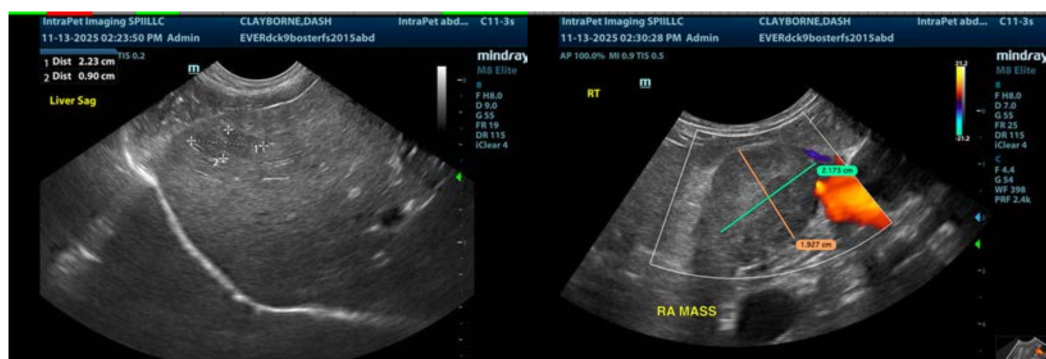
There is a mass effect visualized involving the right adrenal. Based on the size, this would be concerning for a neoplastic lesion. Additionally, the liver is large and heterogeneous, most consistent with a vacuolar hepatopathy. Consider adrenal function testing to screen for adrenal dependent Cushing's. Also recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma. If surgical intervention would be considered, a contrast CT scan is strongly recommended to look for any evidence of vascular invasion.

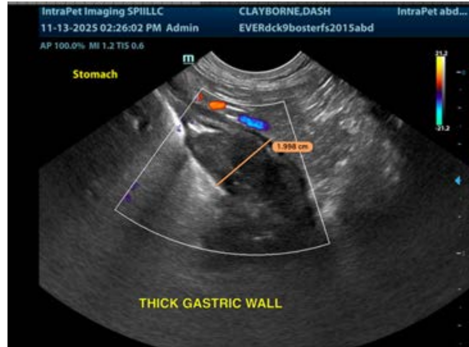
Some areas of the gastric wall appear normal, but there is a region of the gastric wall with very prominent rugal folding and thickening. On some views there appears to be loss of layering. Based on the regional appearance, this could be concerning for a gastric mass lesion, although focal inflammation, hyperplasia, etc. are also possible. If a window for cytologic sampling is available, consider a fine needle aspirate. Otherwise, endoscopic or ideally surgical biopsies may be necessary. Additionally, you could consider treatment for gastritis and reevaluate in 4-6 weeks.

The gallbladder has the appearance of an early mucocele. Recommend initiating chronic Ursodiol therapy and continued monitoring. There is no evidence of inflammation at this time, so surgical removal is not 100% necessary but may need to be considered in the future.

Recommend initiating treatment for glomerulonephritis depending on clinical assessment. This often involves an ACE inhibitor, fatty acid supplementation, antiplatelet therapy, etc. A recheck of the urine protein to creatinine ratio on a pooled sample over the day is recommended to confirm these values.

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

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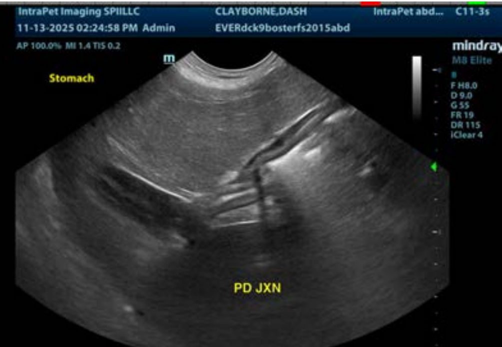
Stomach
mindray
M8 Elite
1.998 cm
THICK GASTRIC WALL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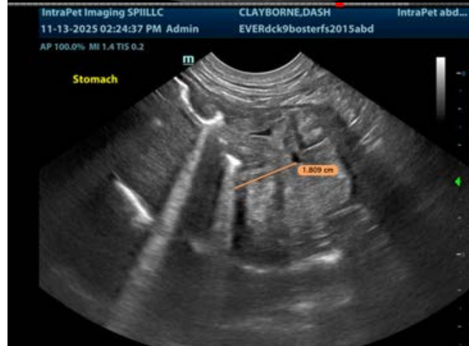
Stomach
mindray
M8 Elite
PD JXN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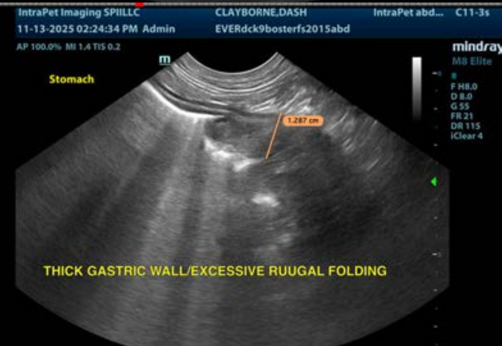
Stomach
mindray
M8 Elite
1.809 cm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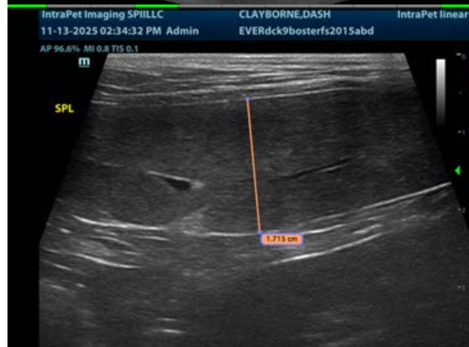
AP 100.0% MI 1.4 TIS 0.2
Stomach
mindray
M8 Elite
1.287 cm
THICK GASTRIC WALL/EXCESSIVE RUUGAL FOLDING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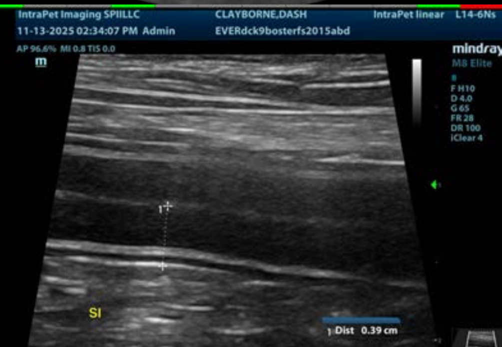
SPL
mindray
M8 Elite
1.715 cm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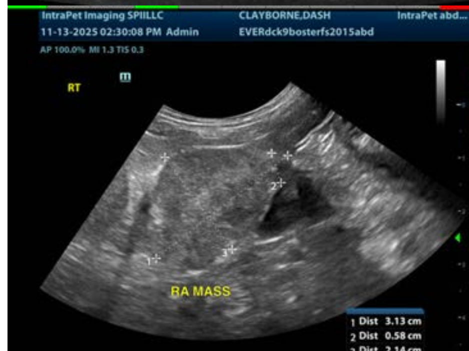
AP 96.6% MI 0.8 TIS 0.0
mindray
M8 Elite
SI
1 Dist 0.39 cm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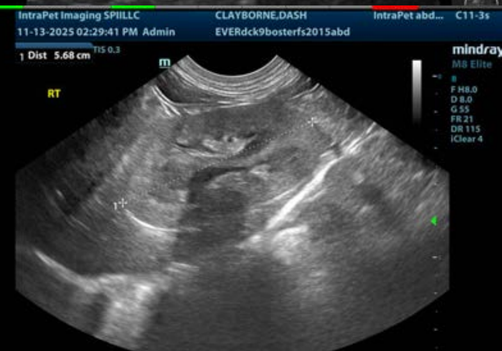
AP 100.0% MI 1.3 TIS 0.3
RT
mindray
M8 Elite
RA MASS
1 Dist 3.13 cm
2 Dist 0.58 cm
3 Dist 2.14 cm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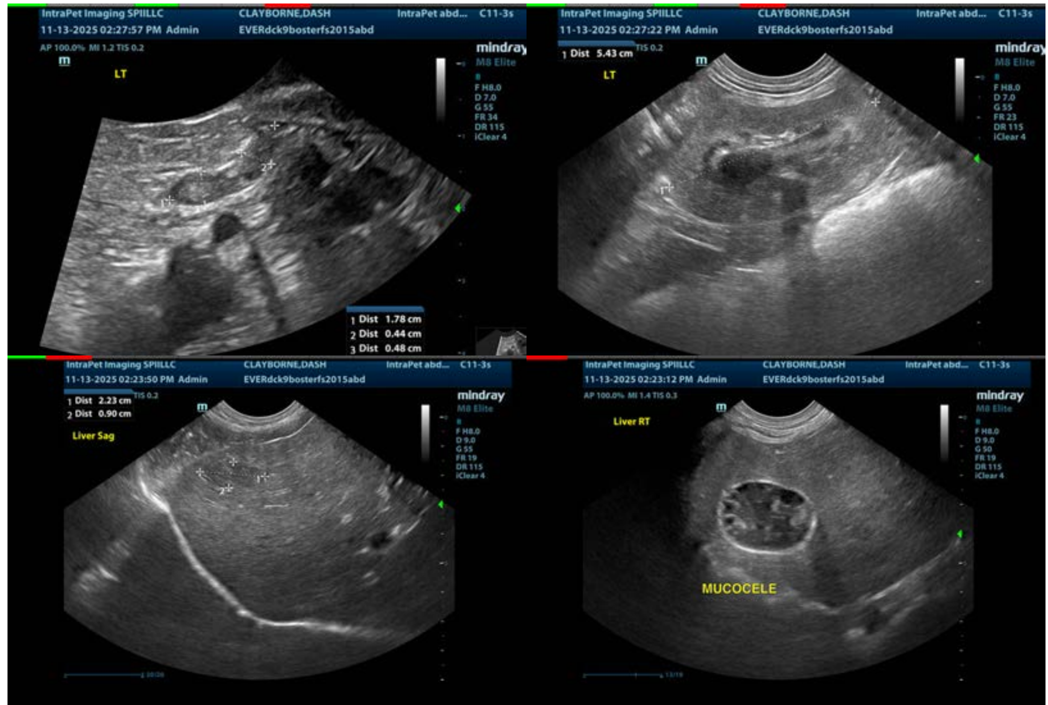
1 Dist 5.68 cm
RT
mindray
M8 Elite



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