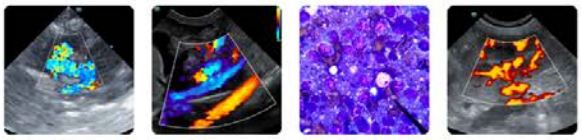


DATE

11/13/25

PATIENT

Lera Strozier

SPECIES

Canine

BREED

German Shepherd x

SEX

Spayed Female

AGE

2012

WEIGHT

21.9 kg

INTERPRETED BY

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

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Washington

INVOICE

71796

PRESENTING CLINICAL SIGNS

Patient History: 3/6 L systolic heart murmur, Cushing's disease, Osteoarthritis, Chronic hepatopathy
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork not attached, reported as: August 2025
ALKP - 806 (23-212), ALT - 205 (10-125), CardioBNP 1015 (0-900)

Current Medications: Vetoryl 100 mg daily, Pimobendan 6.5 mg twice daily
Lab Results: See above.
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 (6.04 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 (5.89 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 large and hypoechoic, measuring 0.93 cm at the cranial pole and 0.96 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 and hypoechoic, measuring 1.07 cm at the cranial pole and 0.91 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 (2.22 cm), 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 cranial aspect of the spleen measuring 0.61 cm.

Liver

The liver is large in size 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 are too numerous to count, poorly defined hypoechoic nodules visualized in the parenchyma. Additionally there is a slightly irregular, hypoechoic solid mass effect in the mid left region of the liver measuring 3.84 cm x 2.46 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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. The pylorus is prominent with a prominent muscularis layer, measuring at 0.77 cm.

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 0.42 cm. Jejunum wall measures 0.30 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. 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.

ULTRASONOGRAPHIC FINDINGS

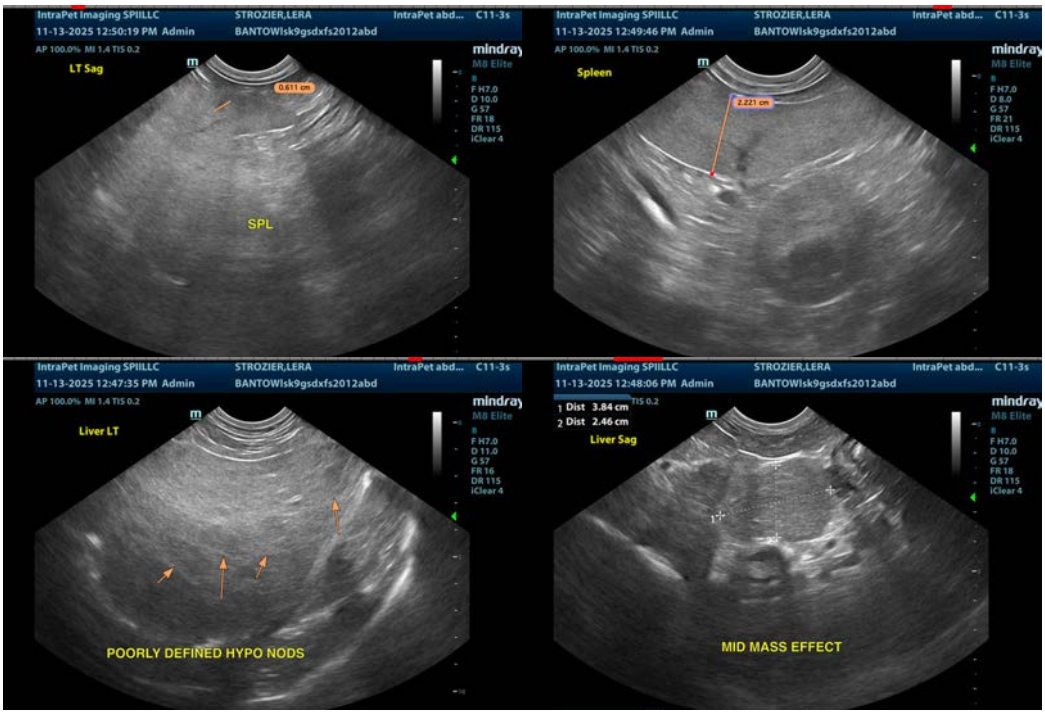
- Bilateral adrenomegaly – Findings are most consistent with the current diagnosis of pituitary dependent hyperadrenocorticism.
- Subtle hypoechoic nodule in the cranial aspect of the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Large, heterogeneous, irregular liver with ill-defined hypoechoic nodules and an iso- to slightly hyperechoic mass effect – Findings are most consistent with a diffuse vacuolar hepatopathy and regenerative nodules. The larger mass effect could be consistent with an adenoma, a large lymphoid nodule, a carcinoma, or other.
- Prominent/mildly thickened pylorus – The significance of this is uncertain. Findings could include imaging artifact or mild gastritis. Recommend continued monitoring.

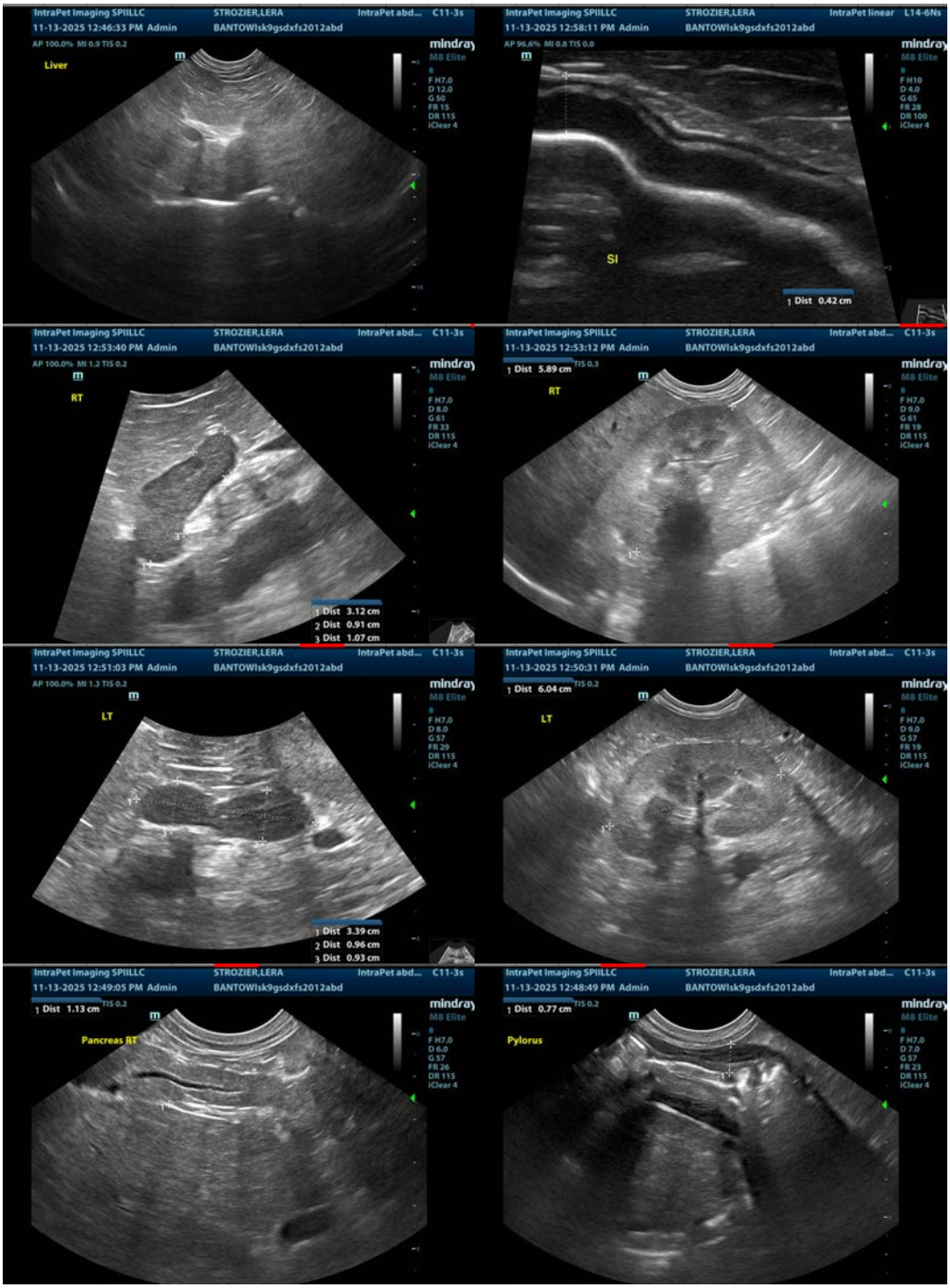
- There is a very subtle, small hypoechoic nodule in the cranial aspect of the spleen. Options moving forward would include continued monitoring or a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, irregular, and very heterogeneous with numerous ill-defined hypoechoic nodules. Generally, this has the appearance most consistent with a chronic vacuolar hepatopathy and lymphoid nodules, although a more significant hepatopathy cannot be ruled out. Additionally, there is a larger hyper- to isoechoic mass effect visualized in the mid caudal region of the liver. This generally has an appearance most consistent with a primary hepatic lesion such as an adenoma or carcinoma, although a large lymphoid nodule is also possible. If a safe window for sampling is available, you could consider a fine needle aspirate. Alternately, continued monitoring with ultrasound could be considered (recheck in 3-4 months). If more aggressive evaluation is desired, consider a contrast CT scan to better determine the options if surgical removal is desired.

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

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RT
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2 Dist 0.91 cm
3 Dist 1.07 cm
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RT
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LT
1 Dist 3.39 cm
2 Dist 0.96 cm
3 Dist 0.93 cm
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LT
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1 Dist 1.13 cm
Pancreas RT
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1 Dist 0.77 cm
Pylorus
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