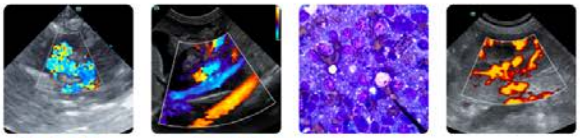


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Bella Chrysler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

13 Years

WEIGHT

88.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

71901

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Hx of arthritis, on Galliprant and Librela. Had bilateral TPLO surgery 6 years ago. Wellness BW showed mild elevations in liver values. Hx of lipomas throughout body ABNORMAL Labwork Values ALT-468, AST-218, ALP-535, GGT-53, Lipase- 479, Cholestrol-408, Reticulocyte-23.0, Neutrophils-12268, Monocytes-1047, Eosinophils-64, Platelets-575, Total T4-0.8 Urine Specific Gravity-1.009, PH-8.0, mod cocci bacteria Current Medications Galliprant 100mg SID, Librela inj, Simparica TRIO, Clavamox and Denamarin Radiographic Findings N/A Notes to Specialist (if any) N/A

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 (7.84 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (7.64 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 in size measuring 0.90 cm at the cranial pole and 0.79 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.

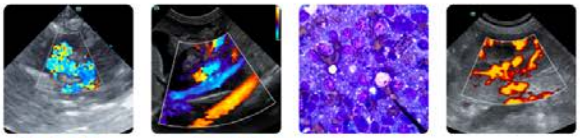
The right adrenal gland is large and irregular in shape, measuring 4.11 cm at the cranial pole x 0.95 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in that there is a mass effect at the cranial pole measuring 4.22 cm x 4.16 cm. No evidence of vascular invasion is visualized but this cannot be ruled out.

Spleen

The spleen is subjectively normal in size (1.64 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 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 is a large cystic structure with some intraluminal material visualized in the mid left cranial aspect of the liver measuring 4.89 c mx 5.38 cm. There is a large, hyperechoic, irregular, somewhat poorly defined mass effect visualized in the caudoventral left aspect of the liver measuring 9.28 cm x 5.41 cm,



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which is adjacent to a more discrete, hypoechoic, mixed echogenicity mass measuring 2.42 cm x 2.59 cm. There is a cystic structure caudal to the gallbladder measuring 2.97 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. 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 0.53 cm. Jejunum wall measures 0.43 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 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

- Large, irregular, heterogeneous liver with a large, poorly defined mid left-sided mass effect, two cystic lesions, and other smaller mass lesions/nodules.
- Age related changes visualized associated with both kidneys.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mild pancreatic remodeling in the right limb.
- Mass effect involving the cranial pole of the right adrenal – Possible differentials include an adenoma, carcinoma, pheochromocytoma, other.

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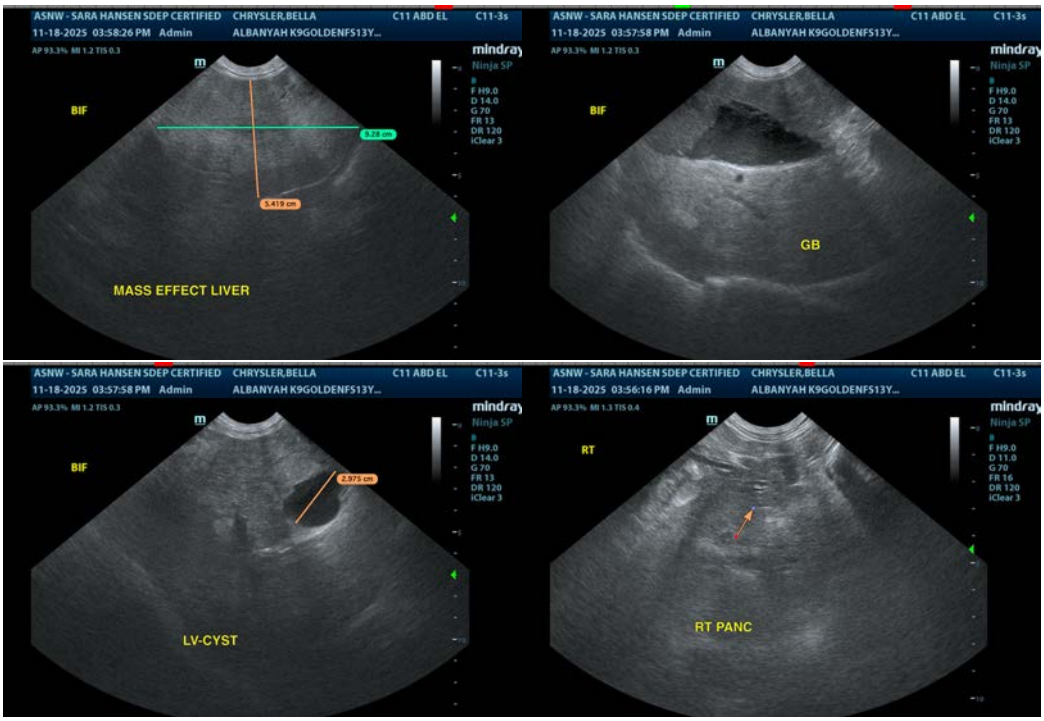
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and irregular with numerous poorly defined hyper- and hypoechoic nodules as well as some larger poorly defined mass lesions. There is a large, hyperechoic mixed echogenicity lesion in the mid left ventral region, possibly consistent with a primary hepatic mass lesion (carcinoma, adenoma, other) and a large cystic lesion that has some intraluminal debris (an abscess cannot be definitively ruled out). These lesions could represent benign cysts, regenerative nodules, etc., or some of these could represent a more concerning issue such as underlying neoplasia. Further evaluation could include a fine needle aspirate in several regions as well as a contrast CT scan to better delineate the lesions and determine their potential for surgical excision.

There is a mass effect involving the right adrenal. The size is concerning for a possible neoplastic lesion. No evidence of vascular invasion is visualized, but a contrast CT scan would likely be needed to further investigate. If signs of Cushing's are present, you could consider adrenal function testing. Additionally consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a pheochromocytoma. If surgical excision is considered, the aforementioned contrast CT scan would be needed for surgical planning, and to try and determine if this is feasible in an older pet with multiple concurrent issues.

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



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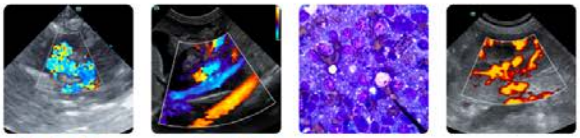

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Educational Teleconsultation Services™

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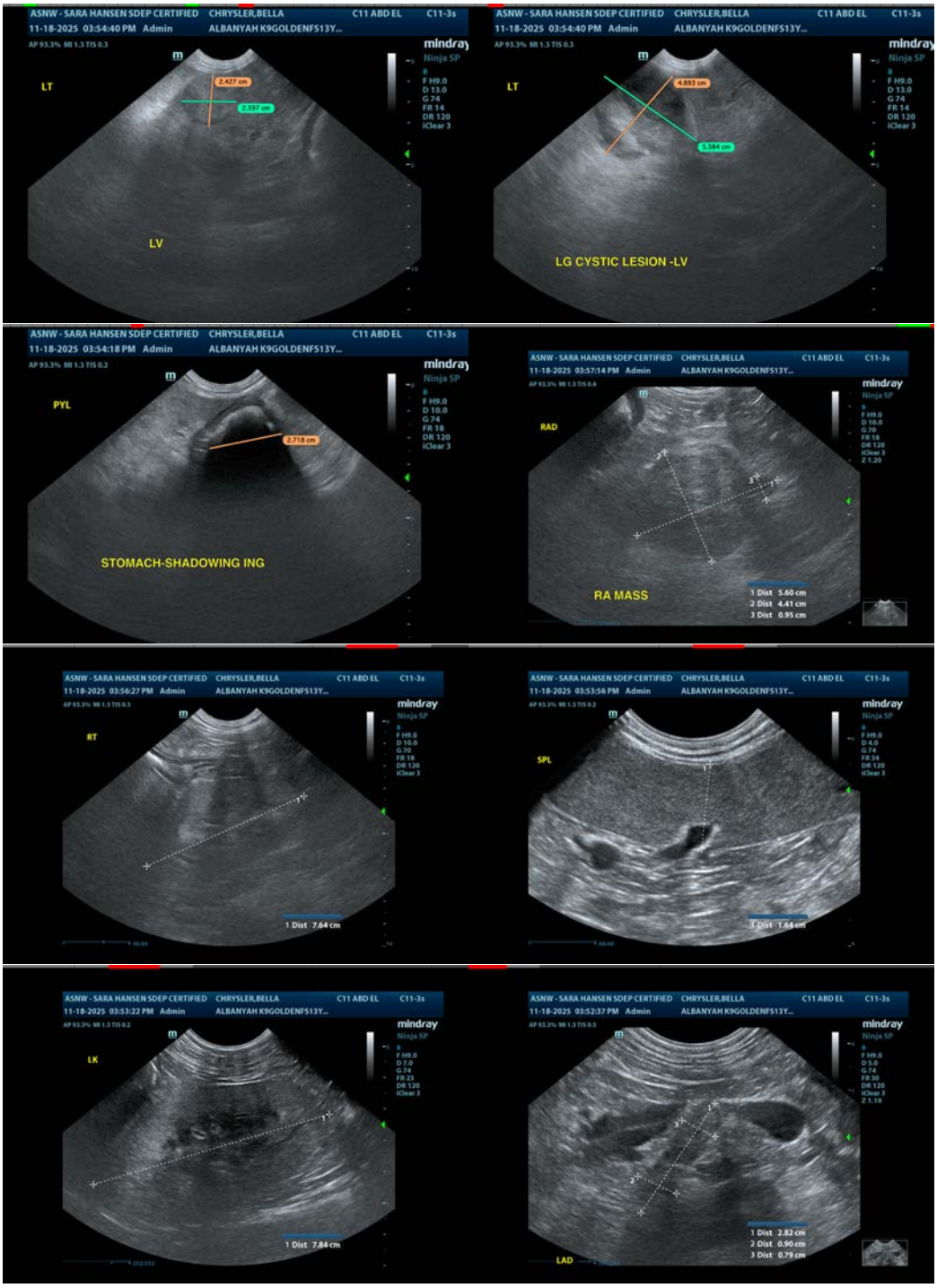

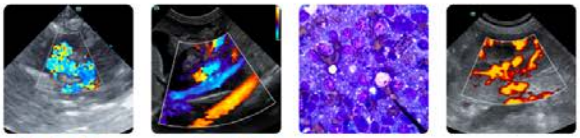

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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