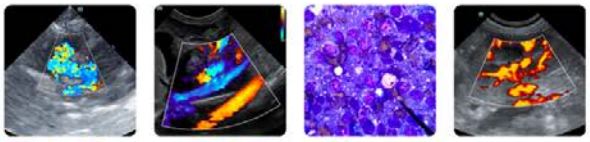


PATIENT

Coco Kern

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

71979

DATE

11/20/25

PRESENTING CLINICAL SIGNS

P presented for evaluation of lump on throat. FNA reviewed by pathologist revealed thyroid carcinoma as top ddx. Staging protocol started given P's age, and desire to seek surgical/oncology care. P's labwork is attached. Xray report pending.

Abnormal PE/Chem/CBC/UA Results: Labwork attached and PE attached

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.55 cm). The cortex is of increased echogenicity, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cysts visualized. 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 (4.92 cm) The cortex is of increased echogenicity, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cysts visualized. 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 0.43 cm at the cranial pole and 0.46 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.

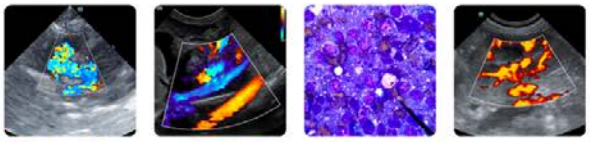
Visualization of the right adrenal gland is somewhat limited due to edge artifact from the right kidney. The appearance is most consistent with a slightly mineralized enlargement, measuring 1.45 cm at the cranial pole and 0.83 cm at the caudal pole. It is visualized in its normal position between the right kidney and the caudal vena cava. No evidence of vascular invasion is clearly visualized.

Spleen

The spleen is subjectively normal in size (1.66 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 subjectively normal in size, and 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 are occasional ill-defined hypoechoic nodules in the parenchyma, examples measure 0.50 cm and 0.71 cm.



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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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.37 cm. There is mild mucosal speckling visualized. 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/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.

PRIMARY FINDINGS

- Heterogeneous liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

- Large amount of non-organized gallbladder debris – 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.

- Enlargement of the cranial pole of the right adrenal gland – Margins are difficult to clearly visualize. Differentials include an adenoma, carcinoma, pheochromocytoma, other.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.

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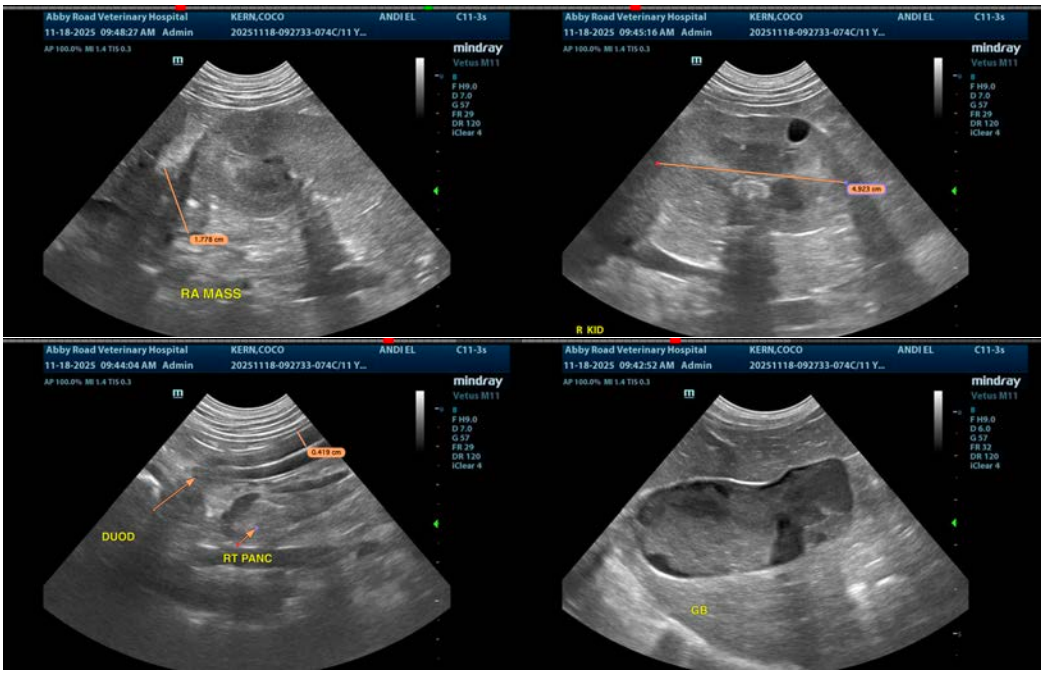
- Changes consistent with mild pancreatic remodeling in the right limb.
- Mildly thickened small intestine with mild mucosal speckling – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The significance is uncertain in the absence of underlying gastrointestinal symptoms.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is heterogeneous with ill-defined hypoechoic nodules. These nodules have the appearance most consistent with benign lesions such as regenerative nodules, although an early neoplastic process cannot be definitively ruled out. Additionally, the gallbladder has a large amount of non-organized intraluminal debris. Recommend chronic Ursodiol therapy and continued monitoring of the gallbladder with ultrasound.

The right adrenal appears enlarged and somewhat mineralized, concerning for a right adrenal mass lesion. This could represent a benign or neoplastic lesion. Clear visualization is hindered by edge artifact from the right kidney. if signs of Cushing's are present, you could consider adrenal function testing. Additionally, if hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. Ideally consider a contrast CT scan to further evaluate for possible vascular invasion, particularly if surgical removal would be considered.

No focal lesions highly suspicious for metastatic lesions are observed on today's exam, although the changes observed with the right adrenal could represent a 2nd neoplastic process (this could also be a benign lesion, as it is not over 2.0 cm at this time). If further evaluation is not pursued, recommend continued monitoring with ultrasound (recheck in 2-3 months-possibly with sedation?).



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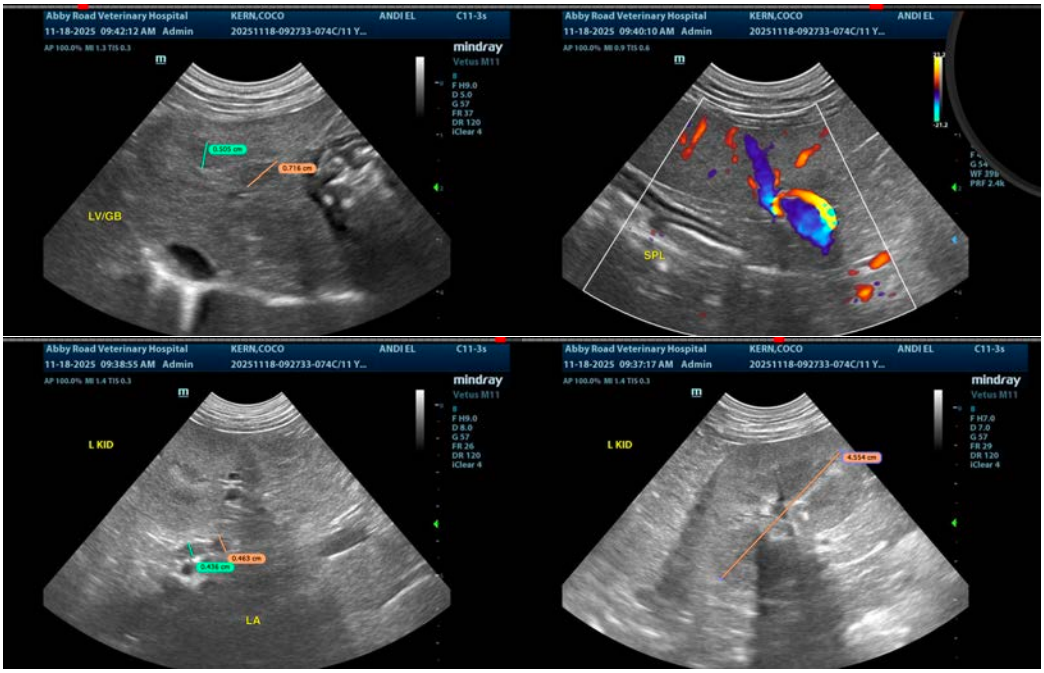

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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