



DATE PRESENTING CLINICAL SIGNS

11/21/2025

Patient History: Historically elevated Alk Phos and ALT. Patient has spay incontinence and has been on proin for about 2 years. Had a mild episode of polyuria and inability to hold bladder. This did coincide with previous veterinarians' advice to give 2 tablets of denamarin BID. Since going back to SID no issues. Overall patient is doing well, looking to investigate increased liver values. Did advise owner that they can increase with proin use, but to be thorough, owner agreed to do imaging.

PATIENT

Audrey Auderbach

SPECIES

Canine

Current Medications: Proin ER 38mg 2 tabs SID

BREED

Tornjak

Labwork Results: labwork not attached, reported as: increased ALT (286) and Alk Phos (892)

Date of Previous IntraPet Ultrasound: No previous.

SEX

FS

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined at this time.

Imaging Performed by: Stephanie Warga RDCS, RVT.

AGE

7 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

106.5 lbs

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.

INTERPRETED BY

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The left kidney has a normal shape and size (8.54 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.

HOSPITAL NAME

Jacksonville Veterinary
Hospital

The right kidney has a normal shape and size (6.46 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.

REFERRING VET

Dr. Coll

Adrenal Glands

The left adrenal gland is normal in size measuring 0.7 cm at the cranial pole and 0.64 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.

INVOICE

10806

The right adrenal gland is normal in size measuring 1.02 cm at the cranial pole and 0.82 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. Near the hilus there are two small hypoechoic structures visualized measuring 0.41 cm x 0.52 cm, and 0.25 cm x 0.49 cm. These generally have the appearance most consistent with vascular structures but there is no evidence of flow on power doppler.

Liver

The liver is large in size, and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left side of the liver is irregular and more significantly mottled creating a mass effect with parenchymal abnormalities measuring 6.75 cm x 9.0 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. 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. The duodenum measured as normal (0.34 cm in wall thickness) and the jejunum measured as normal (0.29 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 area of the pancreas is normal and isoechoic to surrounding 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. There are occasional prominent mesenteric lymph nodes. An example measures 0.67 cm x 0.3 cm. The omentum is of normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Small, anechoic structures visualized near the splenic hilus. I suspect these represent low flow vasculature. Small cystic lesions or less likely nodules are possible.
- Poorly defined, solid, mixed echogenicity, hypoechoic hepatic mass lesion. The appearance is most consistent with a primary hepatic mass lesion (adenoma, carcinoma, etc.) Other differentials are possible.
- Dependent shadowing material visualized within the gallbladder. Findings are most consistent with shadowing debris or poorly defined choleliths.

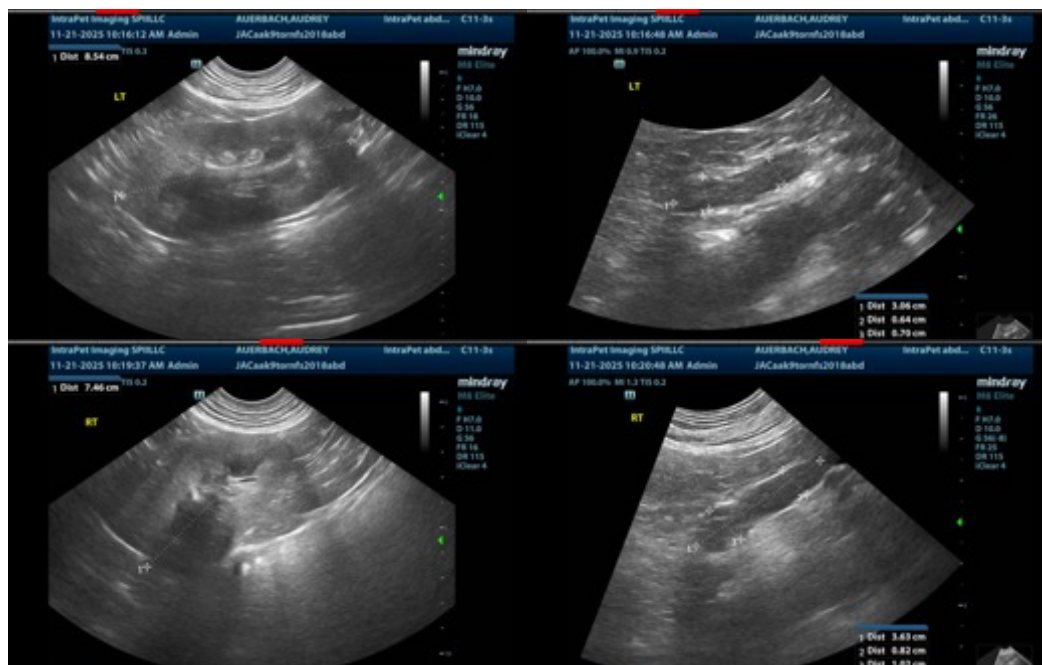
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

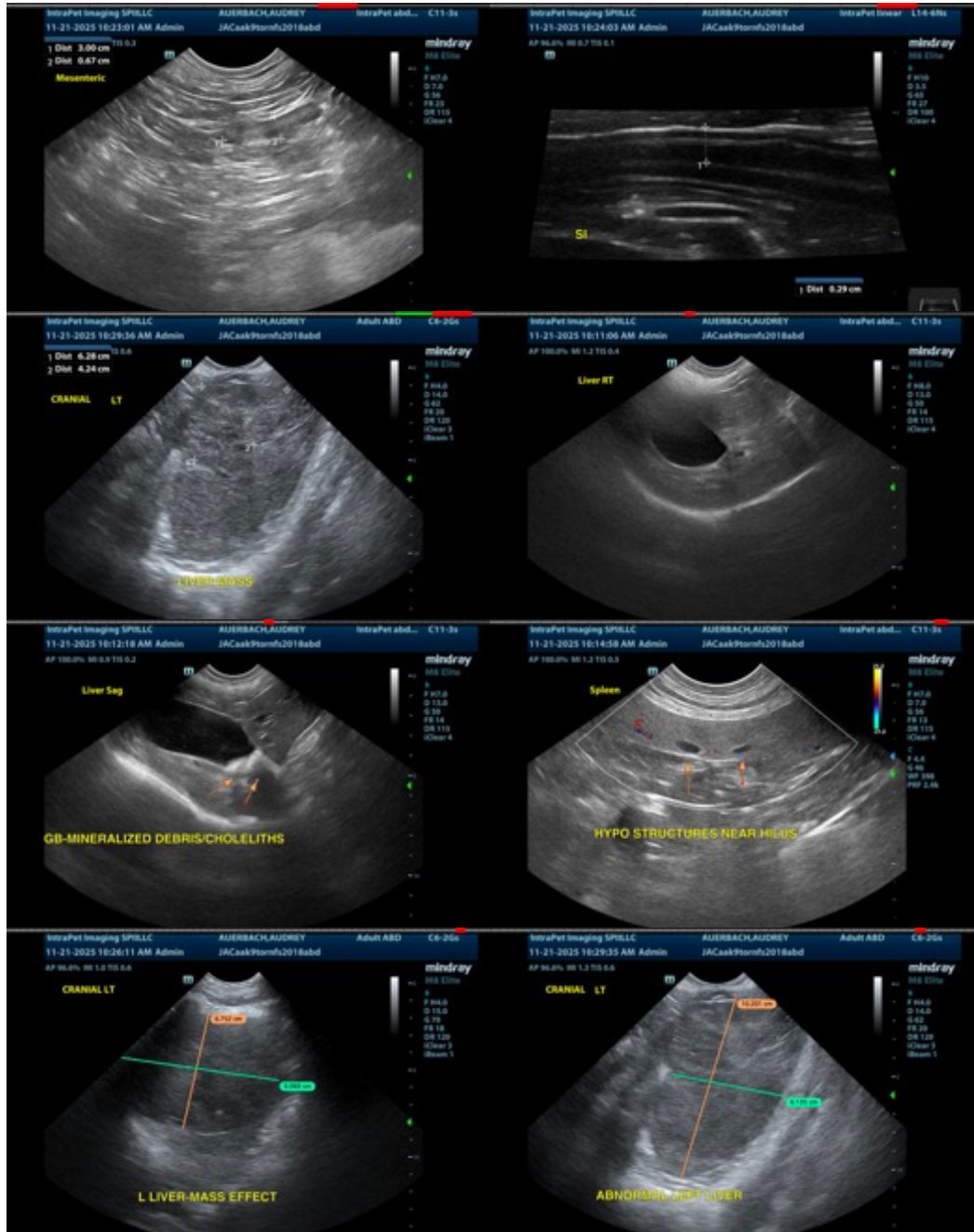
The left side of the liver appears abnormal and rounded with poorly defined mixed echogenicity mass effect. This is concerning for a primary hepatic mass lesion. Consider a fine needle aspirate and strongly recommend a contrast CT scan to better delineate the extent and location of the lesion and to evaluate for evidence of metastatic disease. If this is a benign lesion, the prognosis can be good with surgery.

There are two hypoechoic structures visualized near the hilus of the spleen. I suspect these represent benign structures. Recommend continued monitoring.

There's mild mineralized debris/small choleliths visualized within the gallbladder. Recommend continued monitoring of the gallbladder +/- chronic ursodiol therapy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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.

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