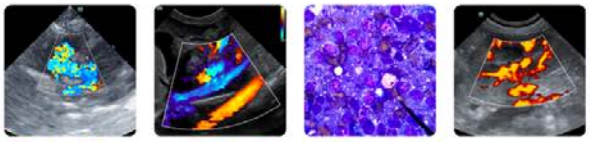


PATIENT

Ellie Lohden

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

45 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Cedar Bay Veterinary Clinic

REFERRING VET

Dr. Valentine

INVOICE

72103

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Pet has had a decreased appetite for 2 weeks with an episode of vomiting, and now not vomiting. Blood work is normal. Radiographs of abdomen indicate an enlarged liver shadow with poor definition of liver lobes and spleen. Pet is alert and afebrile.

Abnormal PE/Chem/CBC/UA Results: 11/17/25 Superchem w/SDMA- CHOL 85 (92-324), SDMA 15.2 (<14), T4 0.5 (0.8-3.5). UA- PRO 2+, USG 1.042, Squamous epithelia 2-3, Fat droplets 4-10. GI PCR panel-WNL. FNA taken of liver mass at midline- pending

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 (6.61 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 (6.49 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 in size measuring 0.55 cm at the cranial pole and 0.66 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.

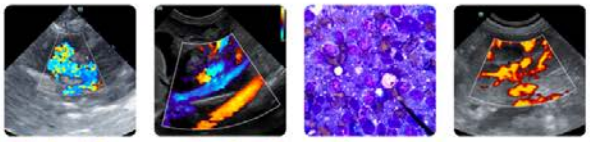
The right adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.53 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is small in size and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic large nodules/masses visualized associated with the cranial aspect of the spleen. One measures 2.29 cm x 2.15 cm. The other measures 1.34 cm x 1.24 cm. There is a smaller mixed echogenicity mass effect visualized measuring 0.80 cm in diameter.

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. There is a large, hypoechoic mass effect in the left side of the liver measuring 5.47 cm x 5.47 cm. In the mid right



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region of the liver there is a hypoechoic mass measuring 7.23 cm x 4.95 cm. On the right side there is a larger mass effect measuring 9.32 cm x 7.9 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 0.55 cm 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 thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.39 cm. Duodenum wall measures 0.60 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears significantly thickened with reduced detail of wall layering, measuring at 0.85 cm.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

There is a small amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy with large, hypoechoic, rounded lymph nodes. A mass effect/lymph node caudal to the right kidney is visualized measuring 4.36 cm x 3.28 cm. A gastric lymph node measures 1.78 cm x 1.0 cm. The portal lymph node measures 1.74 cm x 3.0 cm. A lymph node cranial to the left kidney measures 2.45 cm x 1.5 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Two hypoechoic mass lesions and a mixed echogenicity nodular visualized associated with the spleen – Findings could be consistent with benign or neoplastic lesion (hepatoma, hemangioma, hemangiosarcoma, round cell neoplasia, etc.
- Changes consistent with moderate pancreatitis.
- Heterogeneous liver with numerous expansile hypoechoic mass lesions – Findings are concerning for metastatic lesions. Multiple primary hepatic mass lesions are possible.
- Thickened proximal duodenum with reduced detail of wall layering – Findings are most consistent with severe duodenitis or a neoplastic infiltration.
- Diffuse moderate/severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick

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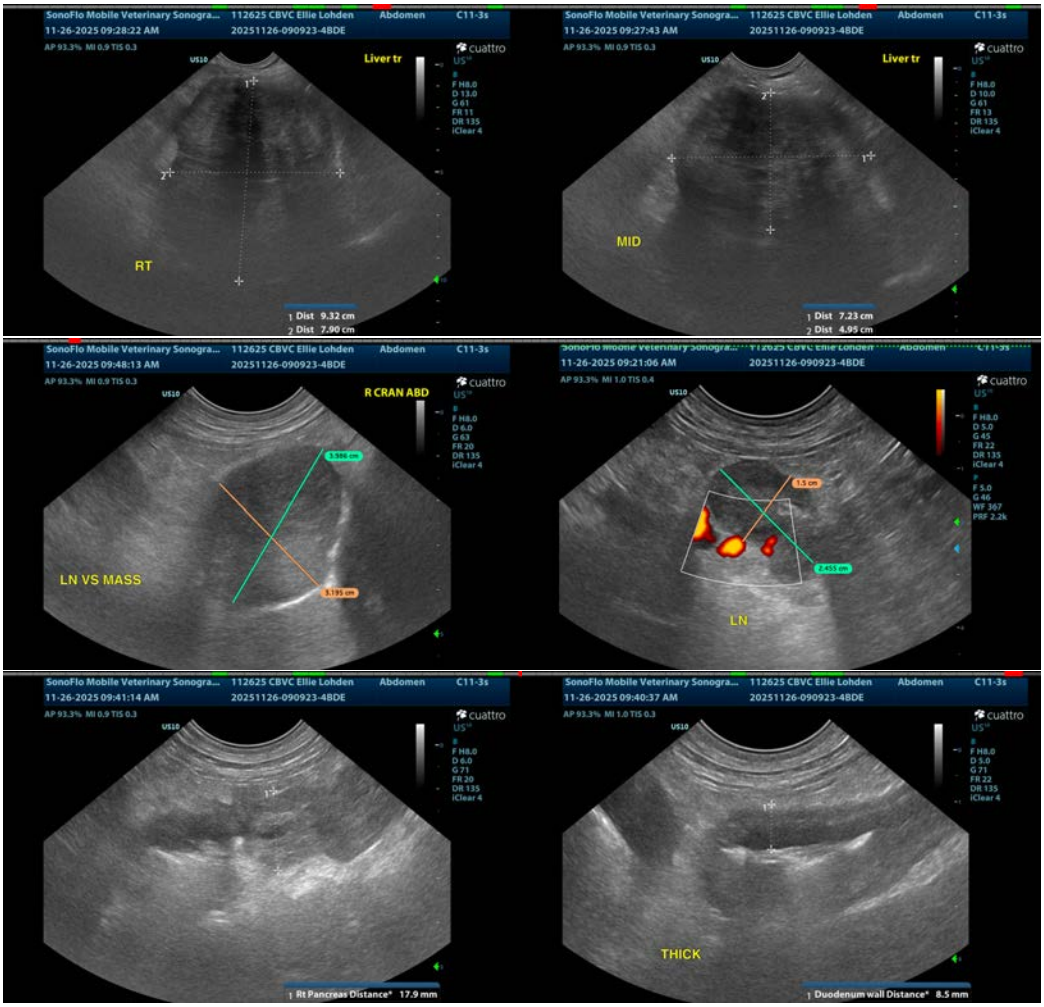
born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse significant lymphadenopathy with large, hypoechoic mesenteric lymph nodes. These have the appearance most concerning for metastatic lymph nodes. Additionally, there are large, hypoechoic mass lesions visualized in the liver and spleen. Multicentric lymphoma or other metastatic disease would be the primary differential. Recommend a fine needle aspirate of the hepatic and splenic mass lesions as well the mesenteric lymph nodes.

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



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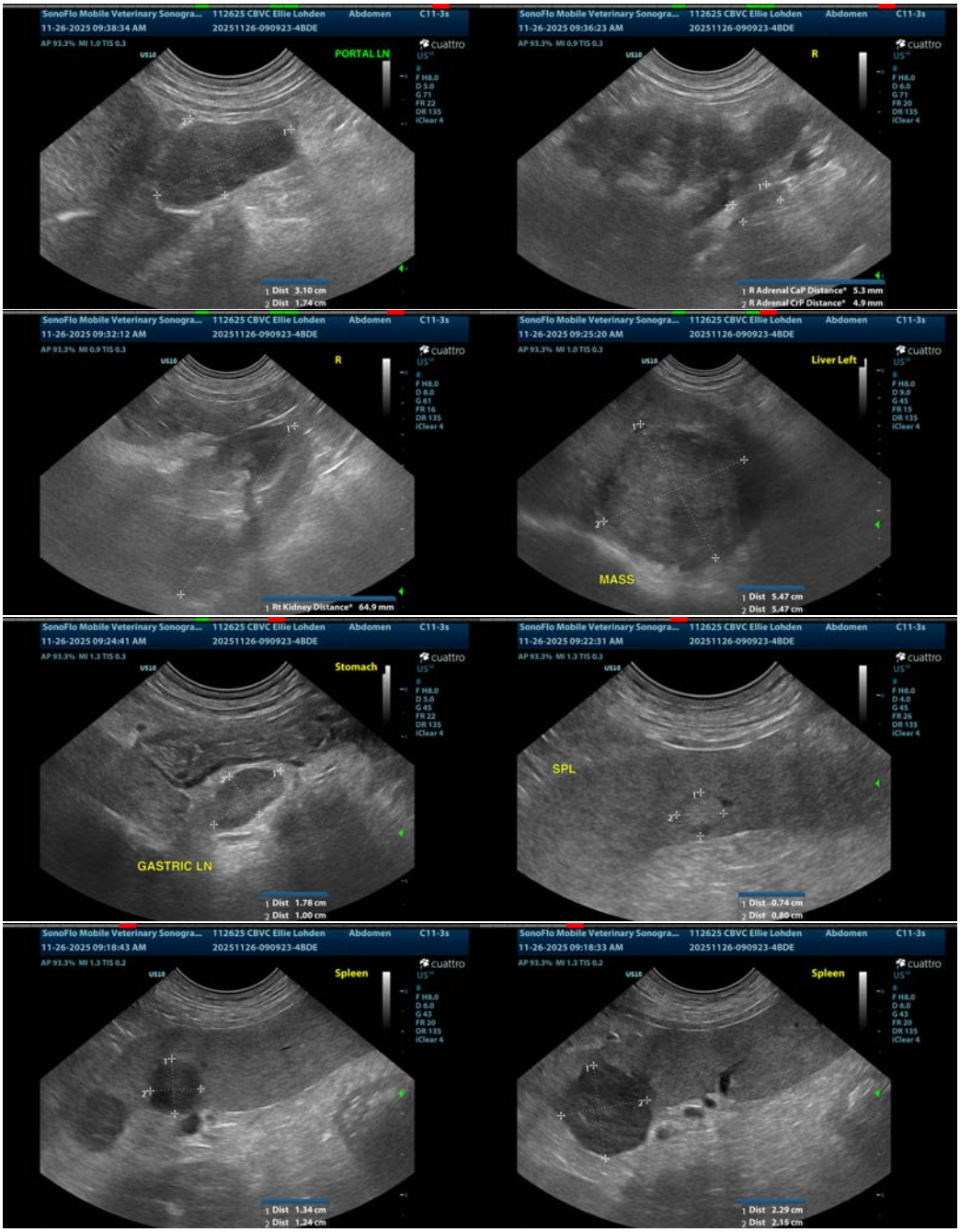

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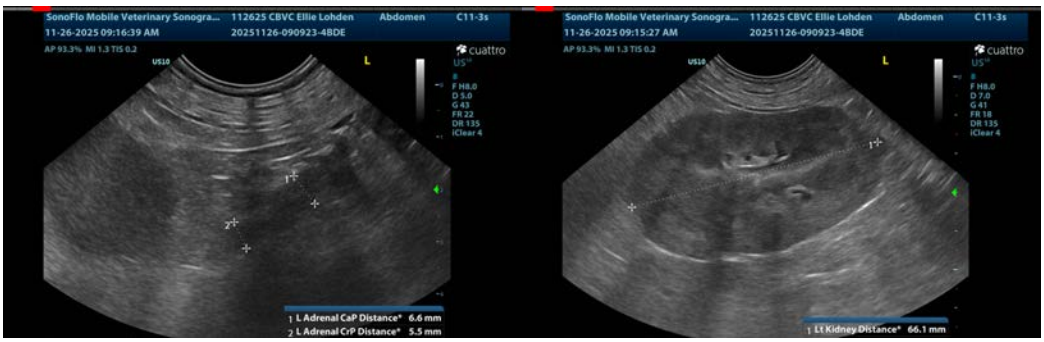

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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