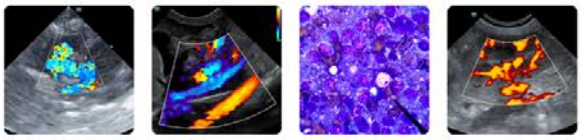


DATE

11/25/25

PATIENT

Nizzie Hellman

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

8/16/11

WEIGHT

35.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Hickory Veterinary Hospital

REFERRING VET

Dr. McCourt

INVOICE

72096

PRESENTING CLINICAL SIGNS

Patient History: P presented to ER for bleeding from rectum; noted to have large (2cm) ulcerated mass ventral rectum; slightly pedunculated. Labwork at ER noted elevated liver enzymes (ALKP 1300). O concerned about cushings disease due to increased thirst, appetite, poor haircoat for previous 3 years. O would like bleeding rectal mass removed surgically. discuss with o abdominal US to rule out structural disease that may affect decision making for surgical removal of rectal mass. PE no apparent murmur, p appears euhydrated. moderate tartar. ulcerated bleeding ventral rectal mass. Rectal examination WNL, anal glands easily expressed, mass appears superficial and cutaneous. sublumbar lymph nodes are WNL. P slightly overweight with numerous superficial cutaneous masses/adenomas.

Current Medications: 11/17 neopredef powdr topically, carprofen 35mg BID, proviable. 11/20 add cefpodoxime 100mg SID
Labwork Results: Labwork not attached, reported as: chem 11 nov 17 2025- ALKP 1353 (H), ALT 87 (n), remainder WNL, fecal pending
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 prostate is normal in size (0.89 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.91 cm) with mild pyelectasia at 0.24 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.99 cm) with mild pyelectasia at 0.22 cm and occasional small cortical cysts. 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and irregular in appearance, measuring 1.11 cm at the cranial pole and 1.53 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is large, and there is a mottled, hyperechoic nodule at the caudal pole measuring 1.76 cm x 1.33 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is “plump” measuring 1.34 cm at the cranial pole and 0.78 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 normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity hypoechoic nodule at the periphery of the spleen measuring 0.67 cm x 1.11 cm.

Liver
The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 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 0.54 cm. Jejunum wall measures 0.39 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 (particularly the right limb) 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.

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.

PRIMARY FINDINGS

- Borderline “plump” right adrenal and a large left adrenal with a hypoechoic, mottled nodule in the caudal pole – Possible differentials include an adenoma, early carcinoma, pheochromocytoma, other.

- Mixed echogenicity hypoechoic nodule in the spleen – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes most consistent with chronic pancreatic remodeling.

- Large, heterogeneous liver – The liver has the appearance most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.

- Mild bilateral pyelectasia – Findings are most consistent with PU/PD. Pyelonephritis or other differentials are possible.

- Prominent, mildly thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SECONDARY FINDINGS

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are somewhat "plump" and the left adrenal has a mottled, hyperechoic nodule in the caudal pole. This could represent a benign lesion or an early neoplastic lesion. Based on the report of symptoms consistent with Cushing's, consider adrenal function testing and a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. Options moving forward would include close continued monitoring with ultrasound for continued growth (recheck in 8-12 weeks), or if desired a contrast CT scan could be considered, looking for vascular invasion and to evaluate for possible surgical removal.

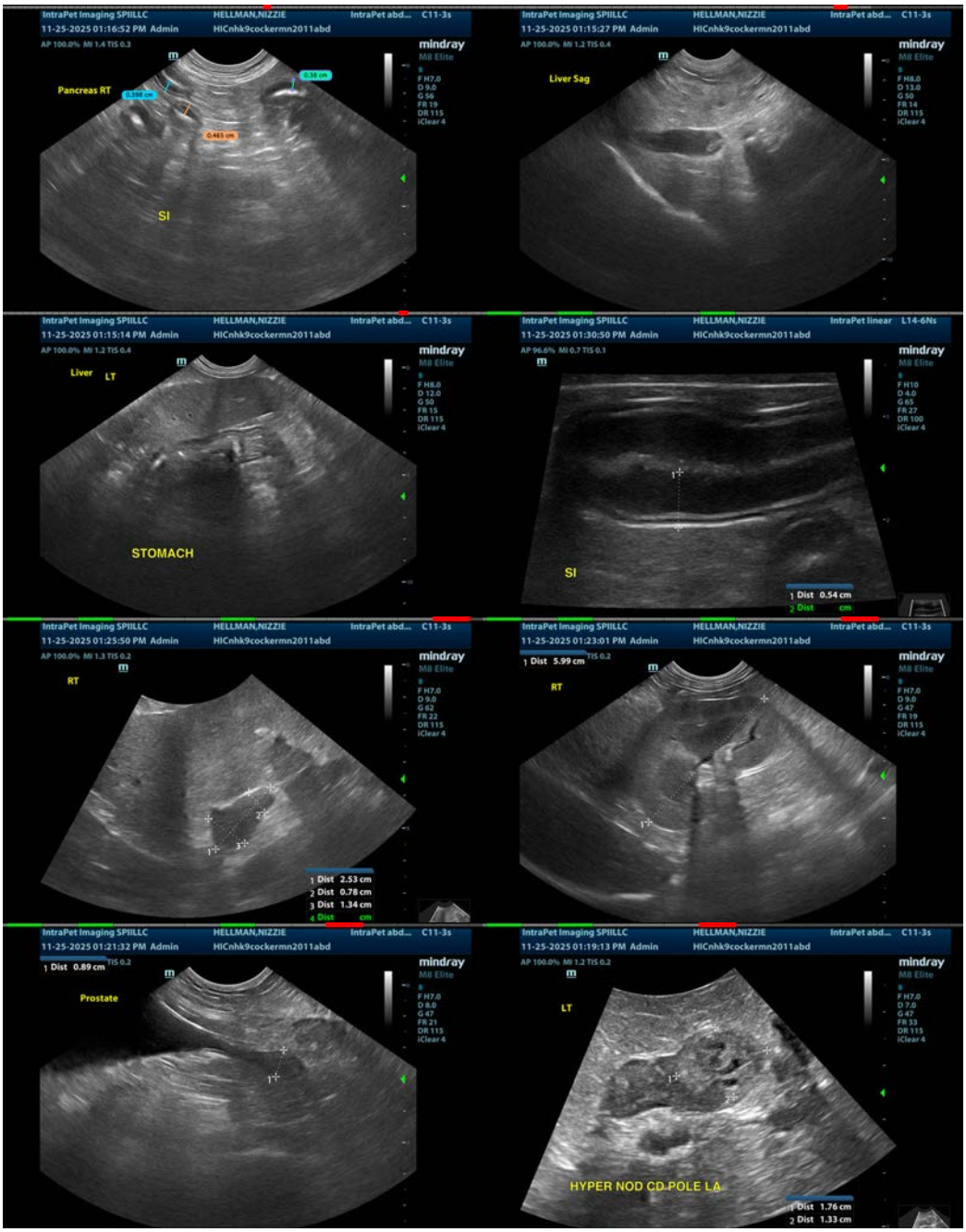
There is mild pyelectasia. Recommend a urinalysis and culture to further evaluate.

There is a small nodule in the spleen. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate (a fine needle aspirate is recommended).

The changes visualized associated with the liver are most consistent with a vacuolar hepatopathy. If a more significant hepatopathy is suspected, recommend a fine needle aspirate and a liver function test.

The significance of the mild mucosal speckling associated with the GI tract is uncertain in the absence of underlying gastrointestinal symptoms.

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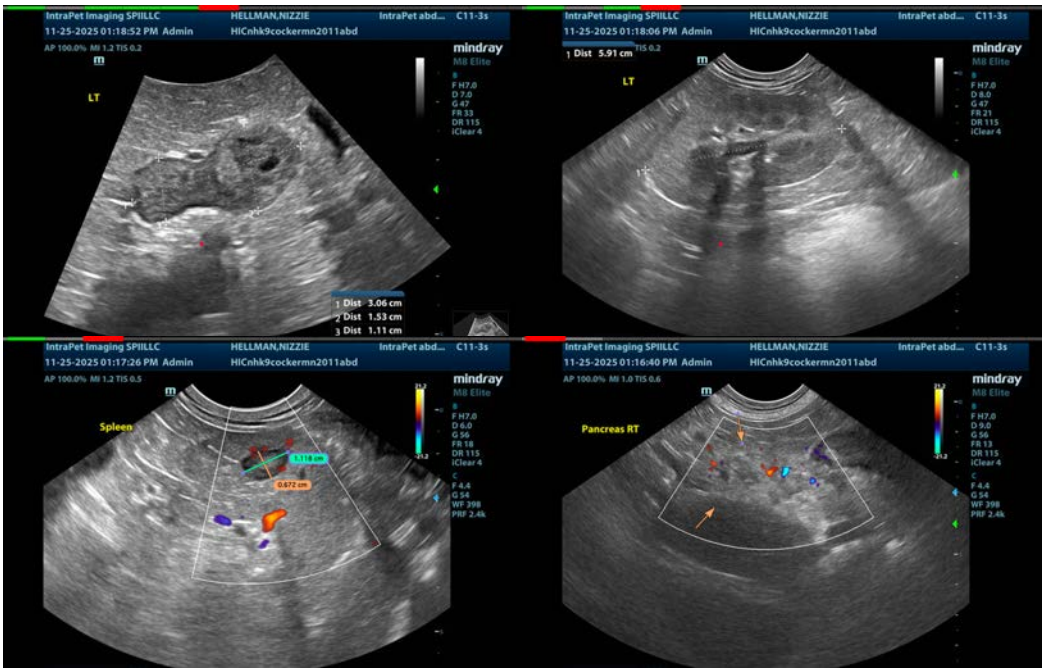

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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