PATIENT

Susie Shaw

SPECIES

Canine

BREED

Schnauzer Mix

SEX

FS

AGE

14 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10828

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

MS: 11/24/2025 Chemistry screen: Slight increased SDMA 15.4 and cholesterol 350. Increased alk phos 2762, AST 48 and ALT 234, GGT 39 CBC: No significant finding Heartworm test antigen: No Antigen Detected Fecal: All undetected Urinalysis:Decreased specific gravity 1016 PT and PTT: Within normal limits Urine culture: No growth detected and being verified. A: Concern for primary liver disease notably cancer.

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 (5.75 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is a small cortical cyst measuring 0.58 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.3 cm). Overall echogenicity is slightly hyperechoic with poor 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 large in size measuring 1.03 cm at the cranial pole and 1.36 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 in size measuring 1.24 cm at the cranial pole and 1.06 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. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is subjectively large in size, irregular in shape, 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. In the mid caudal ventral region of the liver there is a mixed echogenicity, poorly defined nodular mass effect visualized measuring 5.11 cm x 8.36 cm (previous measurement 6.6 cm, 11/26/24.)

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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 (0.46 cm), jejunum (0.45 cm) and ileum have a uniform diameter with minimal fluid distension. There is mild mucosal speckling visualized associated with the duodenum. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. 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 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, 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

- The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Age related changes visualized associated with both kidneys.
- Hyperechoic lesions in the spleen most consistent with benign splenic myelolipomas.
- Large, heterogenous liver with a poorly defined mixed echogenicity nodular mass effect. Findings are most consistent with a primary hepatic mass lesion. The mass appears larger on today's evaluation than the previous evaluation 11/26/2024.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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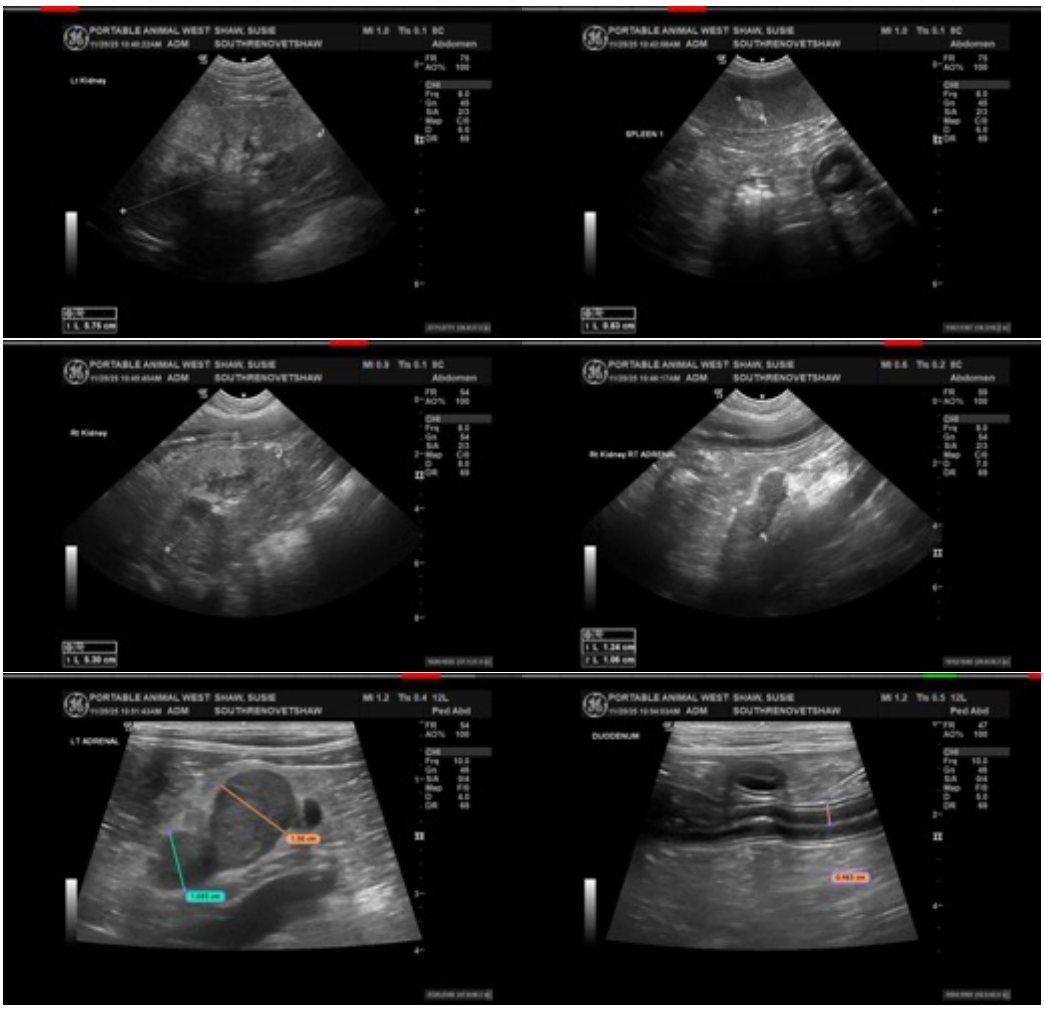
The previously described hepatic mass lesion has the appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma. The lesion appears large on today's exam. Consider a contrast CT scan and surgical removal. If this is a benign or slow growing neoplastic lesion there can be a good prognosis with full resection.

Both adrenals are large, most consistent with pituitary dependent hyperadrenocorticism. If this clinically fits and there are symptoms associated with these changes, consider adrenal function testing and medical treatment.

The significance of the mild small intestinal thickening is uncertain in the absence of underlying gastrointestinal symptoms.



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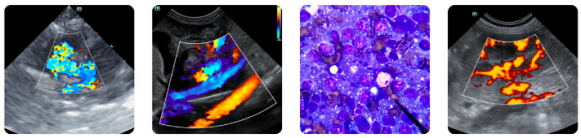

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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