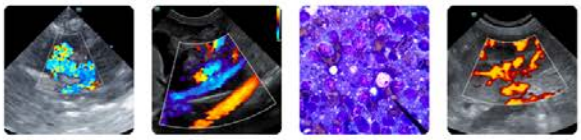


DATE

11/7/25

PATIENT

Tucker Mawhinney

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

10/21/13

WEIGHT

84 lbs

INTERPRETED BY

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

HOSPITAL NAME

Greenbrier Veterinary Clinic

REFERRING VET

Dr. Streett

INVOICE

71669

PRESENTING CLINICAL SIGNS

Patient History: Pre Op labs drawn for dental procedure revealing a few abnormalities---Non regenerative anemia, elevated liver values, low total T4, 3+ CaOx, elevated CPL. No major problems with the pet outside of arthritis and "slowing" down per o.

Current Medications: Galliprant 60mg sid x about 10d
Labwork Results: Labwork not attached, reported as: CBC=WNL except HCT=35%, Neutrophils=9.9, SDMA=15, ALT=290, ALP=208, Chol=438, cPL=236. U/a: ph=6.0, UPC=0.2, 3+CaOx; TT4=0.4
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (7.0 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 (6.53 cm) with pinpoint non-obstructive mineralizations. 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 0.74 cm at the cranial pole and 0.82 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 0.77 cm at the cranial pole and 0.80 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 (1.22 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 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. On the right side of the liver there is a large, space occupying, irregular, lobulated, complex cystic lesion measuring >19.42 cm x 14.25 cm. This deviates the gallbladder to the left side of the liver.

The position of the gallbladder is deviated to the left from the right-sided mass lesion. 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 mild debris. 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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, 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.

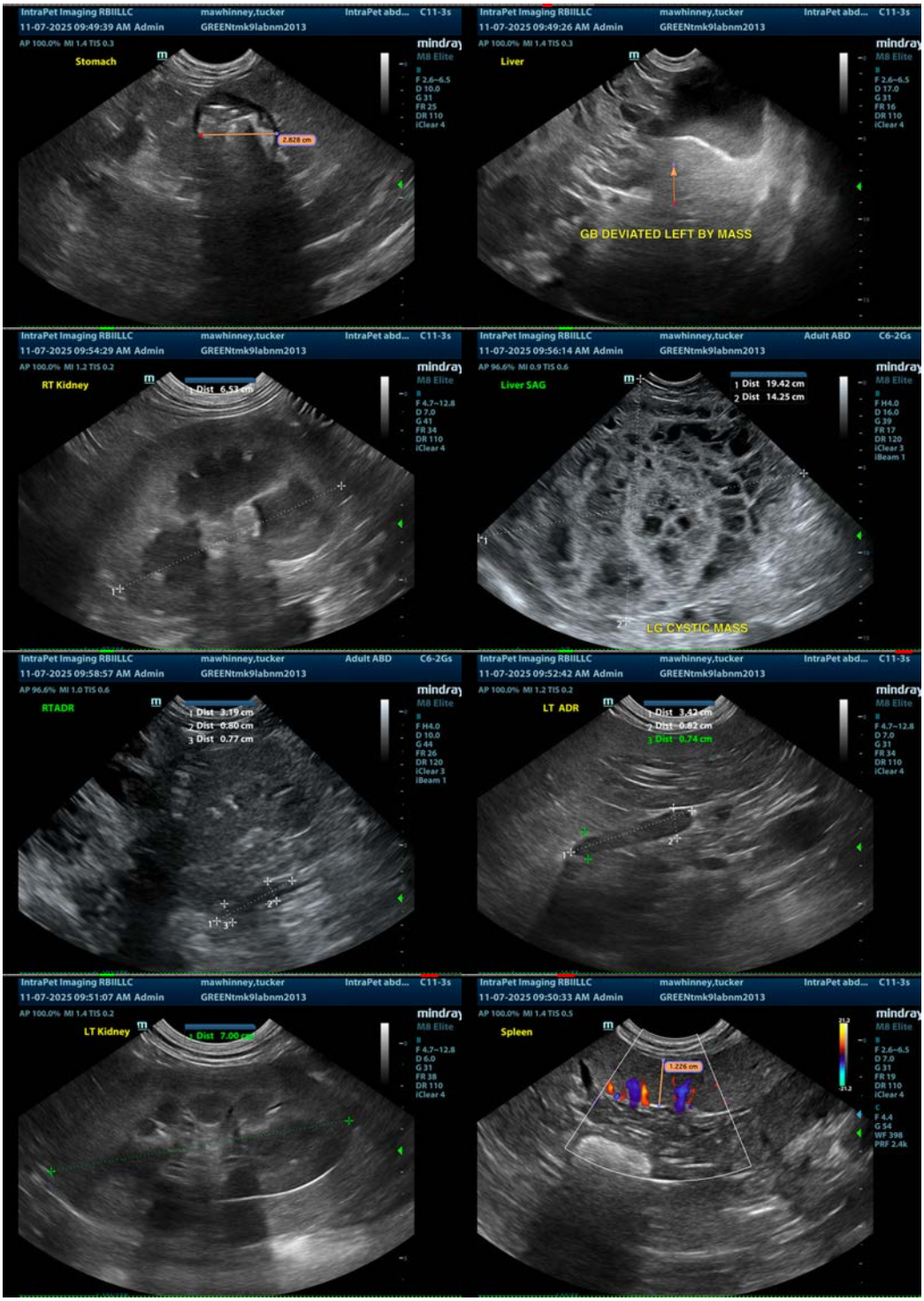
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver with a large, complex cystic mass lesion – Most likely differentials would include a cystadenoma/cystadenocarcinoma or a complex benign hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, complex cystic structure visualized associated with the right side of the liver. The majority of this structure appears cystic. A fine needle aspirate could be considered but may just acquire fluid. This has a good chance of being a benign lesion, although a cystadenocarcinoma or atypical cavitated lesion is possible. Recommend a contrast CT scan to further evaluate the nature and extent/location of this mass lesion for possible surgical resection. If this is a benign lesion, the prognosis could be good with surgical removal.

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


IntraPet Imaging RBIILLC
mawhinney,tucker
11-07-2025 09:49:39 AM Admin
GREENtmk9labnm2013
Stomach
2.828 cm
11-07-2025 09:49:26 AM Admin
Liver
GB DEVIATED LEFT BY MASS
11-07-2025 09:54:29 AM Admin
RT Kidney
1 Dist 6.53 cm
11-07-2025 09:56:14 AM Admin
Liver SAG
1 Dist 19.42 cm
2 Dist 14.25 cm
LG CYSTIC MASS
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RT ADR
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2 Dist 0.80 cm
3 Dist 0.77 cm
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LT ADR
1 Dist 3.43 cm
2 Dist 0.82 cm
3 Dist 0.74 cm
11-07-2025 09:51:07 AM Admin
LT Kidney
1 Dist 7.00 cm
11-07-2025 09:50:33 AM Admin
Spleen
1.226 cm

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