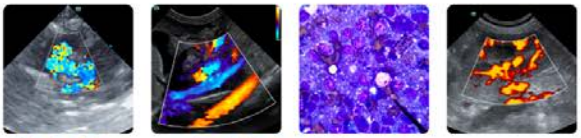


PATIENT

Alvin Broedel

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Clinic & Hospital of Jersey City

REFERRING VET

Dr. Bucholz

INVOICE

71541

DATE

11/4/25

PRESENTING CLINICAL SIGNS

To confirm Cushing Disease

Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALP , ACTH pre 2.8, ACTH post 21.8. Urine: mark cocci and WBC

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 prominent at 1.29 cm.

The left kidney has a normal shape and size (3.59 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 (4.18 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 0.43 m at the cranial pole and 0.51 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.

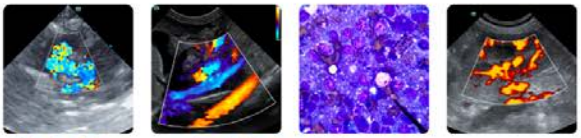
The right adrenal gland is normal in size measuring 0.92 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.39 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 borderline large in size, and normal in 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. There is a hypoechoic nodule/small mass effect visualized in the mid right region of the liver measuring 1.38 cm x 2.43 cm.



PATIENT

Alvin Broedel

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Clinic & Hospital of Jersey City

REFERRING VET

Dr. Bucholz

INVOICE

71541

DATE

11/4/25

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/moderate gas/ingesta. 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 to mild 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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.22 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 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

- Prominent prostate – This is likely normal for a patient neutered after puberty. If the patient was neutered prior to puberty, this could be abnormal, and a fine needle aspirate could be considered.
- Heterogeneous liver with a large, hypoechoic nodule/small mass effect – Findings could be consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The hypoechoic lesion could be consistent with benign lesion (regenerative nodule, focal hyperplasia, etc.). An early neoplastic (adenoma, carcinoma, etc.) cannot be ruled out.
- Small amount of shadowing ingesta visualized within the stomach, and fluid in the small bowel – Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears somewhat heterogeneous. This is a non-specific finding. This could be consistent with a vacuolar hepatopathy. Additionally, there is a small, hypoechoic mass effect/nodule. If a safe window for sampling is available (and coagulation parameters are normal) a fine needle aspirate could be considered. Otherwise, consider continued monitoring with ultrasound (recheck in 3-4 months).

Both adrenals are normal. The left adrenal measures at the upper end of normal. This does not exclude a diagnosis of Cushing's disease but may make it slightly less likely. Correlate with the patient's clinical signs. If suspicion is extremely high, treatment could be considered.

PATIENT

Alvin Broedel

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Clinic & Hospital of Jersey City

REFERRING VET

Dr. Bucholz

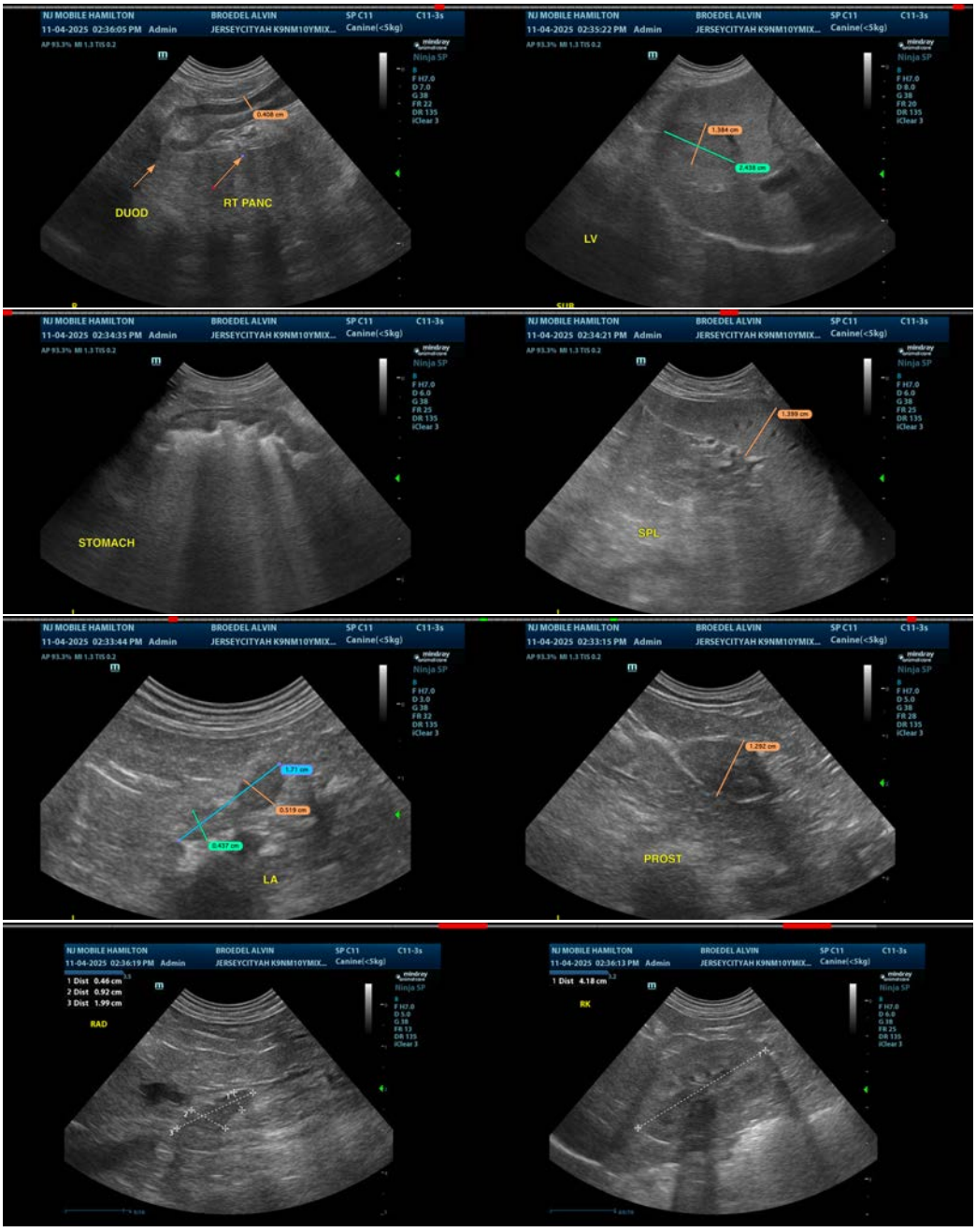
INVOICE

71541

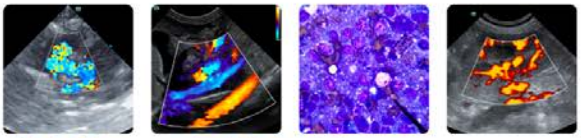
DATE

11/4/25

The prostate is slightly prominent for a neutered male, although if the patient was neutered later in life (after puberty) this could be within normal limits, as it has a normal shape. If the patient was neutered very early (prior to puberty/6 months of age), then a fine needle aspirate of the prostate could be considered.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Alvin Broedel

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Clinic & Hospital of Jersey City

REFERRING VET

Dr. Bucholz

INVOICE

71541

DATE

11/4/25

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