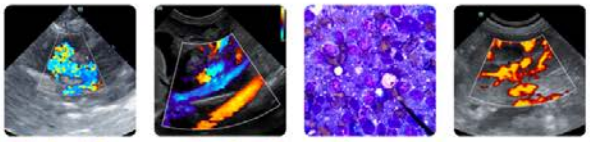


PATIENT

Koko Amos

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

10 Years

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Kylie Marr, DVM

INVOICE

72656

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Patient presents for restlessness and panting. Labwork shows severe leukocytosis (22k) characterized by neutrophilia (18k) ALP 1185 ALT 146 BUN 26 Ca 11.9

Abnormal PE/Chem/CBC/UA Results: FNA of liver mass taken today, cytology 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 prostate is normal in size (0.58 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 (4.63 cm) with occasional pinpoint cortical mineralizations and cyst noted. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.39 cm) with occasional pinpoint cortical mineralizations and cyst noted. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is somewhat irregular in appearance, measuring 1.06 cm at the cranial pole and 0.59 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 there is a poorly defined hyperechoic lesion/nodule at the cranial pole measuring 0.70 cm x 0.90 cm. No evidence of vascular invasion is visualized.

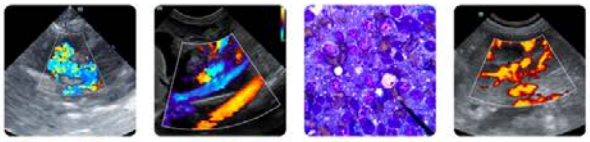
The right adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.05 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 and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There appears to be a large, hypoechoic mass effect extending from the right caudoventral aspect of the liver, measuring 6.24 cm x 7.73 cm.



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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 moderate 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 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 0.30 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 visible/mildly mottled in the right limb. 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

- Poorly defined hyperechoic nodule/lesion visualized associated with the cranial pole of the left adrenal gland – This has a somewhat benign appearance, possibly consistent with an adenoma, focal hyperplasia, etc. An early neoplastic lesion cannot be ruled out.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Large, hypoechoic mass effect that appears to be arising from the caudoventral right liver – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Other differentials are possible.
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hypoechoic, solid mass effect in the right side of the abdomen. This appears to be arising from the caudoventral aspect of the liver. This has the appearance most consistent with a primary hepatic mass lesion. Consider a fine needle aspirate (I believe this has already been done), and ideally a contrast CT scan to confirm the location and extent of the mass and to evaluate the left adrenal. At this time this has the appearance most consistent with a benign lesion, but full evaluation would be ideal prior to considering surgery. If this is a primary hepatic mass lesion, there can be a good long-term outcome with surgical removal.

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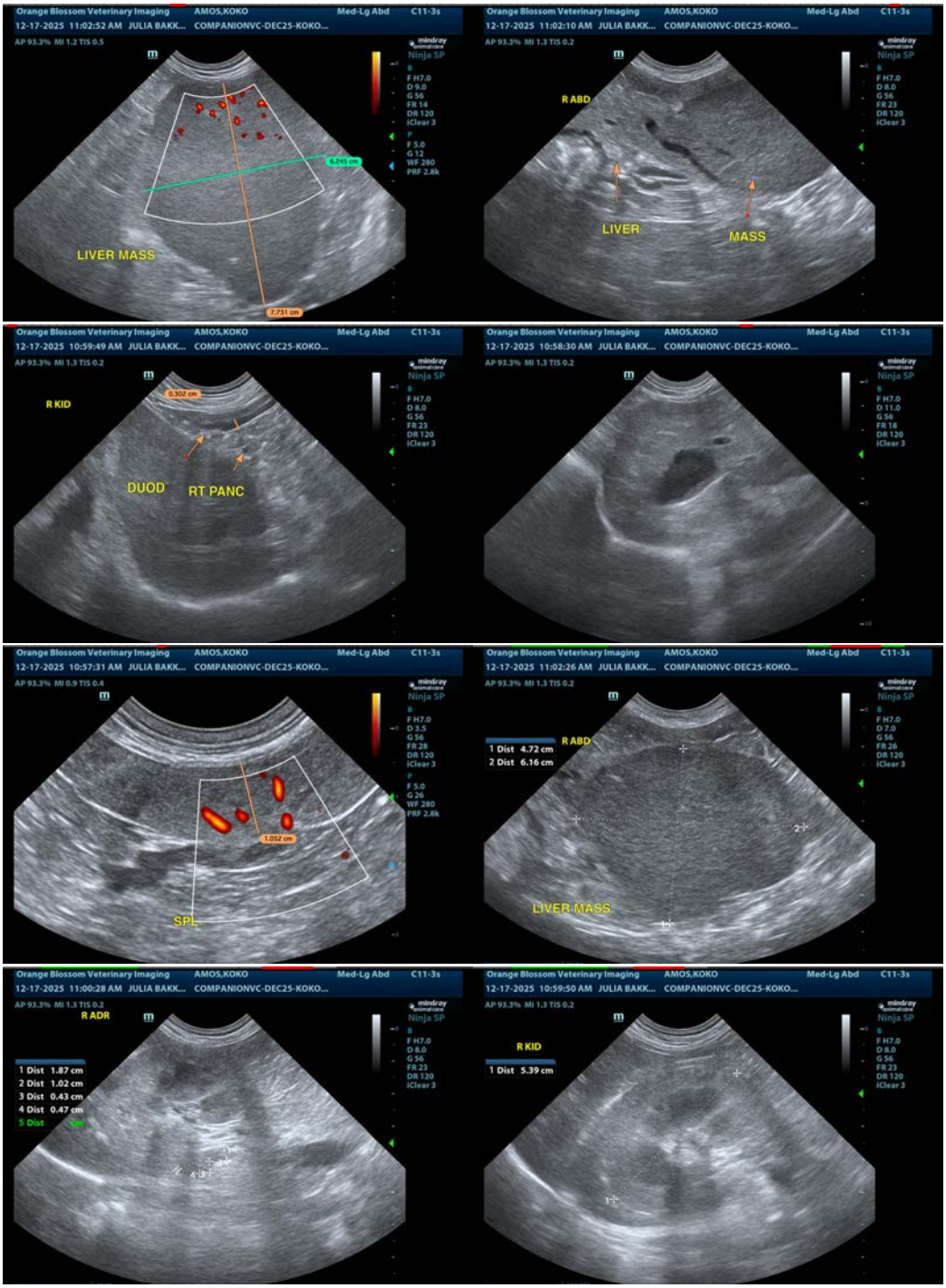
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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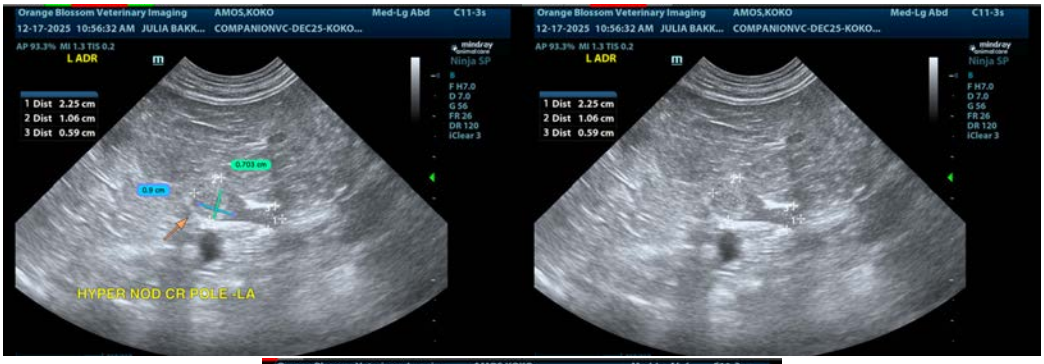

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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