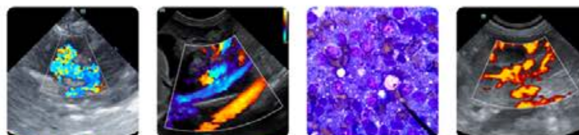


PATIENT
Marley Adams

SPECIES
Canine

BREED
Lab x

SEX
Spayed Female

AGE
12 Years

WEIGHT
61 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
Dr. Allen

INVOICE
72856

DATE
12/30/25

PRESENTING CLINICAL SIGNS

SEEN AT URGENT VET FOR SUSPECTED UTI 11/15/25. PLACED ON CLAVAMOX, DID NOT HELP. NO STONES SEEN ON XRAY. WAS PLACED ON PROIN BUT STILL LEAKING URINE. CURRENT MEDICATIONS ENALAPRIL 5 MG 1.5 TABLETS BID, PROIN 50 MG TABLETS 1 BID

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 (6.95 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 (6.51 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 0.74 cm at the cranial pole and 0.78 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 0.57 cm at the cranial pole and 0.50 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.

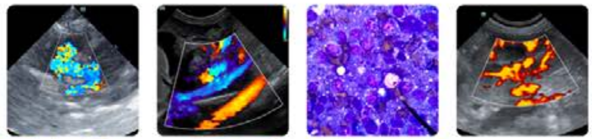
Spleen

The spleen is subjectively normal in size (1.18 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. In the cranial aspect of the spleen there is an iso- to slightly hyperechoic solid mass effect that slightly deviates the splenic margins, measuring 2.35 cm x 2.76 cm.

Liver

The liver is borderline large in size but irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic, partially cystic mass effect that appears to be arising from the caudal mid left region of the liver measuring 9.11 cm x 0.17 cm.

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.



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Gastrointestinal

The stomach contains moderate shadowing 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. Intraluminal shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/chyme 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 0.38 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 area of thepancreas 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

- Iso- to slightly hyperechoic small splenic mass lesion – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

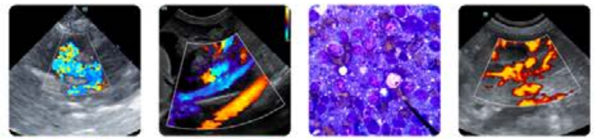
- Hyperechoic, cystic cranial abdominal mass – Findings are most consistent with a hepatic mass lesion (adenoma, carcinoma, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder or the kidneys to explain the symptoms described. It is unclear if these are lower urinary tract symptoms or consistent with PU/PD(?). A digital rectal exam could be considered to evaluate for any distal urethral thickening or irregularity.

There is a solid iso- to slightly hyperechoic small mass effect visualized in the spleen. This could represent a benign or early neoplastic lesion. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound. Additionally, a splenectomy could be considered, particularly if surgery or the hepatic mass lesion is considered .

There is a large, hyperechoic, somewhat cystic appearing mass effect in the cranial abdomen. This appears to be arising from the liver. The appearance is most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma, but other differentials are possible. Consider a fine needle aspirate of the mass lesion (provided coagulation parameters are normal) to rule out an unexpected cell



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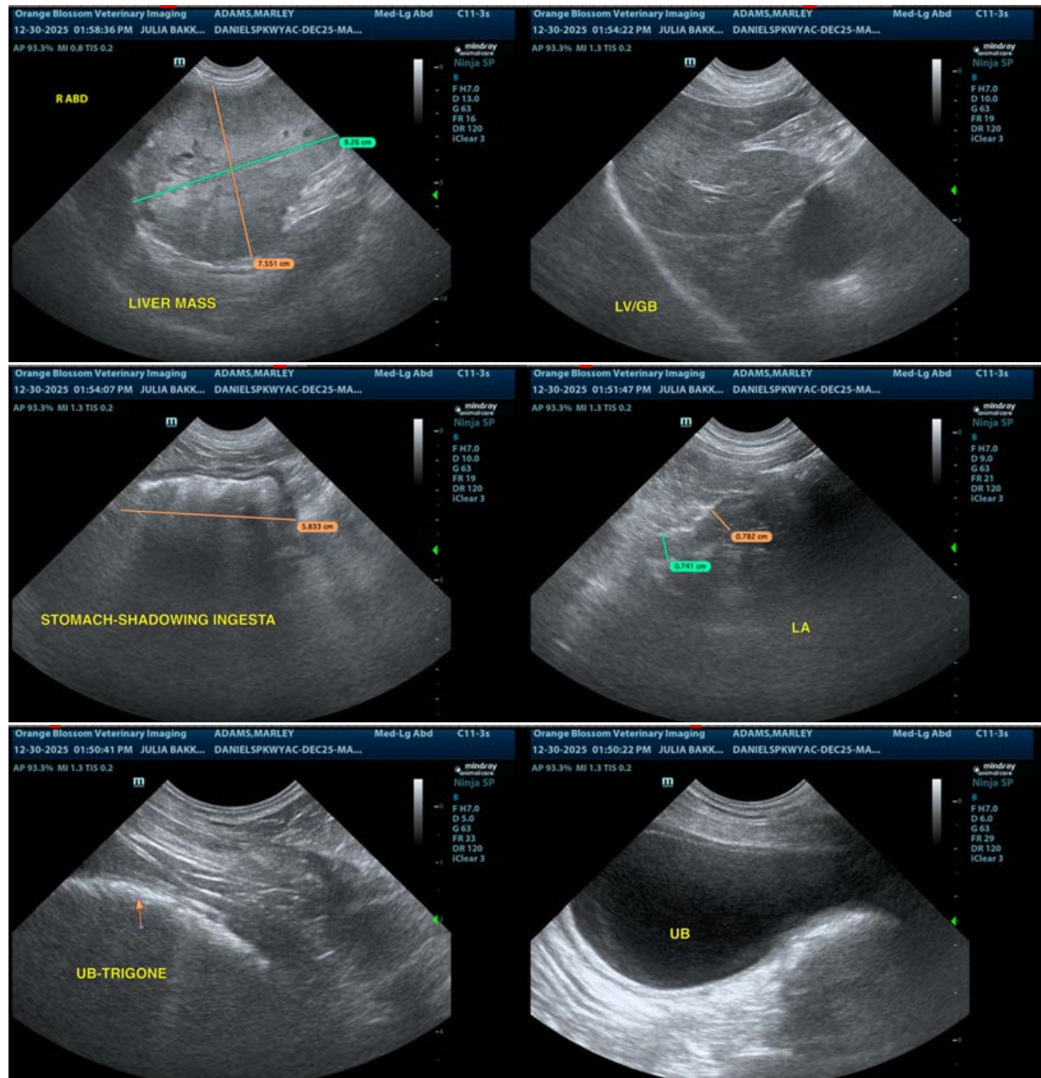
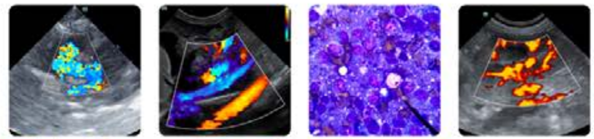
type. Ideally recommend a contrast CT scan to fully evaluate the cranial abdomen, confirm the attachment of the liver, and look for any small metastatic lesions prior to considering surgical resection.

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





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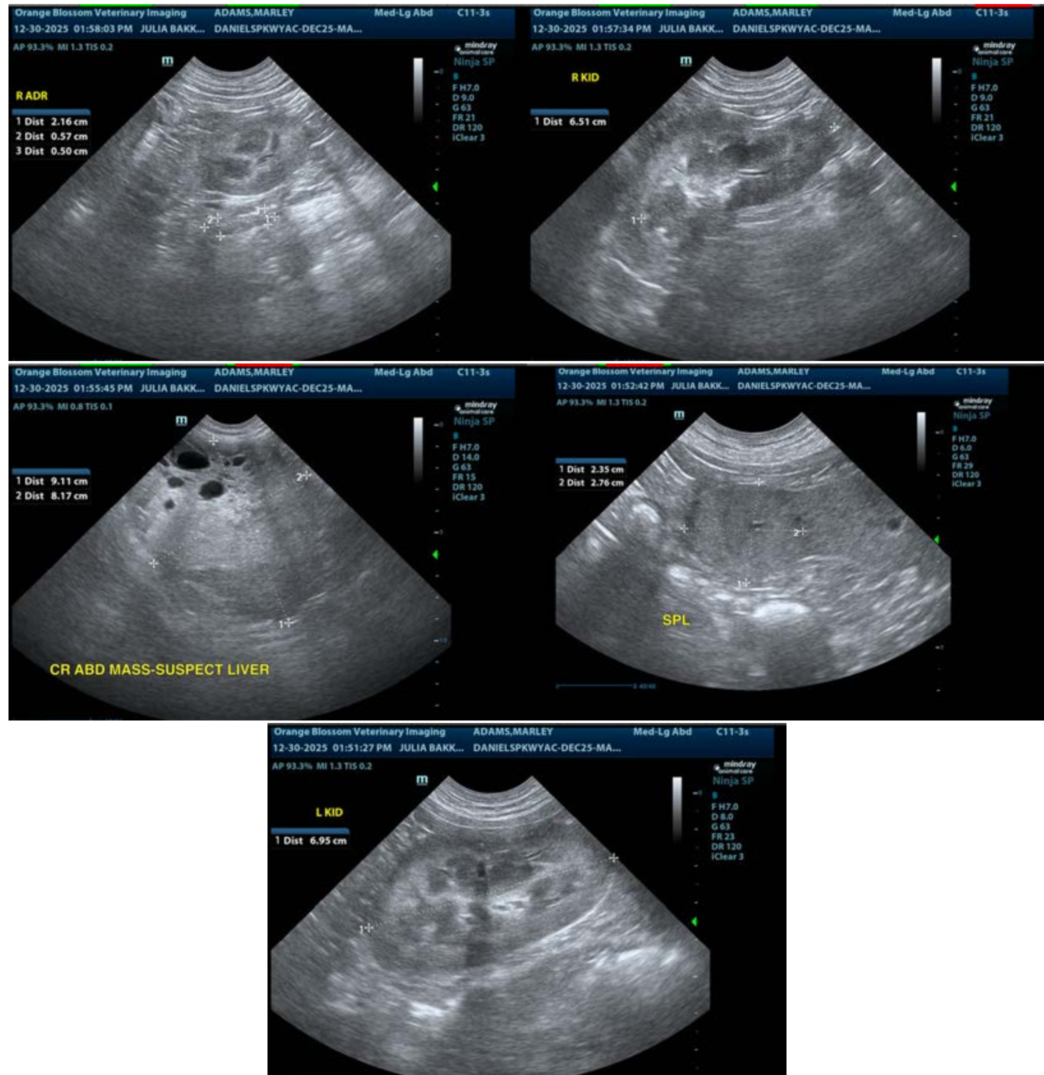

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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