PATIENT

Lucy Provost

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

27 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

Dr. Sechrist

INVOICE

72935

DATE

2/12/26

PRESENTING CLINICAL SIGNS

P presented for recheck of pancreas and liver. Previous US in November 2025. FNA of Liver and Pancreas at that time.

Cytology: Liver-significant hepatocellular vacuolization, mild extramedullary hematopoiesis. Pancreas-epithelial cell population with mild to moderate atypia, possible epithelia neoplasm

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with moderate primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (5.38 cm) with mild pyelectasia at 0.39 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.52 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 large, measuring 1.05 cm at the cranial pole and 0.92 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a very subtle hypoechoic nodule in the cranial pole measuring 1.03 cm x 0.78 cm (previous measurement 11/2025 was 1.08 cm x 0.88 cm). No evidence of vascular invasion is visualized.

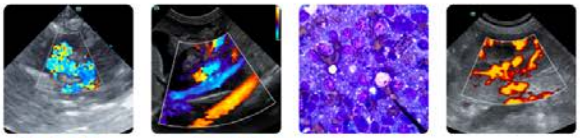
The right adrenal gland is large, measuring 1.0 cm at the cranial pole and 0.74 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.43 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 with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hyper- and hypoechoic nodules as well as many irregularly rounded liver lobes, sometimes giving the impression of an isoechoic mass effect. In the mid caudal region there is a poorly defined hyperechoic mass effect visualized measuring 3.52 cm x 4.33 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 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, 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 0.40 cm. Jejunum wall measures 0.36 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 large, prominent and hypoechoic. There is a poorly defined hyperechoic mass effect visualized in the left limb measuring 1.85 cm x 12.28 cm (previous measurement was 1.49 cm x 1.63 cm). 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

- Moderate suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilateral adrenomegaly with a stable poorly defined hypoechoic nodule in the cranial pole of the left adrenal – Findings could be consistent with bilateral hyperplasia. The nodule appears stable, favoring a more benign process such as an adenoma or focal hyperplasia. A neoplastic lesion cannot be ruled out.
- Mild left-sided pyelectasia – Recommend urinalysis, culture and continued monitoring.
- Large, prominent, hypoechoic pancreas with a hyperechoic nodule/mass effect – Findings are most consistent with chronic pancreatic remodeling. The focal lesion appears slightly larger than on the previous exam. Possible differentials include adenoma, adenocarcinoma, insulinoma (non-active), focal fibrosis, etc. Lack of severe enlargement favors a less aggressive lesion.
- Large, heterogeneous, rounded liver with a poorly defined hyperechoic mass effect and occasional ill-defined hyper- and hypoechoic nodules – The appearance is most consistent with a vacuolar hepatopathy and benign hepatic lesion, although a neoplastic process (round cell

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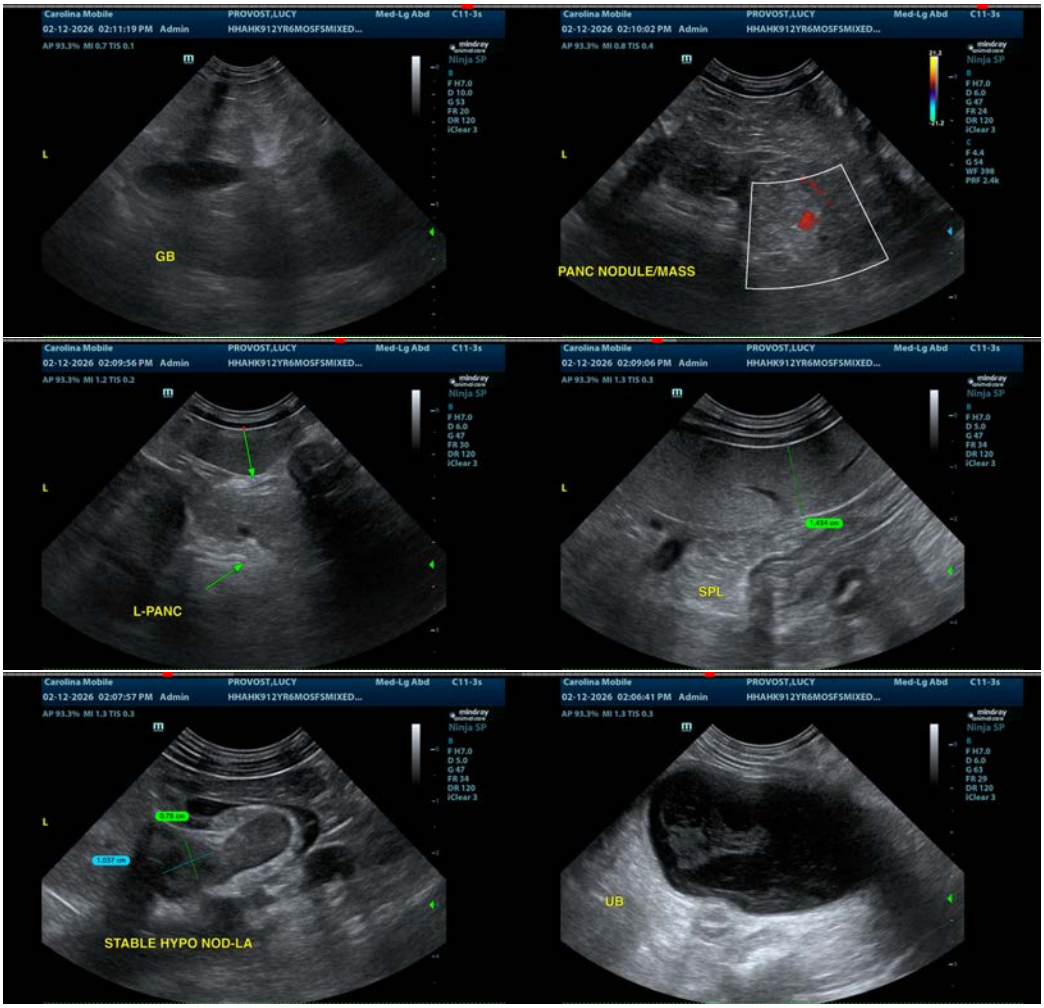
neoplasia, adenoma, carcinoma, etc.) are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described pancreatic lesion is visualized on today's exam and measures as slightly enlarged but largely has a similar appearance. The lack of exponential growth favors a less aggressive lesion. Options could include continued monitoring, surgical resection, etc. Correlate with clinical assessment of the patient.

The liver is very large, irregular, heterogeneous, and rounded. There is a poorly defined hyperechoic mass effect visualized in the mid caudal region of the liver. The appearance favors a somewhat benign process, but an early neoplastic lesion cannot be ruled out. Additionally, both adrenals are "plump". If signs of Cushing's are present, you could consider adrenal function testing. The previously described nodule on the left adrenal is visible but appears stable, making an aggressive lesion less likely, but continued monitoring is recommended.

There is a significant amount of suspended echogenic debris in the urinary bladder. Recommend a urinalysis and culture to further assess this and the left-sided pyelectasia.



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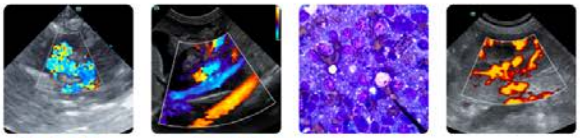

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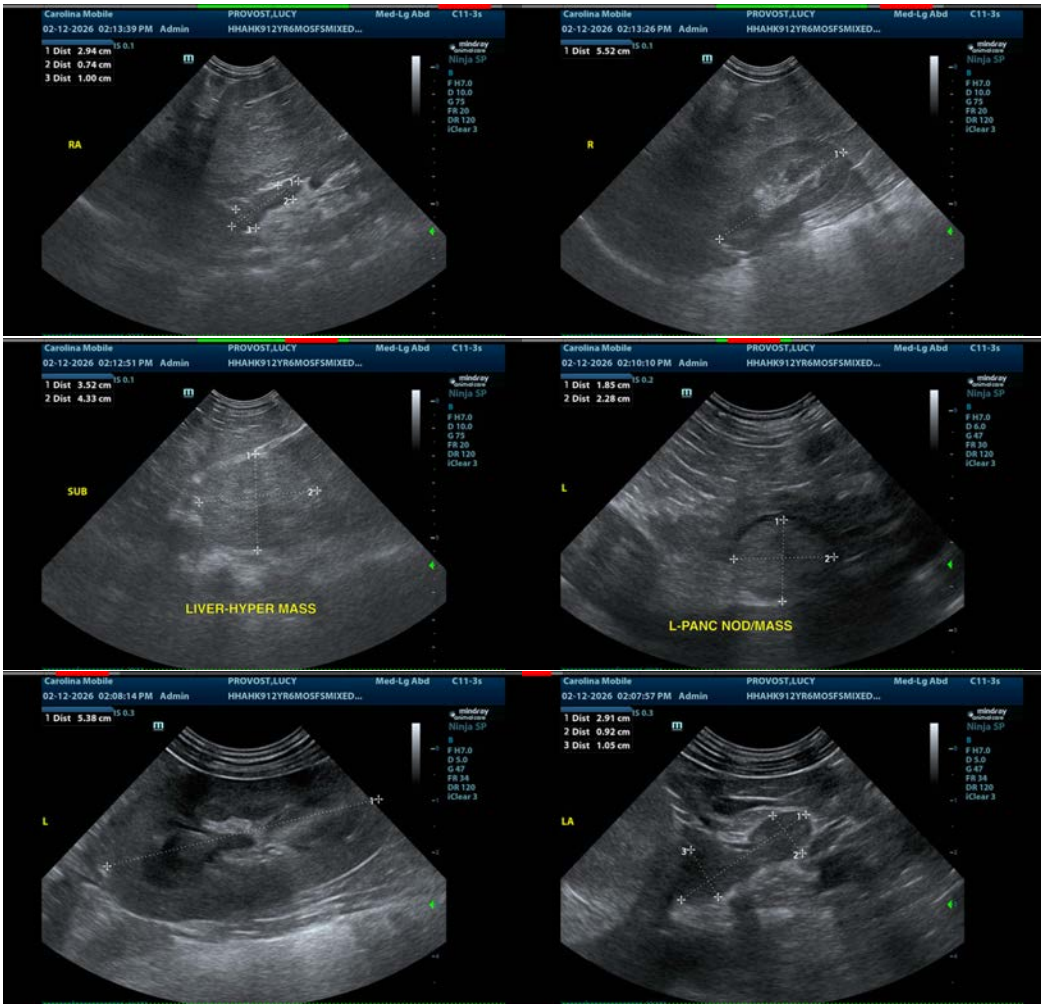

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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