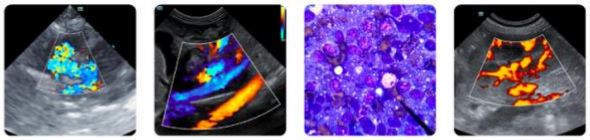


PATIENT

Sky Proctor

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

13727

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- AUS 6 months ago showed: Large mid-hepatic mass. Caudal hepatic swelling. Diffuse hepatic parenchymal changes. Gallbladder debris, non-mucocele. Mild intestinal ileus. Bilateral adrenomegaly consistent with the previous diagnosis of hyperadrenocorticism. Hypoechoic splenic nodules. Owner has declined to pursue surgical or chemotherapeutic intervention. AUS today to screen for progression/metastasis

PE: Patient has lost 1 pound Chem/CBC/UA - pending Blood Pressure - Doppler LF #4 cuff - 200 mmhg AVG Administered Butorphanol 0.65 ml and Acepromazine .1 ml for ultrasound. BP while sedated Doppler LF #4 cuff - 120 mmhg AVG

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.19 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.14 cm). Overall echogenicity is slightly hyperechoic with poor 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 in size measuring 1.7 cm at the cranial pole and 1.08 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.

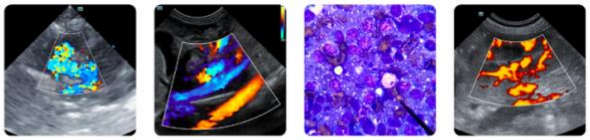
The right adrenal gland is large in size measuring 1.1 cm at the cranial pole and 0.90 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen measured 2.53 cm. There is a hyperechoic nodule with some surrounding poorly defined hypoechoic tissue most consistent with a mixed echogenicity nodule visualized just caudal to the hilus measuring 1.05 cm x 1.21 cm.

Liver

The liver is subjectively large and irregular in size, and echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions



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of the vasculature and biliary tract appear normal. There is large poorly defined mixed echogenicity hypoechoic mass effect in the mid caudal region of the liver measuring greater than 8.07 cm x 6.4 cm (previous measurement on 07/29/25 was 7.3 cm x 5.8 cm) as well as a hypoechoic homogenous mass effect in the caudoventral region of the liver measuring 3.5 cm in diameter (previous measurement of the same structure is suspected to be 3.5 cm x 2.3 cm).

The gall bladder lumen is moderately distended. The wall of the gall bladder is of normal thickness with occasional small polypoid projections. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.30 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 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

- Bilateral adrenomegaly with questionable progressive enlargement of the left adrenal gland- The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. Continued monitoring of the left adrenal gland is recommended as this may have increased in size.

- Mixed echogenicity nodule near the hilus of the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Age-related changes visualized associated with both kidneys.

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- Large heterogenous liver with a large poorly defined mixed echogenicity mass effect and a smaller hypoechoic mass effect- findings are most consistent with the primary hepatic mass lesion (carcinoma, adenoma, other). The nature of the smaller lesion is uncertain. Both lesions appear relatively stable.

- Moderate gallbladder debris with small polypoid projections- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

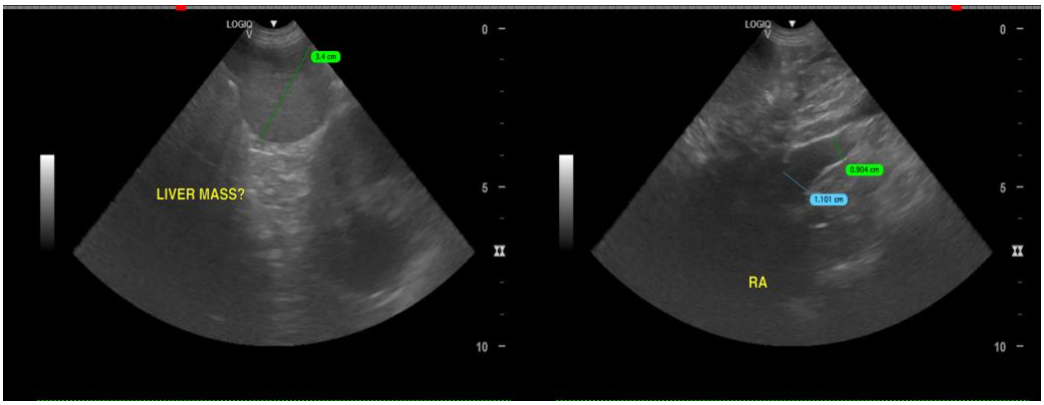
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously reported hepatic changes are persistent and likely mildly progressive. Today's description is similar to the previous exam.

On today's evaluation of the spleen, the smaller hypoechoic nodules are less evident, but there is a mixed echogenicity nodule near the hilus. This could represent a benign or early neoplastic lesion. The location (close to the major vessels) makes aspiration difficult/risky. Recommend continued monitoring.

Both adrenals are large if consistent with the current diagnosis of Cushing's. Cranial pole of the left adrenal is particularly enlarged. Continued monitoring is recommended.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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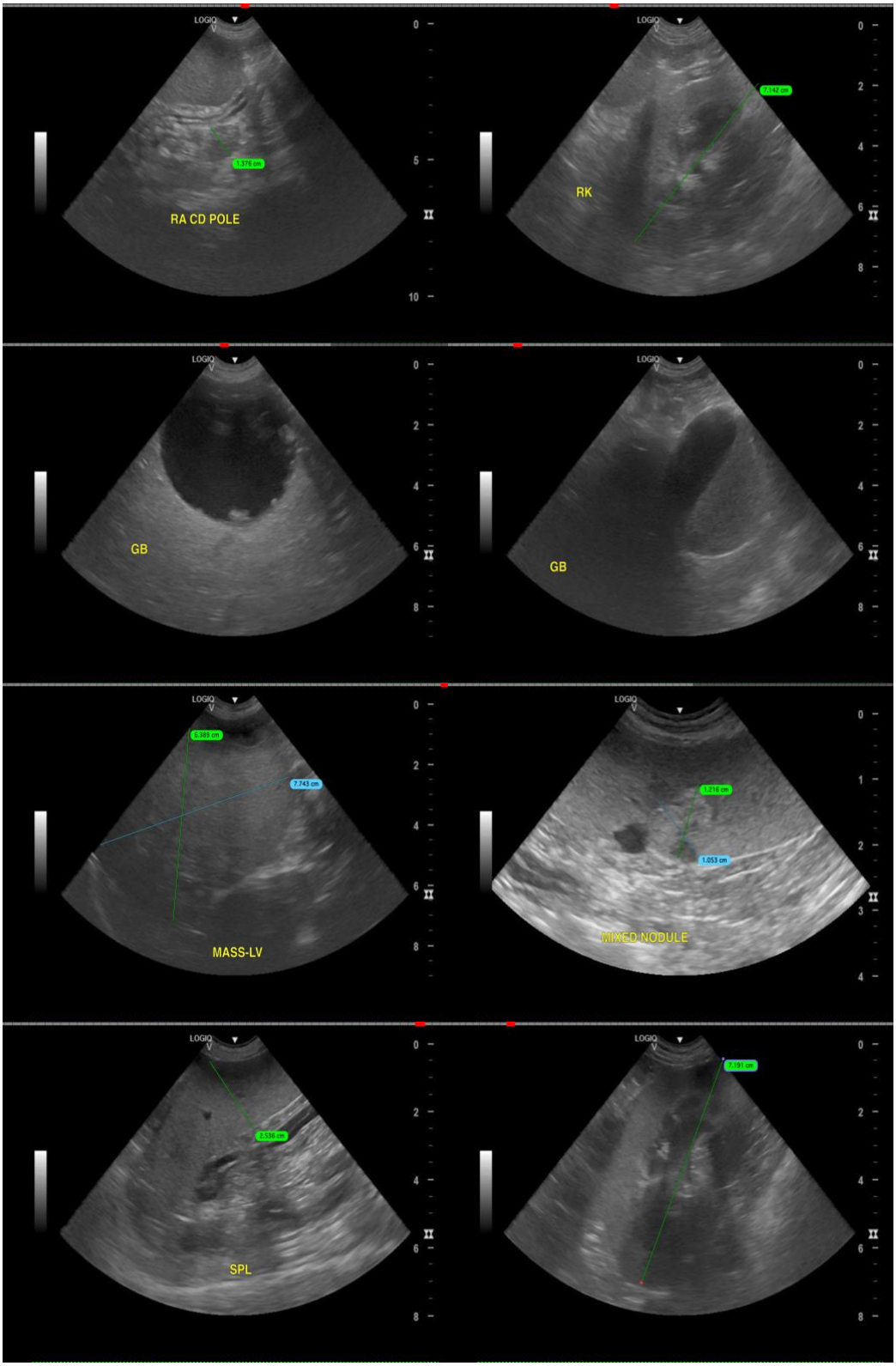

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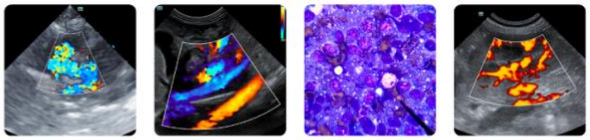

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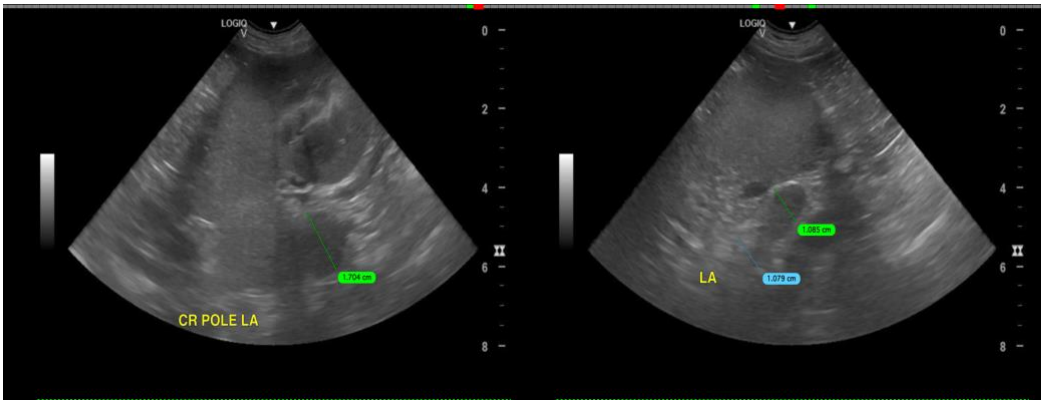

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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