



PATIENT

Oreo Orris

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

12 Years 11 Months

WEIGHT

46.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Meghan Myers, VMD

INVOICE

73058

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Progressive medullary sclerosis and medullary infarcts effecting all 4 limbs (initially was hind legs) (over 2 year duration), mild to moderate chronic lameness that does not improve with joint supplements, nsaids, adequan treatments. Recently did a steroid trial and no improvement at 1mg/kg/day dose. Is currently on this steroid dose at the time of the ultrasound. When initially diagnosed had ultrasound which was unremarkable, fungal testing with was negative. 3 view chest xrays: pulmonary osteomas, no signs of neoplasia. abd xrays: mild hepatomegaly. cbc/chem/lytes/tv- all unremarkable except hct was 37%. 4dx plus: negative. doing ultrasound today to look for other clues for the strange radiographic presentation. prev scan 5/29/24

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 (5.32 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 (5.83 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 and irregular in shape, measuring 1.32 cm 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 abnormal in appearance in that the cranial pole is large and irregular with a hypoechoic, almost cystic appearing region. It measures 1.35 cm x 1.64 cm with no evidence of definitive vascular invasion.

The right adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.51 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 (1.54 cm at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.



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Liver

The liver is large in size and rounded. 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 mixed echogenicity, somewhat poorly defined lesion/mass effect in the cranial mid left region of the liver, measuring >2.2 cm x 2.26 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic with a soft shadow, possibly consistent with some sandy, mineralized debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. 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 0.37 cm. Jejunum wall measures 0.32 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.

PRIMARY FINDINGS

- Irregular, enlarged cranial pole of the left adrenal gland – Findings could be consistent with focal hyperplasia, a benign lesion (adenoma), or even an early neoplastic lesion such as a carcinoma, pheochromocytoma, other.
- Large, heterogeneous liver with a mixed echogenicity, poorly defined mass effect – The heterogeneous liver could be secondary to current steroid use (steroid hepatopathy). A focal lesion could represent a benign or neoplastic lesion. An inflammatory lesion such as a granuloma, abscess, etc. also cannot be ruled out.
- Moderate gallbladder debris – 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.



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SECONDARY FINDINGS

- Hyperechoic lesions in the spleen – most consistent with benign myelolipomas.

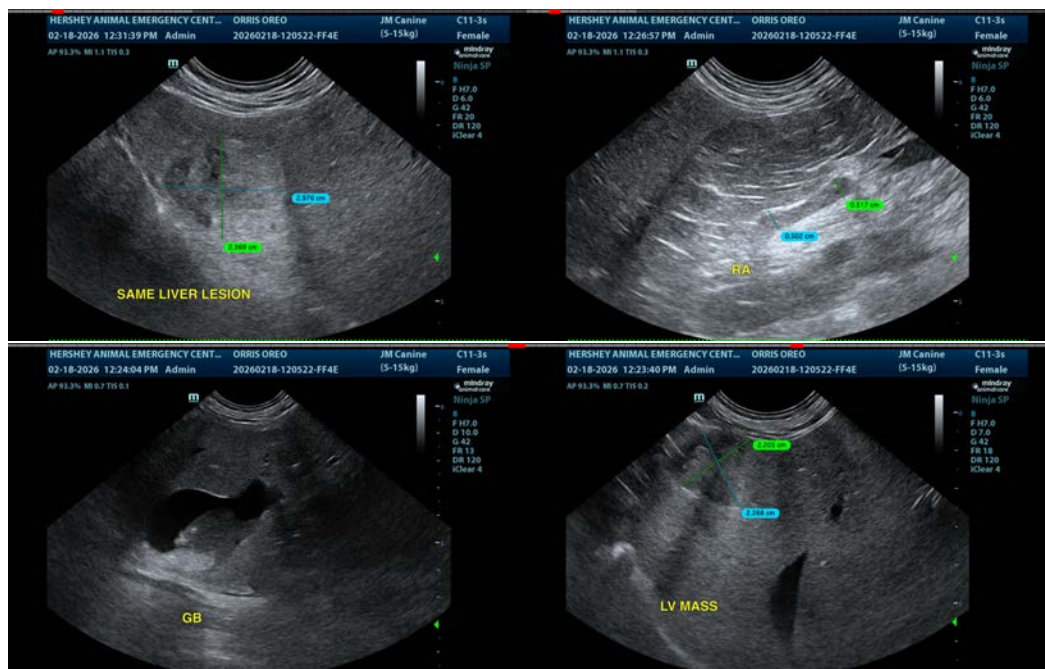
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial pole of the left adrenal gland is large and irregular. This could be consistent with benign or early neoplastic lesion. It is difficult to assess the possibility of a cortisol secreting tumor while the patient is on steroid therapy. You could consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma. Options for further evaluation include continued monitoring with ultrasound (recheck in 6-8 weeks) or possibly a contrast CT scan to look for evidence of more subtle vascular invasion, particularly if surgical intervention would be considered.

The liver is large and heterogeneous as would be suspected with current steroid therapy. There is a poorly defined mixed echogenicity lesion visualized in the mid left cranial liver. This could be consistent with a benign or neoplastic lesion. An inflammatory or infectious lesion could also be differentials. I suspect this is too far cranial to easily sample, but if a safe window for aspiration is available, consider obtaining a sample for cytologic evaluation (provided coagulation parameters are normal).

Alternately, you could consider a contrast CT scan to evaluate both the liver lesion and the adrenal gland and use this information to make additional diagnostic and treatment decisions.

I'm not sure if there is any correlation between these lesions and the reported medullary sclerosis. An underlying neoplastic or infectious cause could be considered. Recommend consultation with an orthopedist regarding their experience with this disease process.





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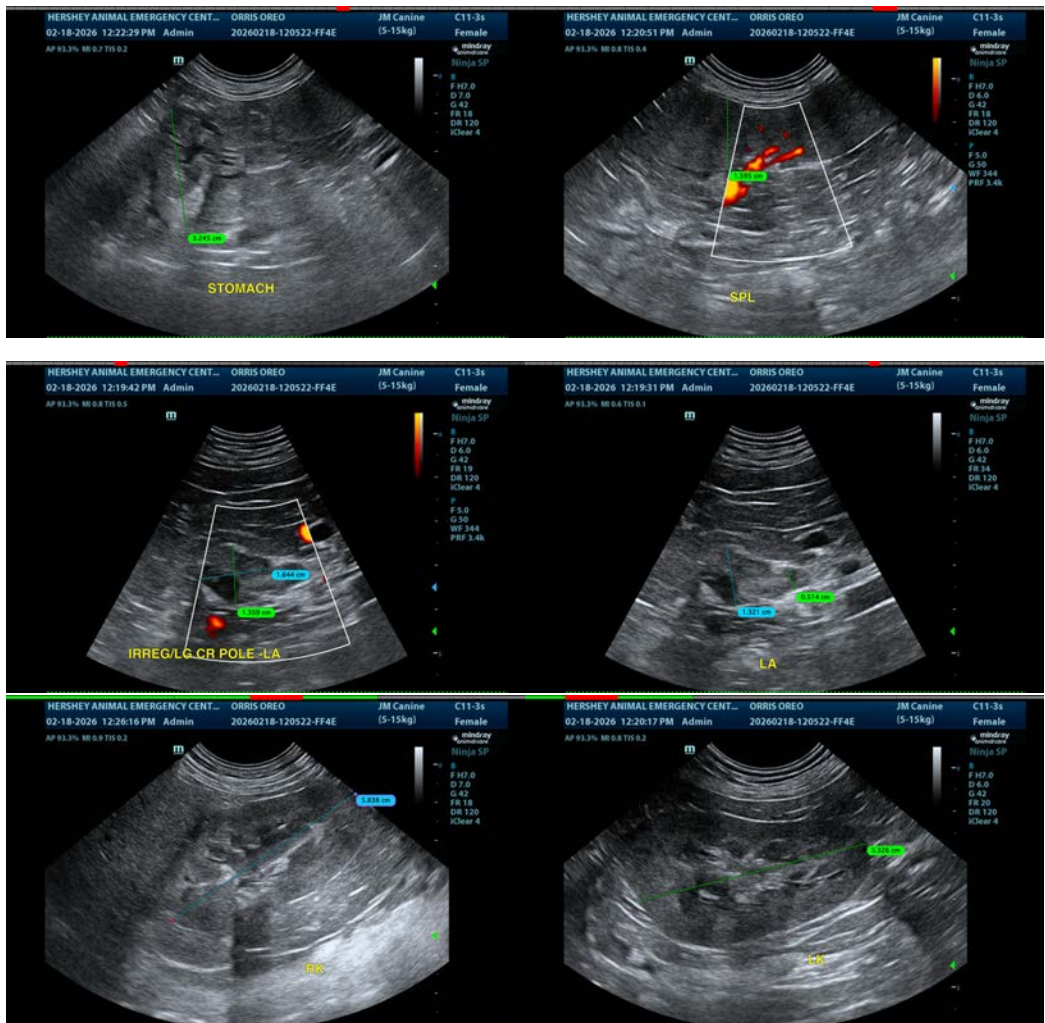
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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