



## PATIENT

Tucker Floyd

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

12.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Dr. Marciszewski

## INVOICE

73047

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

Immature cataracts with partial vision loss, r/o age-related lenticular sclerosis vs. diabetic cataract. Multiple cutaneous and subcutaneous masses (cyst, skin tags, papilloma), r/o lipoma vs. sebaceous cyst vs. benign papilloma vs. neoplasia. Mild right thigh muscle atrophy, r/o disuse secondary to osteoarthritis vs. neurologic disease. History of previous toe amputations, r/o recurrence of underlying digital disease.

Abnormal PE/Chem/CBC/UA Results: CBC: Reticulocyte hemoglobin (inflammatory vs other) WBC 5.5 Lymphopenia-historic, stable-suspect secondary to stress induced vs early hyperadrenocorticism vs other Mild thrombocytosis-suspect secondary to splenic contraction/epinephrine induced CHEM: Albumin 4.2-suspect secondary to lipemic sample ALP 628 hyperadrenocorticism vs infectious vs inflammatory vs toxin vs neoplasia vs extrahepatic vs pancreatitis vs other endocrinopathy vs other

## 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/slightly prominent (0.82 cm) 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 (3.99 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 (3.96 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 normal in size measuring 0.35 cm at the cranial pole and 0.45 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 0.52 cm at the cranial pole and 0.59 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 (1.66 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.



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## Liver

The liver is large in size, irregular 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 large, hypoechoic nodule/small mass effect visualized in the left cranial liver measuring 1.67 cm x 2.29 cm. Additionally, there is a large, mixed echogenicity iso- to slightly hypoechoic mass effect visualized in the right caudal liver, which contains two hyperechoic appearing nodules. This mass effect measures 4.45 cm x 2.92 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.

## 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. Jejunum wall measures 0.31 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. The descending colon wall is slightly prominent, measuring 0.18 cm with intact wall 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

- Large, rounded, heterogeneous liver with a hypoechoic small mass effect on the left side and a larger mixed echogenicity, iso/hyperechoic mass effect on the right side of the liver – The right-sided liver lesion has the appearance most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). The hypoechoic mass/large nodule on the left side could represent a benign lesion (large regenerative nodule, adenoma, etc.) or an early neoplastic lesion.

## SECONDARY FINDINGS

- Prominent prostate – The appearance of the prostate is most consistent with a dog neutered after puberty. No focal lesions are visualized, and it otherwise appears normal. If the patient was neutered prior to 6 months of age, the prostate could be abnormal, and a fine needle aspirate could be considered.



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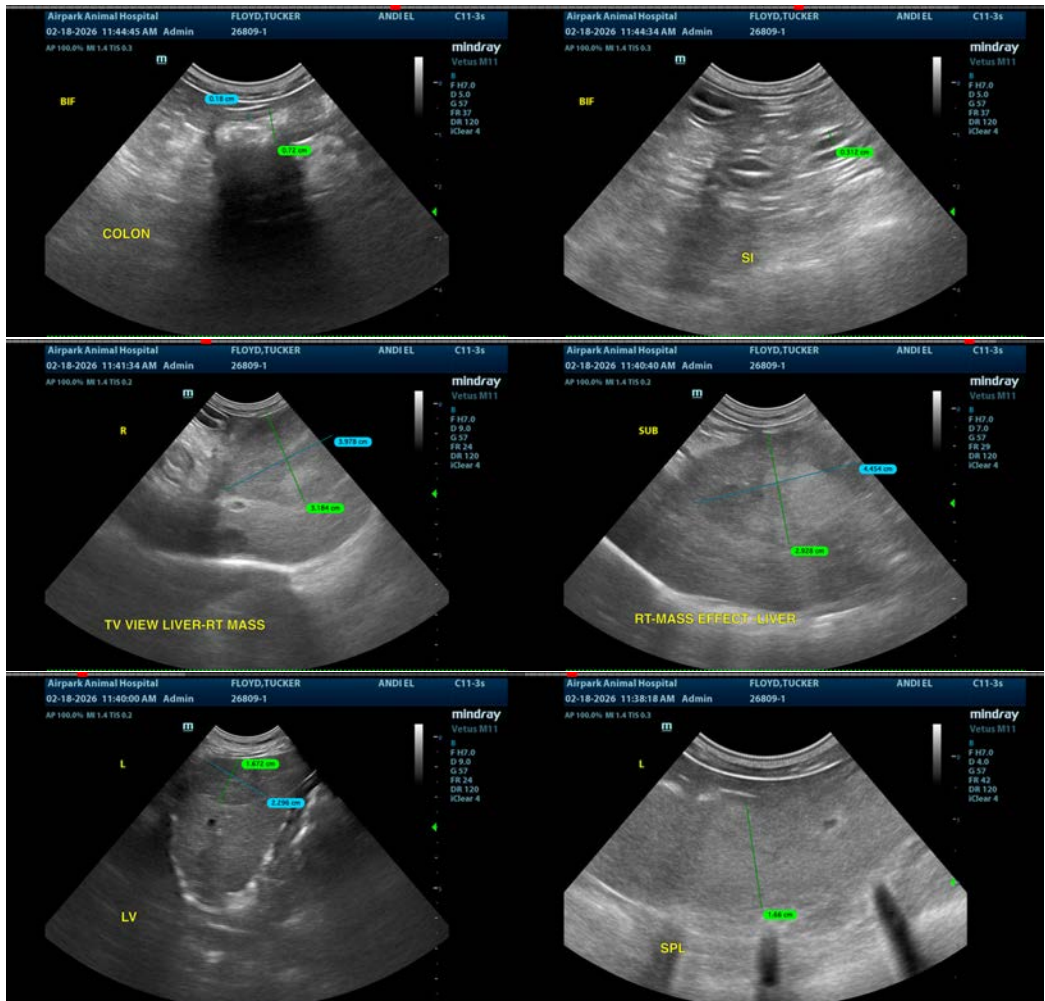
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- Age related changes visualized associated with both kidneys.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is large and rounded with a general appearance most consistent with a vacuolar hepatopathy. Additionally, there is a small hypoechoic nodule/mass effect visualized on the left side and a larger mass effect visualized on the right side. The right-sided lesion would potentially be available for fine needle aspirate if desired. It is possible that a window for sampling of the left-sided lesion would also be possible. If surgical intervention would be considered, then a contrast CT scan should be performed to better evaluate these lesions for possible surgical removal. If these are benign, slow-growing lesions, they could remain relatively asymptomatic aside from their size, although a more aggressive lesion is possible.

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





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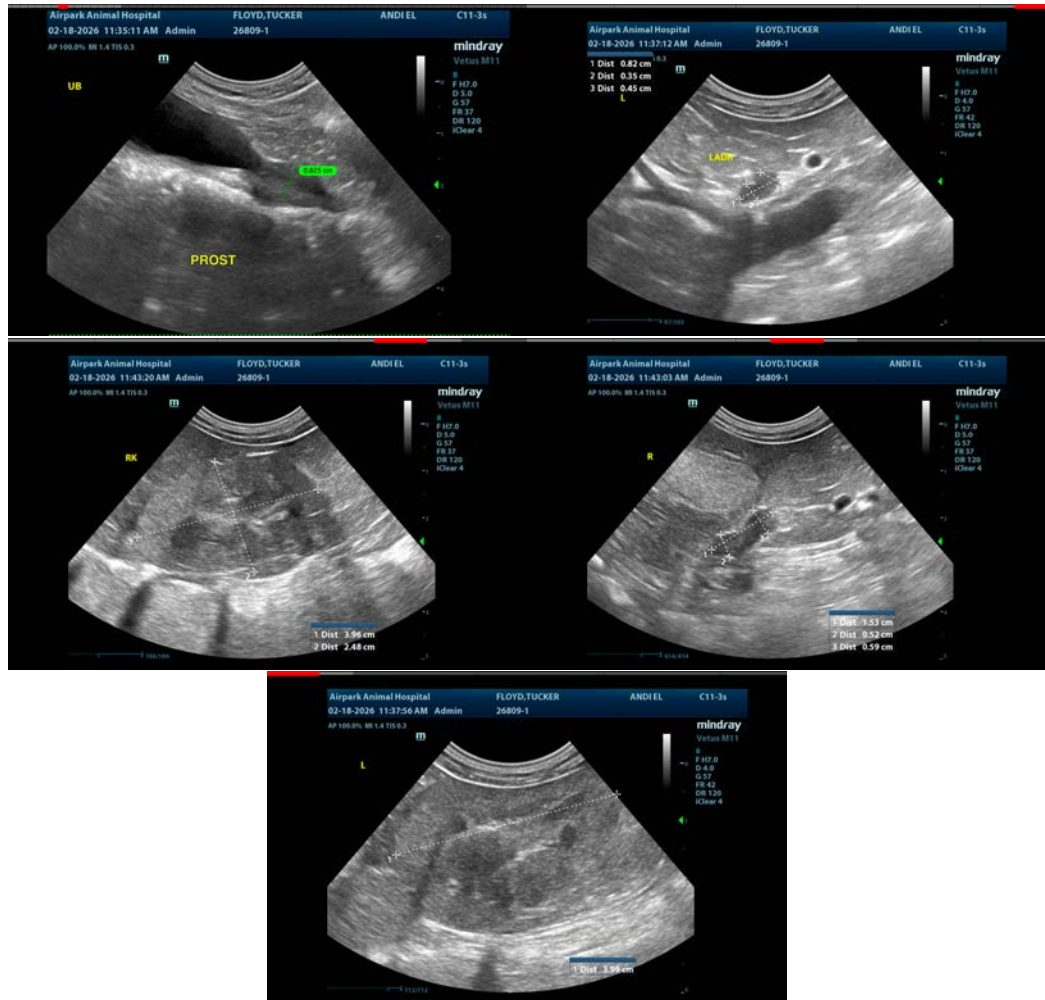
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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