PATIENT

Lily Lewis

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

9.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Peavine Animal Hospital

REFERRING VET

Dr.

INVOICE

11381

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- Patient History: History of elevated ALP value and ALT value with low USG (1.010). Bladder stone removal surgery in November 2025. Currently on Royal Canin urinary diet (dry and wet). Taking Dasuquin joint supplements daily. Increased water consumption and urination for approximately one month. Decreased appetite. Sleeps most of the day, short 5-minute morning walks. Struggles with stairs, requires assistance.
- Working diagnosis: Problem List: - Polyuria and polydipsia (historical) - r/o kidney disease, diabetes mellitus, hyperadrenocorticism, open - Isosthenuric urine (USG 1.010) - r/o kidney disease, diabetes mellitus, hyperadrenocorticism, open.
- MEDTrazodone 50mg - 1.5 PO 2 hours prior to ultrasound. Gabapentin 100mg/ml - 0.7ml the night before and the morning of ultrasound. Denamarin 120mg/35mg , Dasuquin advanced.

Abnormal PE/Chem/CBC/UA Results: Neutrophils 10.817 3.004 - 9.741 K/µL, Monocytes 1.036 0.145 - 0.736 K/µL, Sodium 153 142 - 152 mmol/L, Globulin 4.2 2.4 - 4.0 g/dL, ALT 321 18 - 121 U/L, ALP 582 5 - 160 U/L

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 (4.98 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. Pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.17 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. Occasional small pinpoint mineralizations, and pyelectasia measuring 0.43 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.59 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 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, and slightly irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a medium sized cavitated/cystic mass effect visualized in the spleen measuring 1.32 cm x 2.37 cm.

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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 are numerous, variably sized, poorly defined hypoechoic nodules in the parenchyma. Generally varying size from 0.5 cm to 1.5 cm.

The gall bladder lumen is moderately distended and borderline small in size. 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. The region of the pylorus appears mildly thickened with intact wall layering measuring at 0.59 cm. There's a focal, somewhat pedunculated mass effect visualized within the pylorus measuring 1.51 cm x 1.17 cm, orad to this lesion there is mild distension of fluid and ingesta, suggesting of partial obstruction.

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 (0.45 cm in wall thickness) and the jejunum measured as normal (0.29 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 visible/mildly mottled in the right limb. 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

- Decreased corticomedullary distinction in both kidneys with mild right sided pyelectasia. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Small/medium sized cavitated splenic mass lesion. A focal solid hypoechoic mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign

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lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

- Large, irregular, rounded, heterogenous liver with too numerous to count ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

- Focal, pedunculated mass effect visualized in the pylorus. This could represent a benign or neoplastic lesion, disruption of wall layering and the region is minimal (favoring a more benign lesion.) There's evidence of an early partial obstruction.

SECONDARY FINDINGS

- Pancreatic changes consistent with pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a somewhat pedunculated appearing mass effect visualized within the pylorus. This minimally interferes with wall layering, suggesting it's a fairly superficial mass lesion at this time. Potentially favoring a more benign lesion such as a benign polyp, adenoma, etc., although a more aggressive lesion is possible. There is the appearance of mild fluid/ingesta orad to the lesion, but the stomach is empty. Possibly consistent with a mild partial obstruction but in the absence of vomiting, a full stomach, etc., this is likely minimal at this time. Surgical evaluation could be considered, particularly if this appears to be interfering with eating, etc.

There's a somewhat cystic/cavitated mass effect in the spleen. This is relatively small in size and could represent a benign or neoplastic lesion. Options moving forward could include continued monitoring with ultrasound, or a splenectomy with samples for histopathology. I suspect a fine needle aspirate would be challenging due to its cavitated nature.

The liver is large, heterogenous, irregular with ill-defined hypoechoic nodules. This has the appearance most consistent with a vacuolar hepatopathy and regenerative nodules. Although the irregular nature increases concern for a possible ill-defined mass effect or similar. A fine needle aspirate could be considered. Additionally, consider pre- and post-prandial bile acids to assess liver function to determine if this is clinically affecting this individual.

Both kidneys have changes consistent with chronic age-related renal disease. Recommend a blood pressure, urinalysis and culture to further assess the mild pyelectasia visualized on the right kidney, and to look for evidence of pyelonephritis.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Imaging performed by

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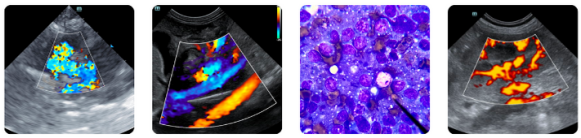

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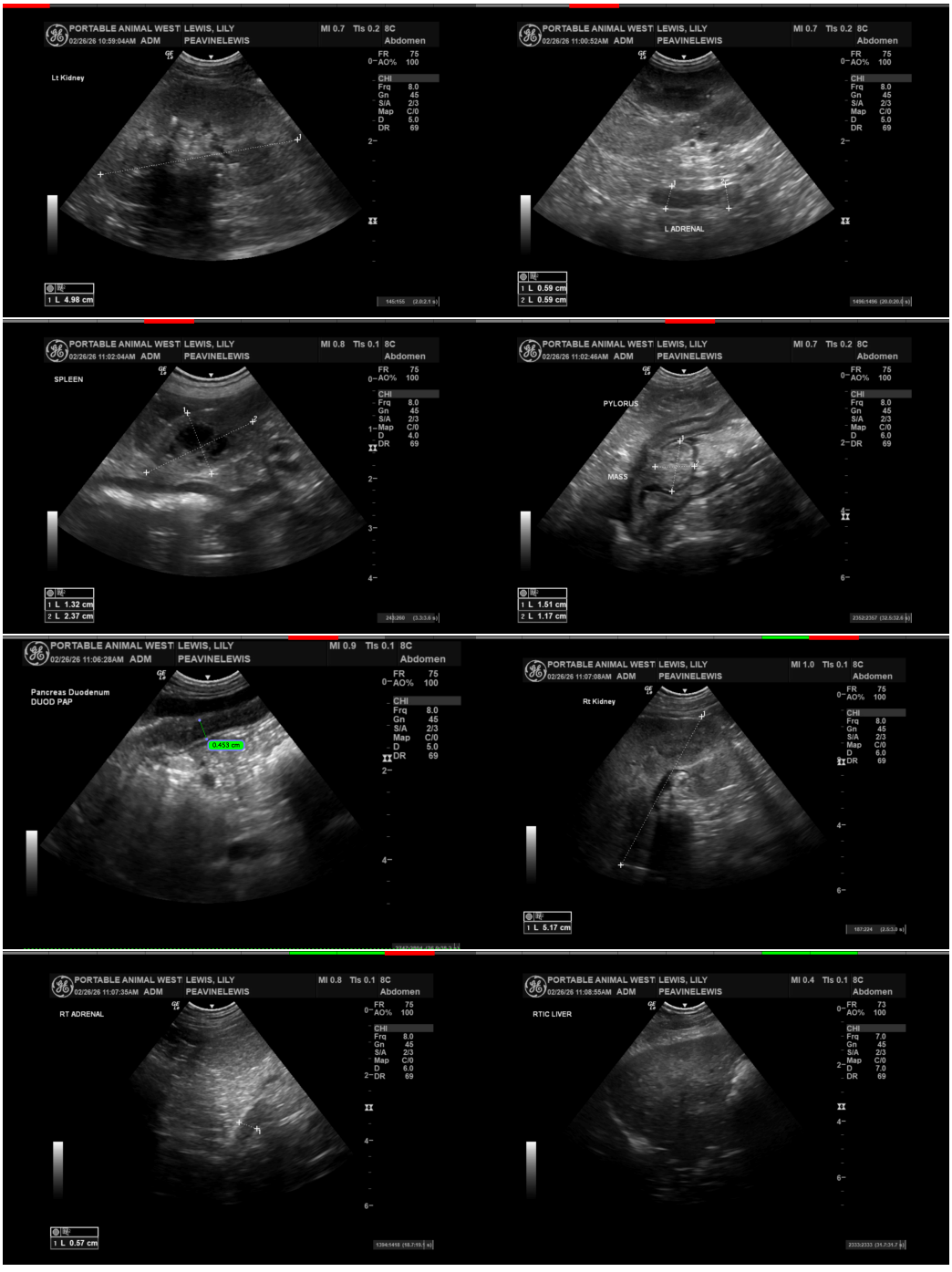

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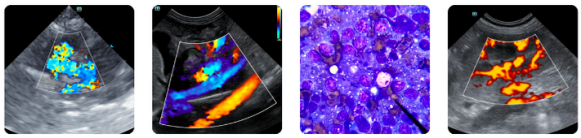

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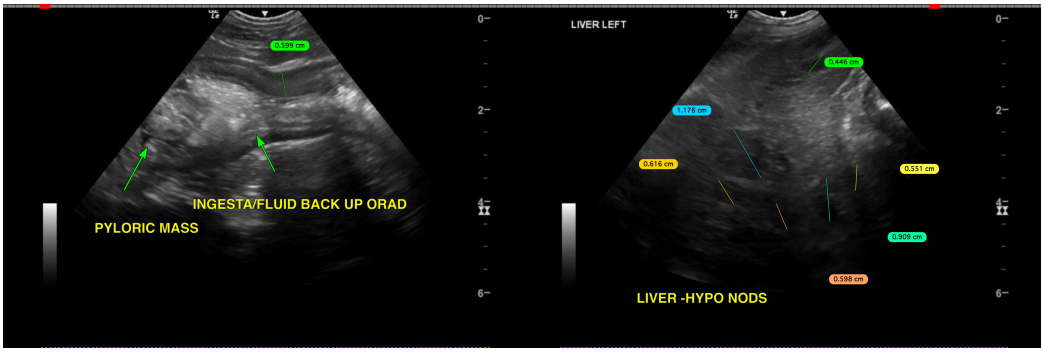

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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