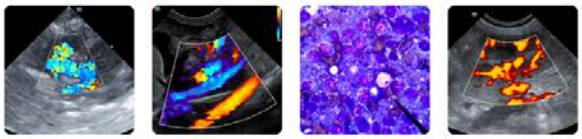


PATIENT

Bowie Menzies

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/2/13

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Robl

INVOICE

72686

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Chronically elevated liver enzymes, newly elevated kidney values- doing well at home. Meds-Potentially galliprant and amantadine. History of bilateral FHO

Abnormal PE/Chem/CBC/UA Results: LABS attached

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 (5.8 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 (6.27 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 and abnormal in appearance, measuring 1.97 cm at the cranial pole, 2.2 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 it is severely enlarged. No definitive evidence of vascular invasion is visualized.

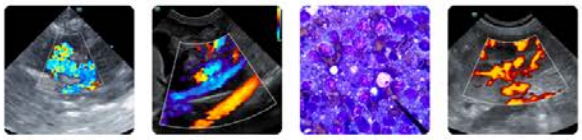
The right adrenal gland is normal in size but abnormal in appearance, measuring 0.97 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 1.66 cm x 0.98 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is normal in size and shape, measuring 2.18 cm. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous poorly defined hypoechoic nodules in the parenchyma, which do not deviate the splenic capsule. Examples measure 0.86 cm and 0.64 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral 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 numerous ill-defined hyper- and hypoechoic nodules visualized in the parenchyma. A larger hypoechoic nodule on the left side of the liver measures 2.69 cm x 3.46 cm. Additionally, there is a hyperechoic mass effect visualized measuring 2.34 cm x 2.79 cm.



PATIENT

Bowie Menzies

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/2/13

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Robl

INVOICE

72686

DATE

2/3/26

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. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid/gas/shadowing ingesta. 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 0.47 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.

Other

The uterine stump appears slightly prominent dorsal to the urinary baldder with mild intraluminal fluid.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Large left adrenal gland, most consistent with a mass effect, and a smaller right adrenal gland with a hyperechoic nodule - The left adrenal mass lesion is concerning for a large adenoma, carcinoma, pheochromocytoma, other. The hyperechoic nodule on the right adrenal gland is less concerning at this time with a more benign appearance, possibly consistent with focal hyperplasia, an adenoma, etc., although an early neoplastic lesion cannot be ruled out.
- Bilateral renal changes consistent with chronic renal disease.
- Numerous poorly defined hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

PATIENT

Bowie Menzies

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/2/13

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Robl

INVOICE

72686

DATE

2/3/26

- Heterogeneous liver with ill-defined hypo- and hyperechoic nodules/mass effects – Most of these have a somewhat benign appearance, although early neoplastic lesions or metastatic lesions cannot be ruled out.

SECONDARY FINDINGS

- 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.

- Prominent uterine stump – This is likely incidental at this time. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

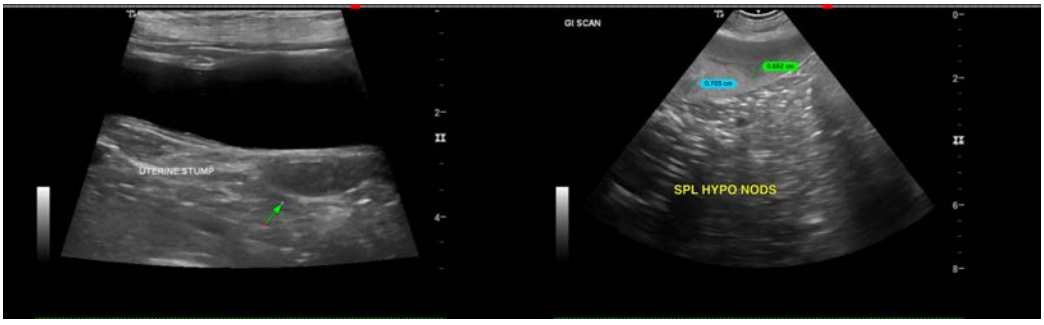
Both adrenals are abnormal in this patient. The left adrenal is very large, with a relatively normal shape, suggestive of a mass effect. This could represent a benign or neoplastic lesion. Additionally, there is a hyperechoic nodule in the right adrenal, which has more of a benign appearance, but the nature of this lesion is uncertain. Recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma. Additionally, hypertension could be related to the renal disease present. If surgical intervention would be considered, recommend a contrast CT scan to further evaluate both adrenals.

There are subtle, ill-defined, hypoechoic nodules in the spleen. These have a somewhat benign appearance, but fine needle aspirate would be recommended to further evaluate.

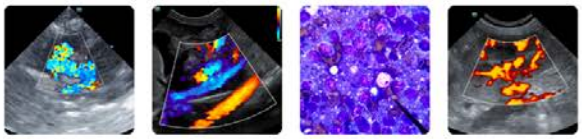
Similarly, there are numerous hypoechoic nodules visualized in the liver. Some of these are somewhat larger and more concerning, but the largest hypoechoic lesion on the left side is likely too deep to easily sample at this time. Recommend continued monitoring.

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

The elevation in cortisol levels is suggestive of Cushing's disease (likely adrenal dependent?). If no aggressive therapy is pursued, you could consider Trilostane therapy for palliative care and to try to bring down cortisol levels and address symptoms (PU/PD, etc.).



Imaging performed by
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bowie Menzies

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/2/13

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

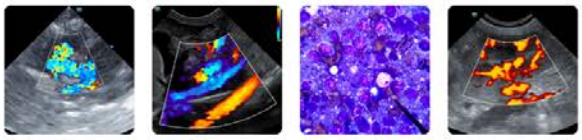
Dr. Robl

INVOICE

72686

DATE

2/3/26



PATIENT

Bowie Menzies

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/2/13

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Robl

INVOICE

72686

DATE

2/3/26

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