PATIENT

Puddles Laino

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

58.9 bs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Katherine Koulis

INVOICE

74047

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Elevated LE's. Hx of chronic atopy/skin disease, presented for annual wellness labs. Previous u/s report attached. Current Meds: Apoquel; Heska allergy injections; Bravecto; Interceptor plus (Gaba/Traz for u/s)

Abnormal PE/Chem/CBC/UA Results: ALT-185; ALP-155; Ca-11.5; Trig-432; PSL-463; PLT-480k, rest wnl.; T4-1.0. UA pending.

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 (6.73 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 (6.48 cm) with pyelectasia at 1.26 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an irregular poorly defined cystic appear area towards the cranial pole that coalesces with the renal pelvis measuring 3.14 cm x 3.55 cm. This is suspected to be the cystic lesion described in a previous exam in 6/2022, which measured 9.8 cm x 7.7 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

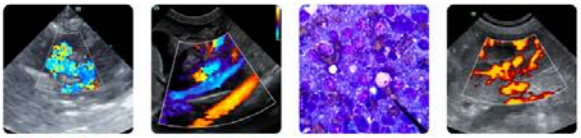
Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm at the cranial pole and 0.64 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, measuring 1.74 cm at the cranial pole and 1.06 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 (2.43 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a complex cystic structure visualized towards the caudal aspect of the spleen measuring 1.69 cm x 1.93 cm. A subtle hypoechoic nodule is visualized measuring 1.31 cm x 1.0 cm. Other poorly defined hypoechoic nodules are visualized.



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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 too numerous to count, ill-defined, hypoechoic nodules in the parenchyma. Examples measure 1.89 cm x 1.96 cm abd 1.83 cm x 1.39 cm. There is an isoechoic mass effect visualized measuring 3.29 cm x 3.44 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. 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.38 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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

- Mottled spleen with numerous ill-defined hypoechoic nodules and a complex cystic lesion – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

- Heterogeneous nodular liver with rounded margins and an ill-defined mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis,

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toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hypoechoic nodules have an appearance most consistent with benign regenerative nodules, although a neoplastic process cannot be ruled out. The ill-defined mass effect could represent a rounded liver lobe or a true mass such as carcinoma, adenoma, other.

- 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.

- Irregular right kidney with decreased corticomedullary distinction and a poorly defined cystic region in the cranial pole and pyelectasia – Findings could be consistent with an atypical cyst, a congenital lesion, etc. The lesion sounds stable to improved compared to the previous exam.

- Large right adrenal gland – Findings could be consistent with anatomic variation, hyperplasia, or benign or neoplastic mass effect.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

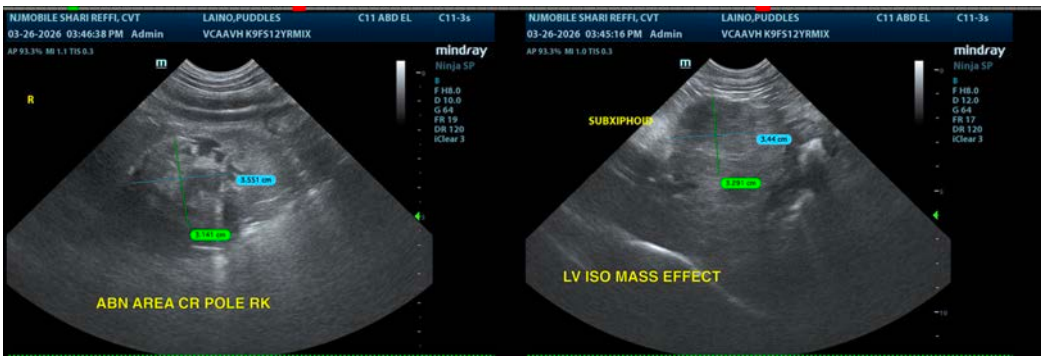
There are numerous ill-defined lesions visualized in the spleen, creating a somewhat mottled appearance. Consider a fine needle aspirate for further evaluation.

The liver is diffusely heterogeneous with hypoechoic nodules and an ill-defined mass effect. These lesions could represent benign lesions or early neoplastic lesions. Further evaluation would likely involve a fine needle aspirate and continued monitoring.

There are some irregularities visualized associated with the right kidney. These likely represent benign lesions, although atypical neoplastic change is possible. Recommend continued monitoring.

The large right adrenal gland could represent a benign or neoplastic process. If signs of Cushing's are present, you could consider adrenal function testing. Additionally consider a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma. Otherwise, recommend continued monitoring (recheck ultrasound in approximately 3 months to look for progressive enlargement).

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



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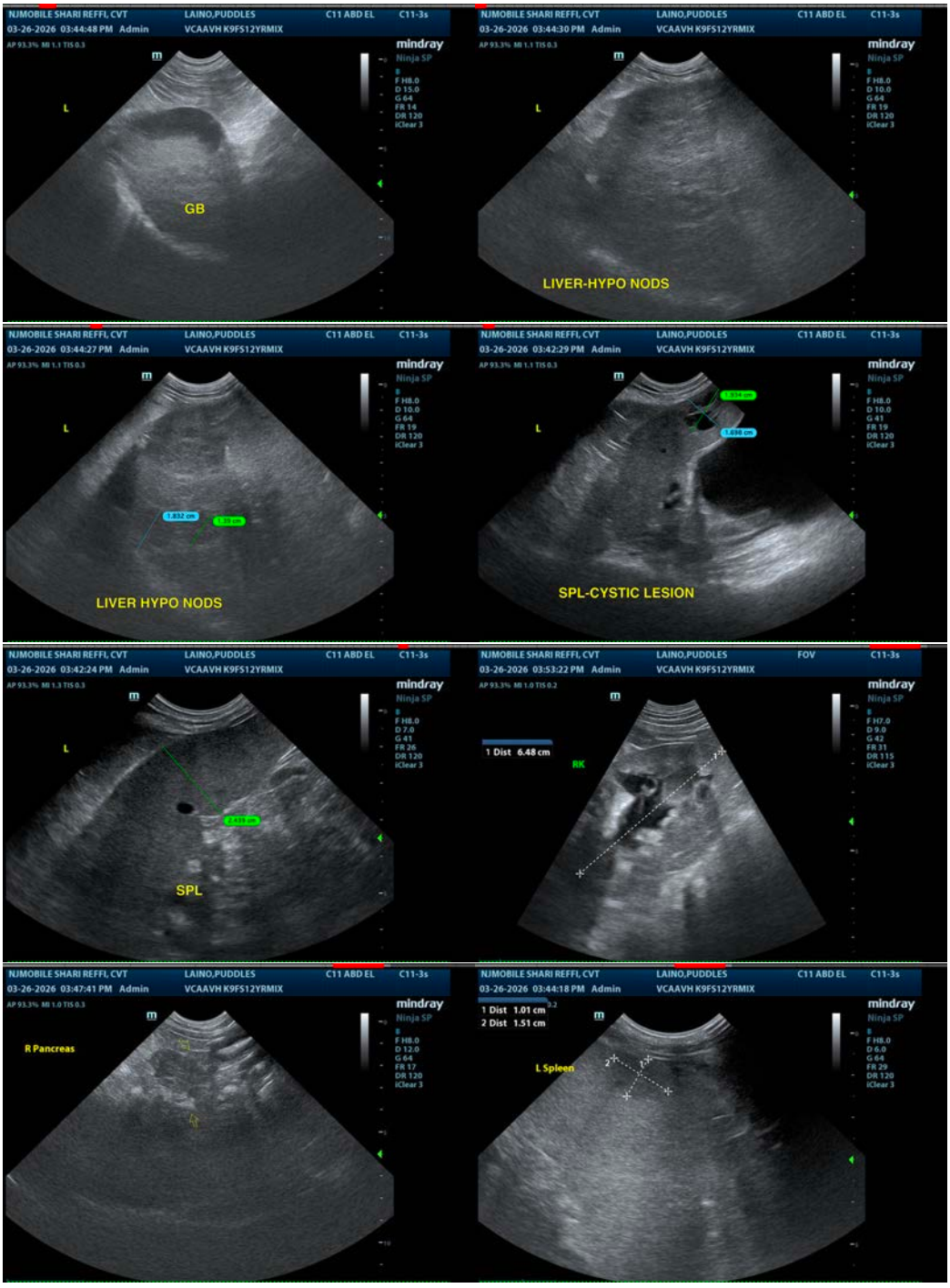

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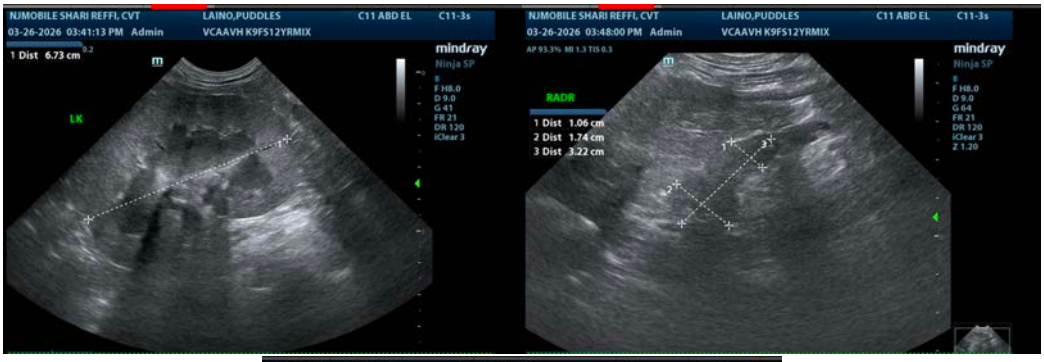

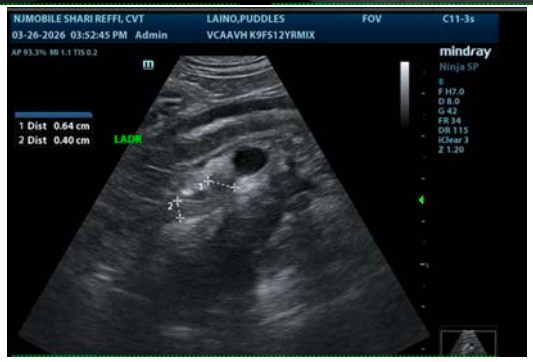

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com