PATIENT

Harleigh Jones

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

73357

DATE

3/3/26

PRESENTING CLINICAL SIGNS

AUS to assess liver. Splenectomy after last AUS 9/2024 and a liver lobectomy was done

Abnormal PE/Chem/CBC/UA Results: Pre-ACTH stim slightly increased No significant finding Post ACTH stimulation within normal limits and within normal limits for a patient on trilostane for good control of hyperadrenocorticism. A: Suspect hepatic disease and a concern for carcinoma. Also possible gallbladder disease. Rule out infection, inflammation, toxin, idiopathic of the liver.

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 (6.93 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 (6.73 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.

Adrenal Glands

The left adrenal gland is large, measuring 1.07 cm at the cranial pole and 0.86 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 0.79 cm at the cranial pole and 0.91 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.

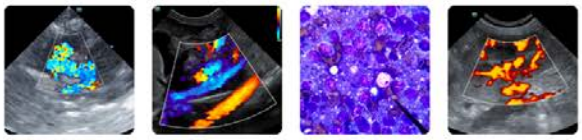
Spleen

The spleen is surgically absent.

Liver

The liver is large in size and irregular in shape with rounded margins. 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 hyperechoic/mixed echogenicity mass effect visualized associated with the caudal left region of the liver measuring 8.04 cm x 9.56 cm. There is a somewhat larger right-sided hypoechoic/mixed echogenicity mass effect visualized measuring 7.8 cm x 12.05 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.



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Gastrointestinal

The stomach contains mild fluid and gas. 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 0.36 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 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.

ULTRASONOGRAPHIC FINDINGS

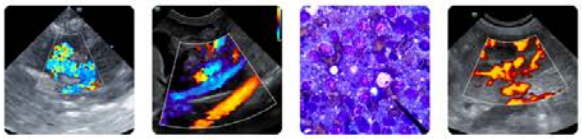
- Bilateral adrenomegaly – Findings are consistent with a current diagnose of pituitary dependent hyperadrenocorticism.
- Surgically absent spleen.
- Two large, mixed echogenicity mass effect visualized associated with the liver – The appearance of suggestive of a possible primary hepatic mass lesion (carcinoma, adenoma, other). This could also be a recurrence or extension of the previous mass removed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two large, mixed echogenicity masses in the liver. The histopathology from the spleen and liver is not listed. This could represent recurrence or spread of the original neoplastic process or could represent a new process. Options moving forward could include a fine needle aspirate and/or a contrast CT scan to further evaluate, although I'm concerned that hepatic involvement is fairly extensive and surgical options may be limited.

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

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



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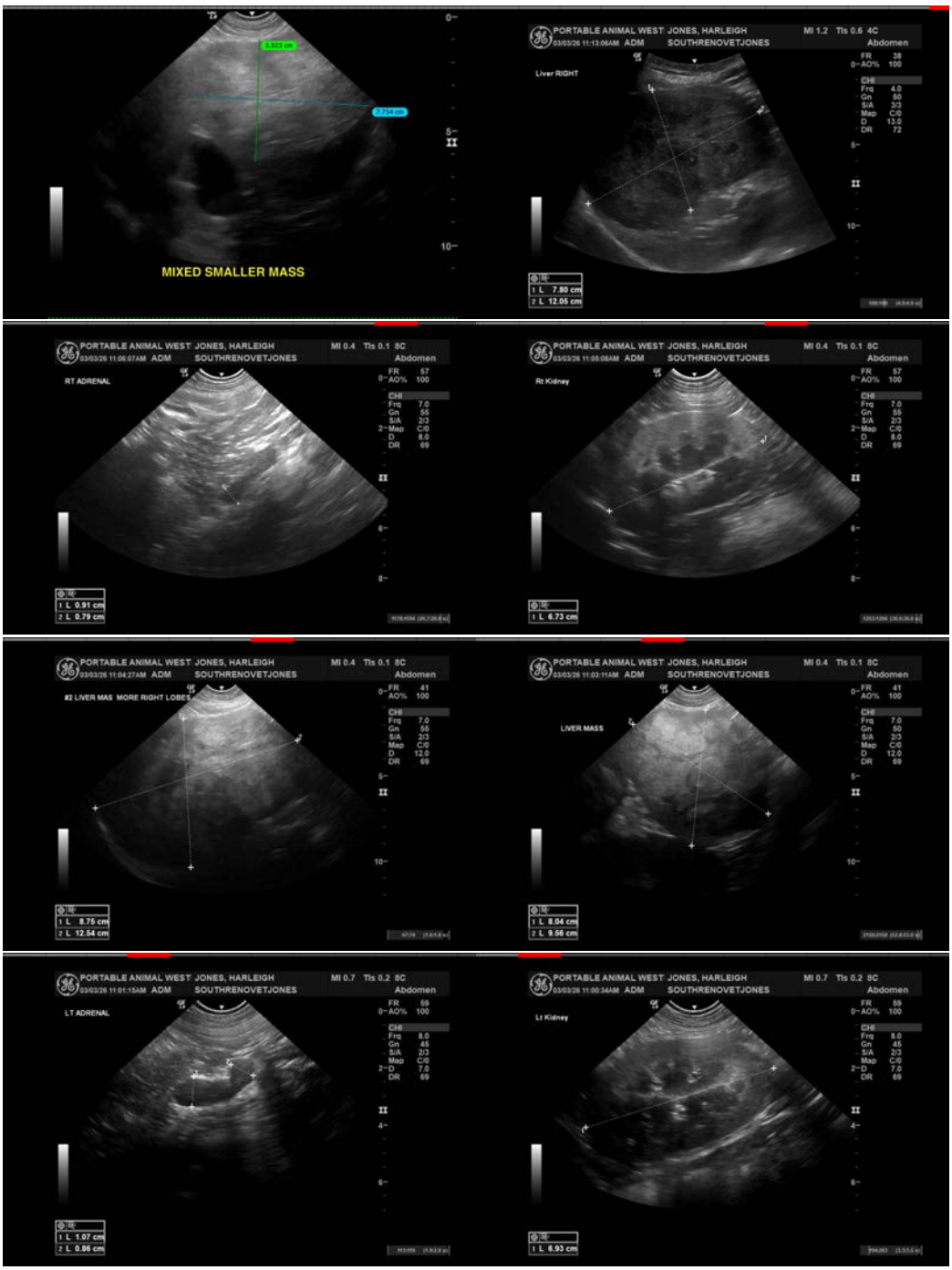

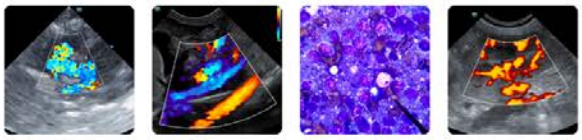

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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