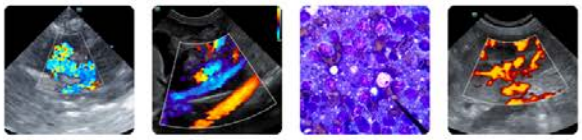


PATIENT

Lucy Cross

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

62 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

73352

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Hx: Owner reports no vomiting diarrhea coughing sneezing. Eating and drinking normal. Mobility and activity normal. Denamarin. AUS to assess liver and compare from previous scan

Abnormal PE/Chem/CBC/UA Results: Chemistry screen: Increased alkaline phosphatase 345 and ALT 230. Cholesterol 384, triglycerides 311 and PSL 227 also increased CBC: No significant finding Heartworm test antigen: No Antigen Detected Fecal: Pending Urinalysis: Increased red blood cells and occult blood likely from cystocentesis and contributing to increased protein falsely, also contributing is increased pH. A: Alkaline phosphatase and ALT are increased from last year as is cholesterol and triglycerides. Abdominal x-rays and ultrasound along with bile acids were unremarkable last year. Ultrasound indicated likely age related changes and 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 (5.79 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 (6.64 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.

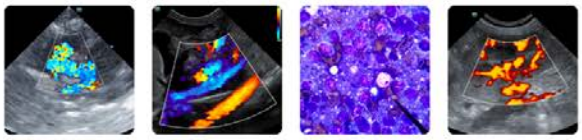
Adrenal Glands

The left adrenal gland is normal in size and shape, measuring 0.77 cm at the cranial pole and 0.72 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly irregular in appearance in that there is a somewhat poorly defined hyperechoic nodule in the cranial pole measuring 0.56 cm x 0.67 cm. The nodule does not deform the adrenal capsule. Previous measurement in 4/2025 was 0.49 cm.

The right adrenal gland is normal in size measuring 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 subjectively normal in size (2.17 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 subjectively normal in size, and 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 occasional ill-defined hypoechoic nodules visualized in the parenchyma. A hypoechoic nodule is visualized in the right side measuring 1.1 cm x 1.1 cm (suspect this is a previous nodule that was measured at 0.78 cm x 1.63 cm), and there is a poorly defined hypoechoic nodule in the left side near the gallbladder measuring 1.53 cm x 0.88 cm (previous measurement 2.09 cm x 1.28 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 0.49 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.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule in the cranial pole of the left adrenal gland – The general appearance favors a benign lesion (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out. The lesion is relatively stable from the previous exam, favoring a benign lesion.

- Diffusely heterogeneous liver with occasional 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. The previously described nodules have been reevaluated and appear somewhat larger than on the previous exam but have not severely progressed.

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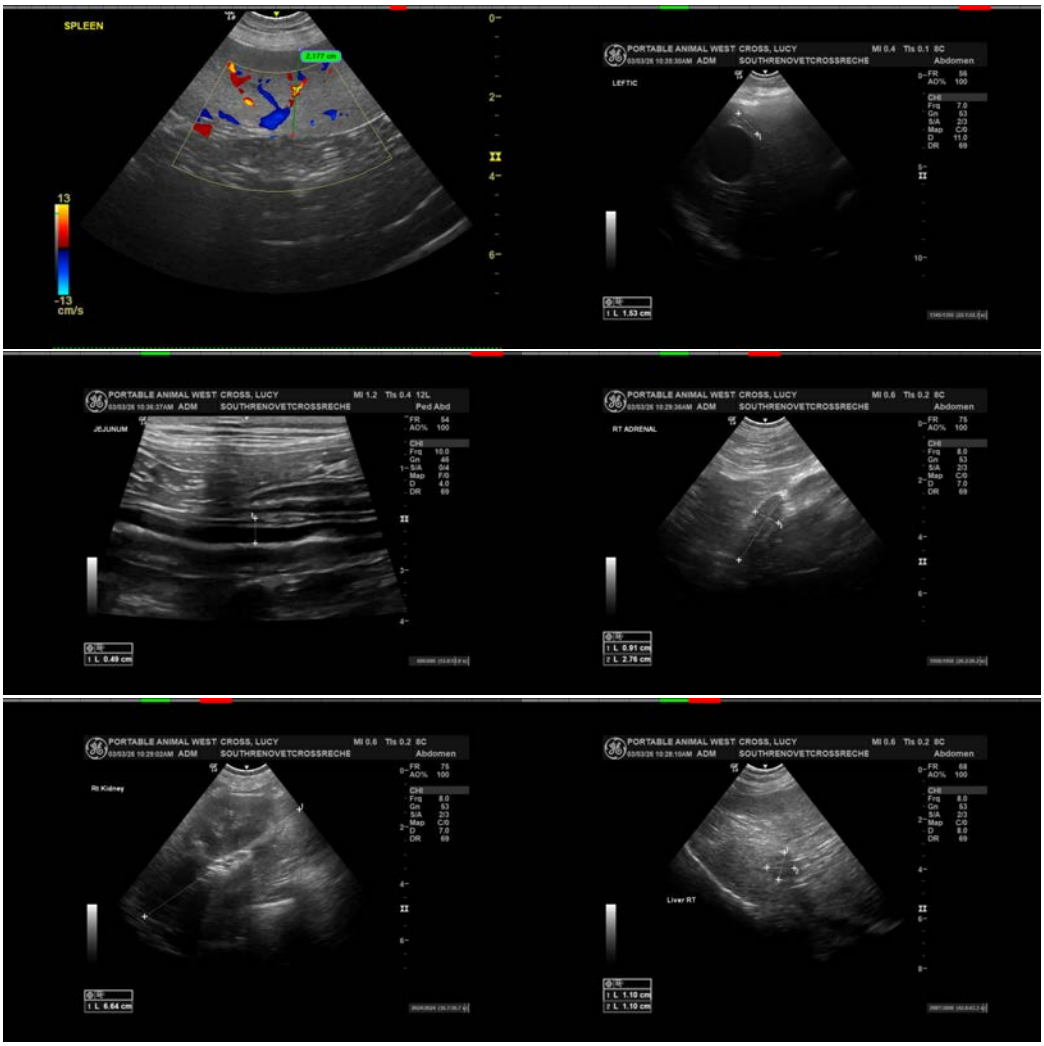
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described hyperechoic noted on the left adrenal appears slightly larger but relatively stable. Continued monitoring is appropriate (recheck every 3-6 months). If signs of Cushing's are present, you could consider adrenal function testing.

The liver is diffusely heterogeneous with some ill-defined hypoechoic nodules. The liver enzymes have been progressing, which is concerning for progressive hepatopathy. Consider repeat bile acids testing and ideally liver biopsies for histopathology, culture and copper levels. Otherwise, hepatoprotective measures and continued monitoring are warranted. The previously described hypoechoic nodules are somewhat larger but have not changed significantly.



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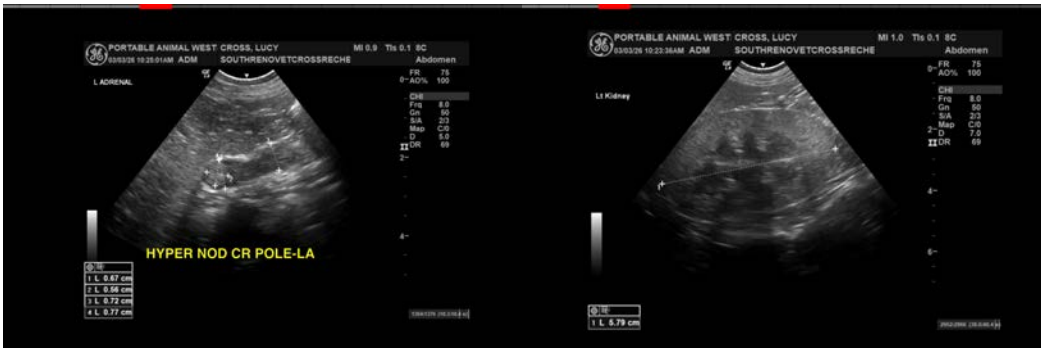

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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