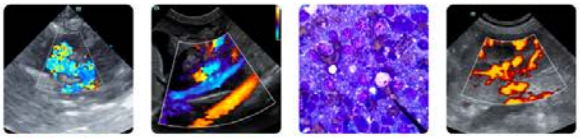


PATIENT

Penny Black

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

8 Years 1 Month

WEIGHT

28.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal Hospital

REFERRING VET

Dr. Coble

INVOICE

74082

DATE

3/31/26

PRESENTING CLINICAL SIGNS

P presented for workup yesterday- Housemate cried out and collapsed, died before arrival at ER clinic. Rads- showed cranial abdominal mass suspect liver and rounded heart. ALT elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately to mildly distended with urine. The Bladder wall appears mildly diffusely thickened, measuring at 0.32 cm with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (5.13 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 (4.79 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.

Adrenal Glands

The left adrenal gland is borderline large, measuring 0.59 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. The cortex is somewhat hyperechoic, particularly in the caudal pole.

The right adrenal gland is borderline large, measuring 1.15 cm at the cranial pole and 0.76 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.

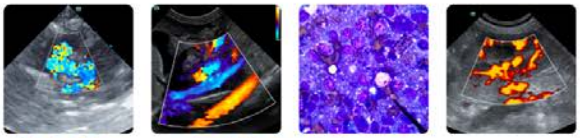
Spleen

The spleen is subjectively normal in size (1.43 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.

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 is a mixed echogenicity, irregular, somewhat poorly defined mass effect visualized in the mid caudal left region of the liver measuring >8.18 cm x 10.86 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.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

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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 0.34 cm. Jejunum wall measures 0.33 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 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

- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Bilaterally "plump" adrenal glands – Findings could include anatomic variation or bilateral hyperplasia.
- Large, heterogeneous liver with a large, irregular, mixed echogenicity mass effect – The liver mass lesion has an appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma. Other mass lesions are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is somewhat heterogeneous, and there is a large, mixed echogenicity, irregular, somewhat poorly defined mass effect visualized in the mid caudal left region of the liver. Recommend a fine needle aspirate and consider a contrast CT scan to further delineate the mass lesion and to assess for possible surgical resection.

Both adrenal glands are borderline large. The significance of this is uncertain. This could be secondary to stress of illness, early pituitary dependent hyperadrenocorticism, etc. Recommend continued monitoring for now, and reevaluation once the liver issues have been addressed.

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

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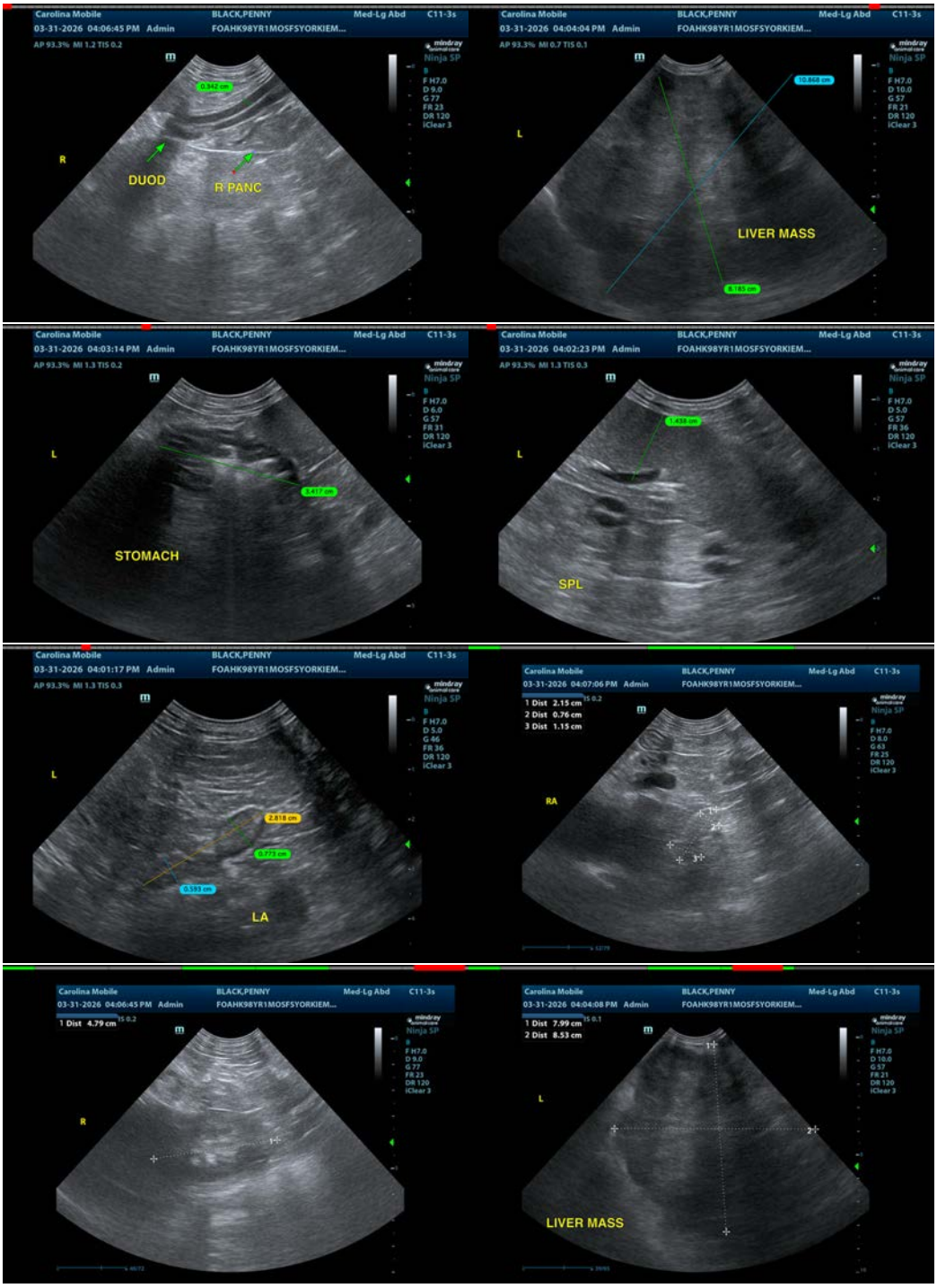

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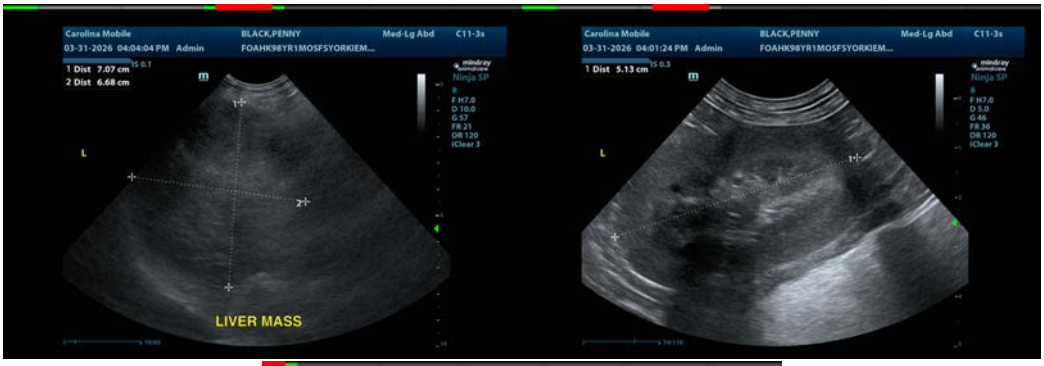

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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