



**DATE PRESENTING CLINICAL SIGNS**

03/06/26 Patient History: Pu/PD - voracious appetite.

**PATIENT**

Current Medications: Galiprant 60mg sid gabapentin 330mg prn and just started Librela  
Labwork Results: Labwork not attached, reported as: ALP - historically high now 2356, Chol 440, RBCs in UA - no UTI - 1.020 spG U, T4 0.9  
Date of Previous IntraPet Ultrasound: 5/31/2024. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

Charlie Krall

**SPECIES**

Canine

**BREED**

Chow

**SEX**

Neutered Male

**AGE**

05/05/2012

**WEIGHT**

80.2 pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears normal with a smooth mucosal surface. In the mid-dorsal wall of the urinary bladder, there is an irregular hyperechoic partially mineralized mass effect measuring 3.09 by 1.94 cm that is highly suspicious for a transitional cell carcinoma although other differentials are possible.

The prostate is normal in size (1.13 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (7.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. There are occasional nonobstructive mineralizations noted.

**Adrenal Glands**

The left adrenal gland is large in size measuring 0.77 cm at the cranial pole and 0.89 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 in size measuring 1.2 cm at the cranial pole and 1.13 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. The spleen echotexture is heterogenous and mildly mottled, 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. The spleen measured 3.14 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Hickory Veterinary  
Hospital

**REFERRING VET**

Dr. Snyder

**INVOICE**

14140

## **Liver**

The liver is subjectively 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 are ill-defined hypoechoic nodules throughout the parenchyma.

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 <0.7 cm 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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2 - 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 (pancreas/region 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**

- Irregular hyperechoic partially mineralized urinary bladder mass lesion- findings are concerning for transitional cell carcinoma, a mineralized polyp or other is possible.
- Bilateral adrenomegaly- The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Mildly mottled spleen- 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.

- Large heterogenous rounded liver- the appearance is most consistent with a vacuolar hepatopathy and regenerative nodules although an alternative hepatopathy is possible. A neoplastic process is less likely.
- 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.

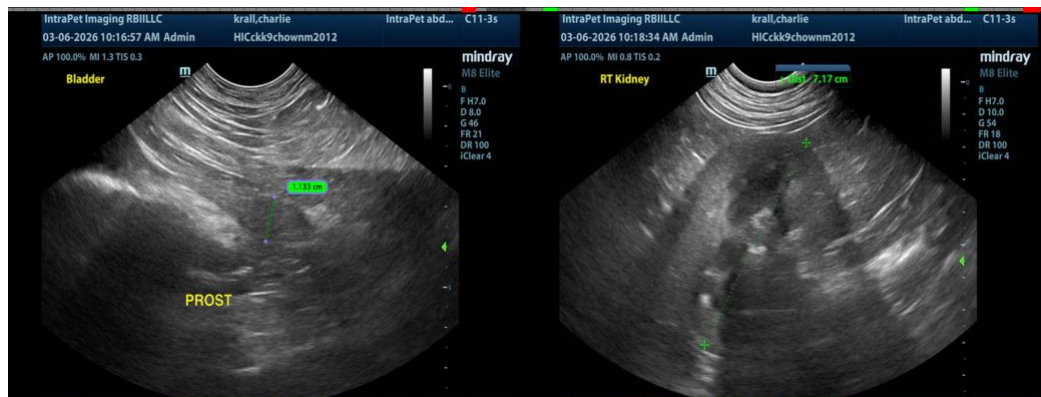
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

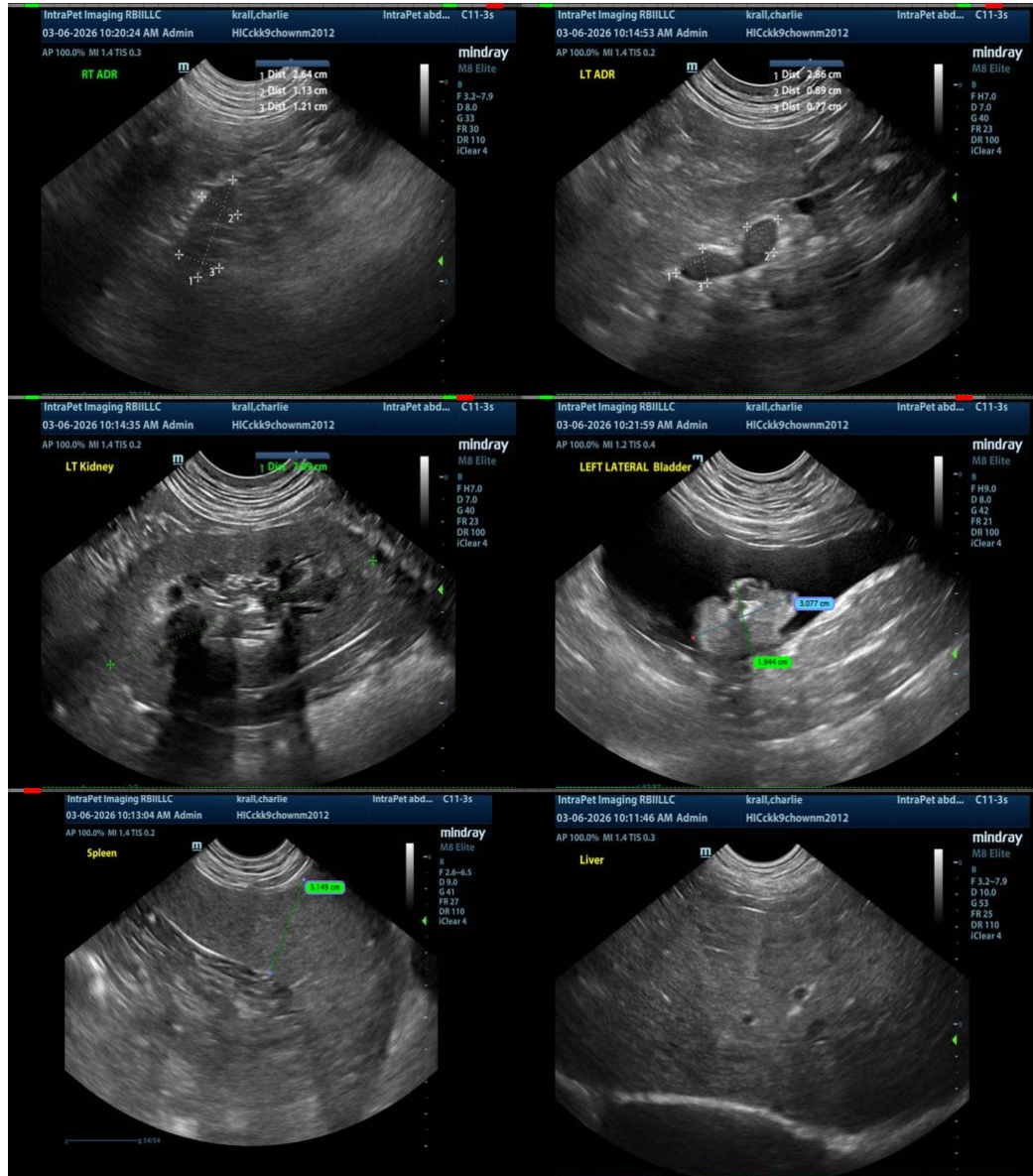
Both adrenals are large and the liver is large and heterogeneous. Given the symptoms reported, pituitary dependent Cushing's would be a concern. Consider adrenal function testing.

There is an irregular mineralized mass effect visualized in the mid dorsal bladder wall. The appearance is concerning for a transitional cell carcinoma although other differentials are possible. Correlate with free catch urinalysis. If this is a highly cellular sample, consider cytology on the urine sample. If this is not diagnostic, alternate options could include traumatic catheterization, or a urine BRAF test. If a diagnosis can be confirmed, recommend consultation with a veterinarian oncologist regarding the best treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Subjectively the spleen appears mildly mottled. Options moving forward could include continued monitoring with ultrasound or a fine needle aspirate.





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](mailto:info@sonopath.com)