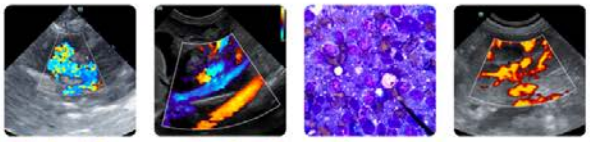


PATIENT

Loki Ketilson

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Spayed Female

AGE

13 Years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary Clinic

REFERRING VET

Dr. Sarah Wagner

INVOICE

74504

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Hx of collapse after a run on April 2nd. Went to emerg clinic, no free fluid in chest or abdomen, normal electrolytes on blood gas. They suspected cardiac problem. On exam, no heart murmur, good peripheral pulses. In-house ECG normal. Echo appears normal, did find a liver mass on quick scan so proceeded to full AUS.

Abnormal PE/Chem/CBC/UA Results: CBC/chem: Borderline anemia at 35%, stress lymphopenia, neutrophils wnl and platelets wnl. ALB 46 N: 25-44), ALP 275 (N: 20-150), ALT 179 (N: 10-118), otherwise normal bloodwork.

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 (7.37 cm) with a cortical cyst measuring 0.81 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 (8.14 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 1.4 cm at the cranial pole and 1.45 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.

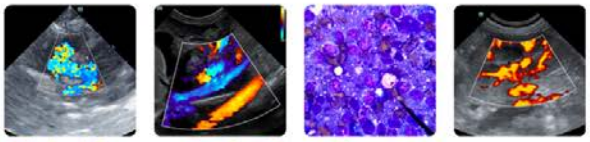
The right adrenal gland is normal in size measuring 1.4 cm at the cranial pole and 0.95 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.4 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 normal in echogenicity with smooth peripheral margins. The parenchyma is mildly 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 caudal to the gallbladder in the mid caudal region of the liver measuring 4.06 cm x 4.96 cm.



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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 0.33 cm. Jejunum wall measures 0.37 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. There are some irregular hyperechoic cystic lymph nodes visualized in the sublumbar region. An example measures 1.41 cm x 2.0 cm and 0.74 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- "Plump" adrenal glands – 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 heterogeneous liver with a mixed echogenicity hyperechoic 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, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic mass effect has an appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma. Other differentials are possible.
- 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.
- Cystic sublumbar lymph nodes – The significance of this is uncertain. Benign change is suspected. Recommend continued monitoring.
-

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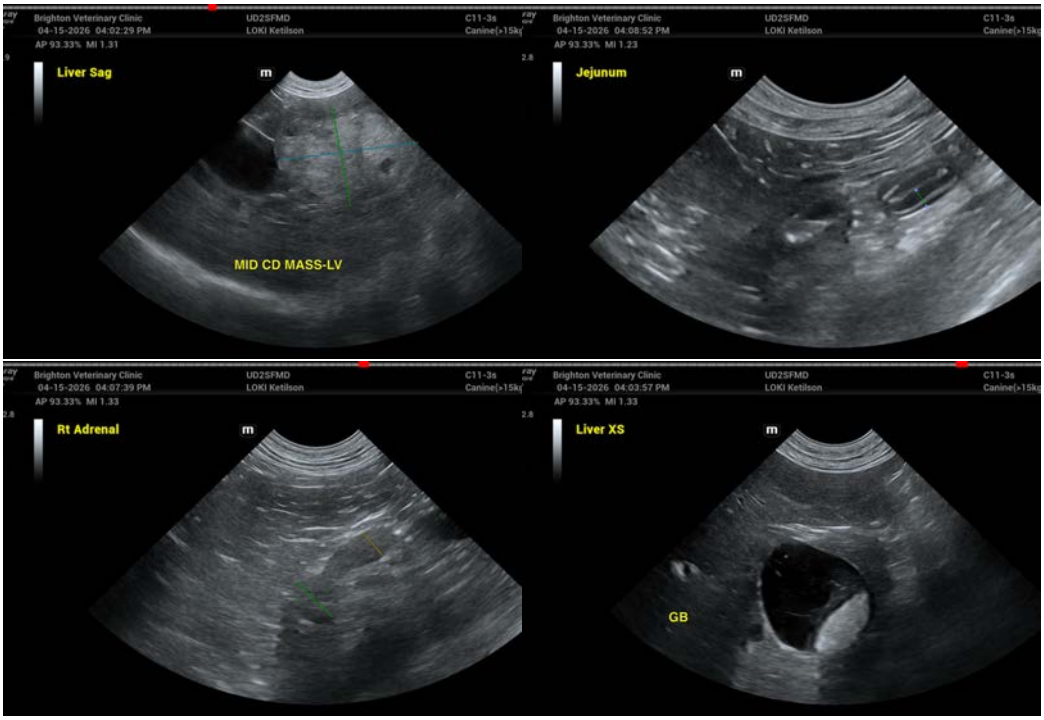
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands appear large. The significance of this in the absence of signs consistent with Cushing's is uncertain. Recommend monitoring. If Cushing's is suspected, you could consider adrenal function testing. Additionally consider blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for an unseen pheochromocytoma or similar.

There is a mixed echogenicity mass effect visualized in the mid caudal region of the liver. This has an appearance most consistent with a primary hepatic mass lesion, although other differentials are possible. Recommend a fine needle aspirate (provided coagulation parameters are normal). If surgical removal would be considered, recommend a contrast CT scan to further assess the mass effect and the adrenals.

The sublumbar lymph nodes appear somewhat cystic. I suspect this is a benign change, but continued monitoring is warranted.

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



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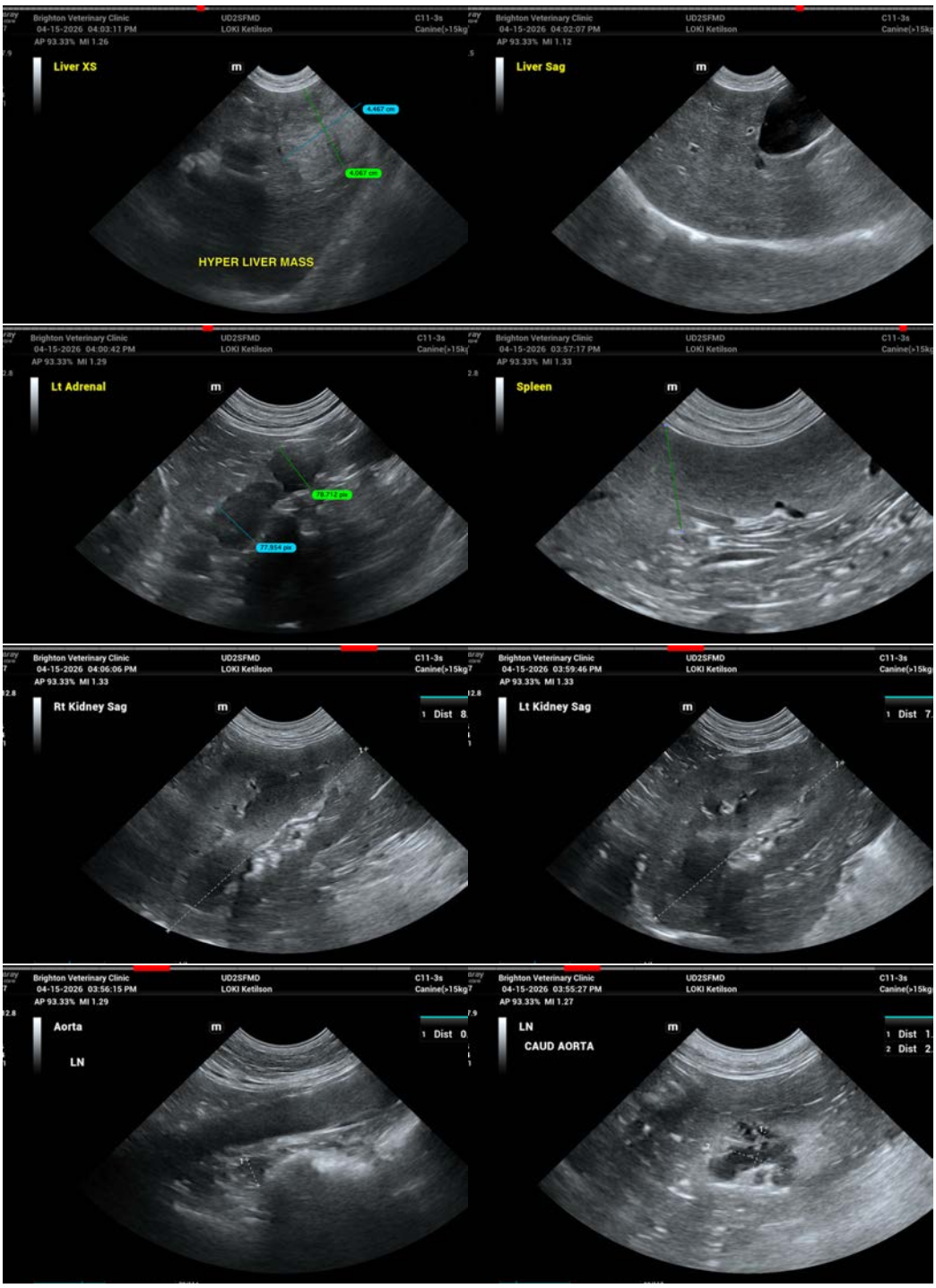

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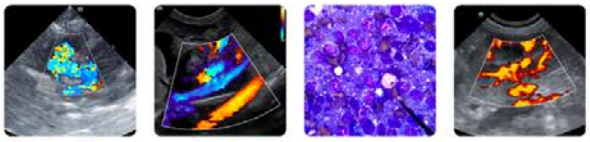

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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