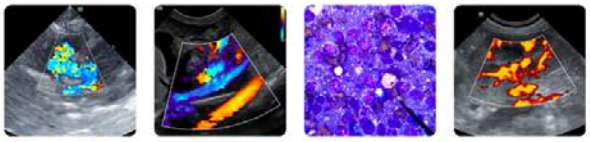


PATIENT

Olive Miller

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

7 Years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

74832

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Recheck ultrasound, patient is cushingoid, vetoryl seems to be controlling her well. Recheck liver tumor, Owner has not pursued surgery.

Abnormal PE/Chem/CBC/UA Results: Recheck ultrasound, patient is cushingoid, vetoryl seems to be controlling her well. Recheck liver tumor, Owner has not pursued surgery. Owner to return for blood panel including cortisol. Labs from February looked normal.

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 (5.42 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 (6.0 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 0.84 cm at the cranial pole and 1.03 cm at the caudal pole (previous measurement 11/24/25 was 0.65 cm at the cranial pole and 0.66 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.

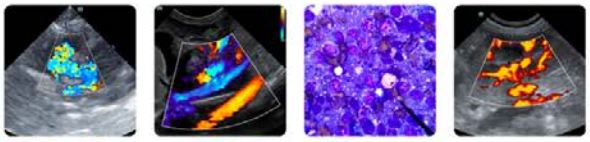
The right adrenal gland is large, measuring 1.2 cm at the cranial pole and 0.74 cm at the caudal pole (previous measurement was 0.92 cm at the cranial pole and 0.74 cm at the caudal pole). It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.45 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 and irregular. 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 large, solid, mixed echogenicity mass effect in the cranial abdomen measuring 8.3 cm x 11.43 cm. This is suspected to arise from the mid caudal left region of the liver (previous measurement 11/24/25 was 6.8 cm x 7.9 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid/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 0.40 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – Findings are most consistent with a current diagnosis of hyperadrenocorticism.
- Large, mixed echogenicity, solid cranial abdominal mass lesion – This is suspected to be of hepatic origin and appears larger than on the previous scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity, solid mass effect visualized in the cranial abdomen. This is strongly suspected to be of hepatic origin, although this cannot be definitively confirmed on today's exam. If surgical evaluation is considered, strongly recommend a contrast CT scan to confirm the location and extent of the lesion. Based on previous examination on 11/24/25, the mass effect appears to have grown since the last exam.

The remaining liver is heterogeneous, possibly consistent with a concurrent vacuolar hepatopathy, and both adrenal glands are large, consistent with the diagnosis of hyperadrenocorticism and medical therapy. No definitive metastatic lesions are observed.

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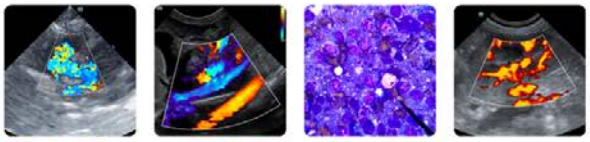

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Educational Teleconsultation Services™

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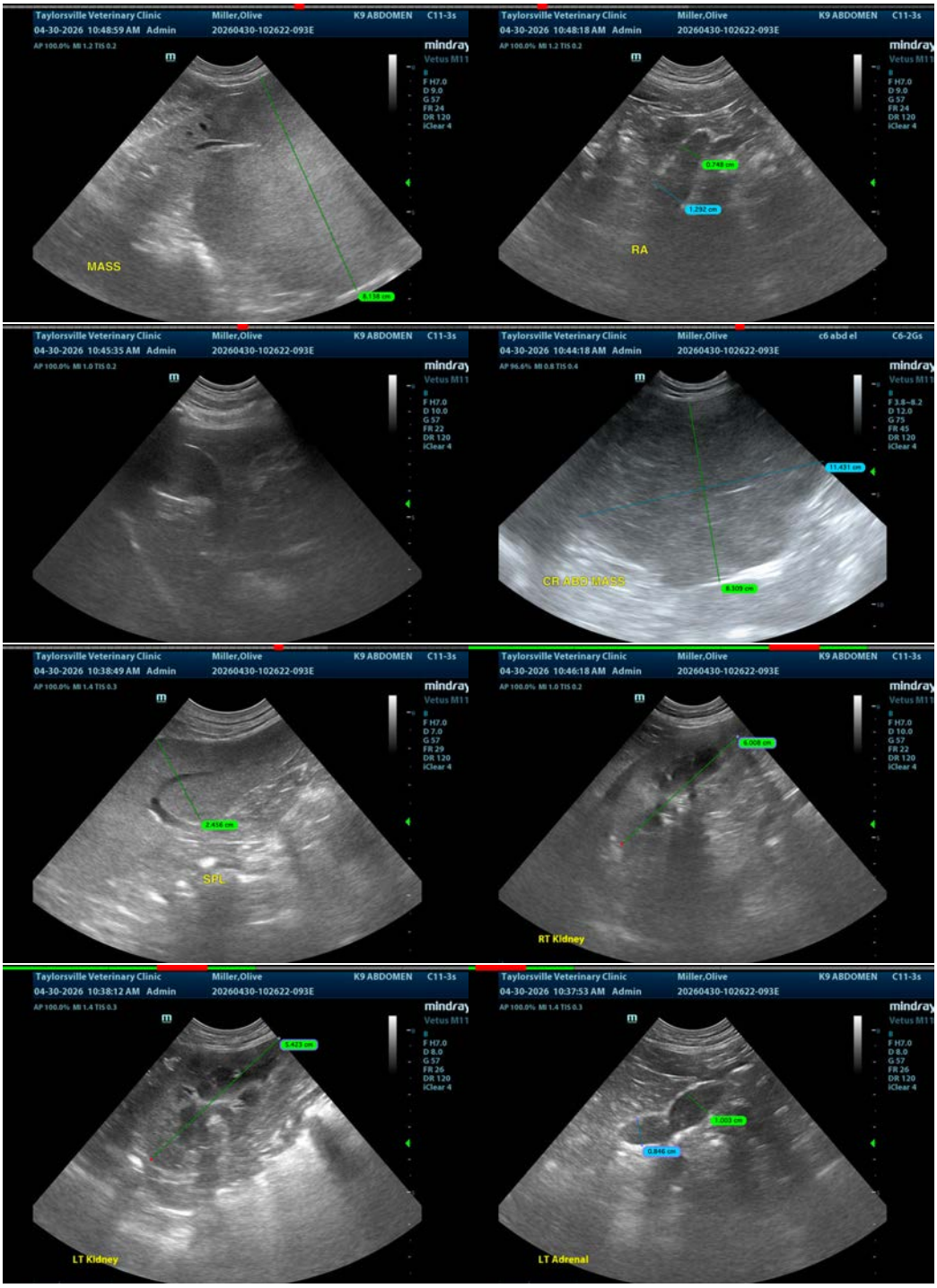

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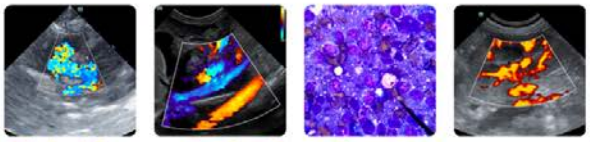

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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