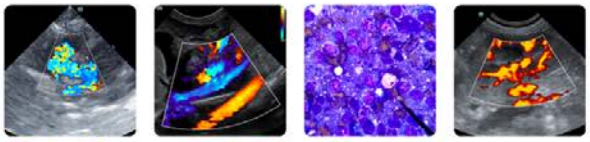


PATIENT

Sebastian Bartlett

SPECIES

Canine

BREED

Pomeranian x

SEX

Neutered Male

AGE

10 Years

WEIGHT

22.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Kara Alt

INVOICE

74835

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Presenting Symptoms: Recent bw - slight increase in ALT and moderate in ALP - Also Total protein and Albumin increased. Overweight (BCS 4/5) Screened for Cushings with UA - USpG very good (>1.050) - not cushingoid. Possibly Hypothyroid but need to check Liver first and possibly the gallbladder with the elevated cholesterol as well. (also breed predilection). Reason for Ultrasound: Screen for abdominal tumors, check liver for morphology as well as the gallbladder.

Abnormal PE/Chem/CBC/UA Results: CBC normal. TP 8.0, Alb 4.3, ALT 143, ALP 994, Chol 416. UA: USG >1.050, pro 30mg/dL, quiet sediment

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 prostate is normal in size (0.79 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 (4.62 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 (4.02 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.

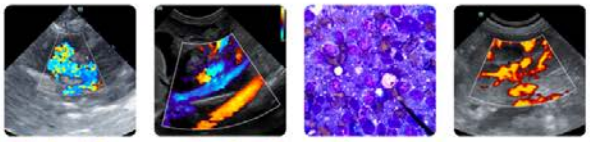
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.51 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 0.70 cm at the cranial pole and 0.45 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 (1.31 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule in the parenchyma, most consistent with benign myelolipoma measuring 0.43 cm.



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Liver

The liver is large in size, and hyperechoic 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 numerous ill-defined hypoechoic nodules visualized in the parenchyma. There are two larger nodules in the right side of the liver measuring, one measuring 1.92 cm x 1.36 cm, the other measures 2.23 cm x 1.6 cm with a small hyperechoic mineralization.

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. 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 0.24 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.

PRIMARY FINDINGS

- Large, hyperechoic, heterogeneous liver with ill-defined hypoechoic nodules and some larger hypoechoic nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic nodules generally have a benign appearance. The larger nodules on the right side are somewhat more concerning and could represent a benign or neoplastic process.

SECONDARY FINDINGS

- Small hyperechoic nodule in the spleen – Findings are most consistent with benign myelolipoma.

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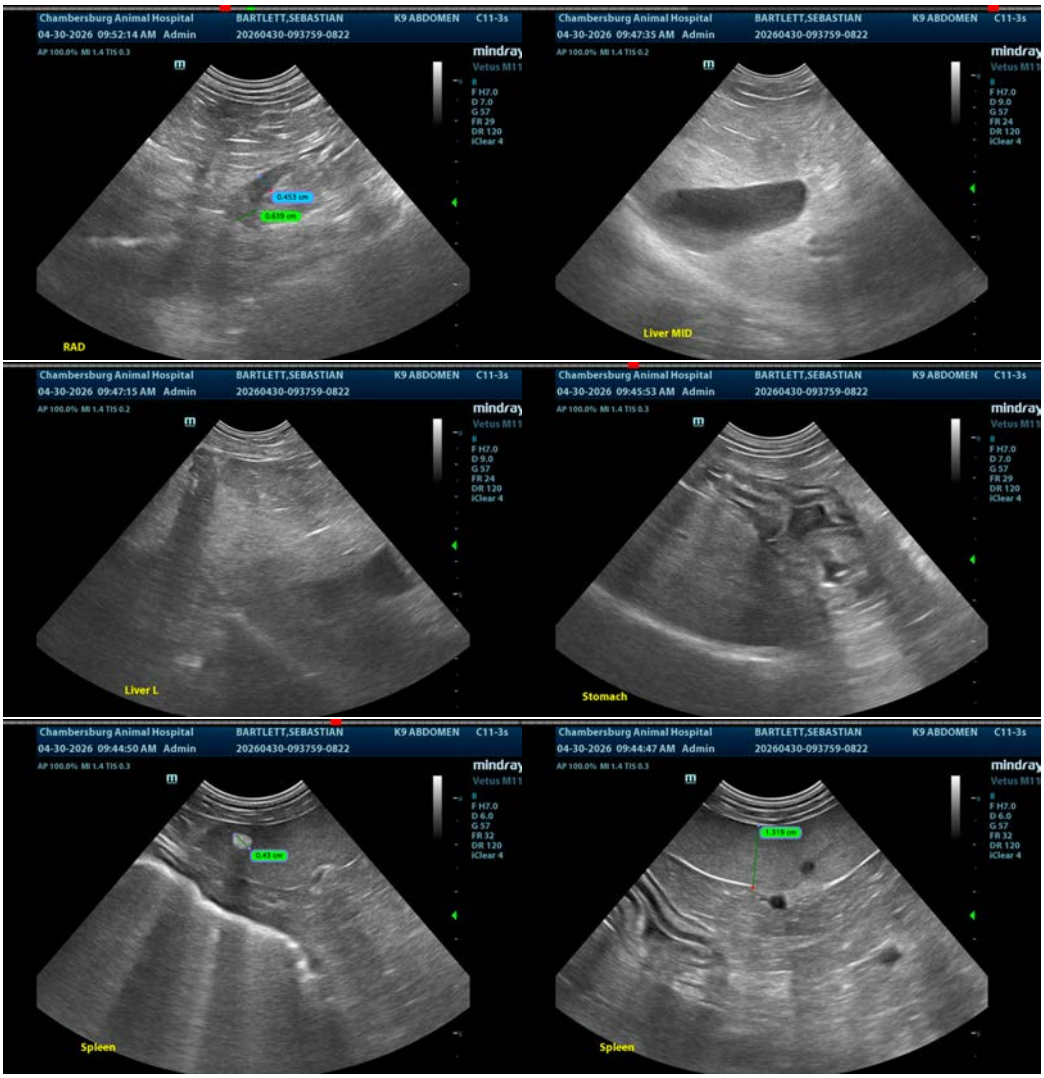
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, hyperechoic and heterogeneous, most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The hypoechoic nodules have an appearance most consistent with regenerative nodules. Two of the larger nodules on the right side are prominent and could represent large regenerative nodules or an early neoplastic process. If a safe window for sampling is available, you could consider a fine needle aspirate.

There is no significant adrenal enlargement noted. This does not rule out the possibility of Cushing's but makes it somewhat less likely. A primary vacuolar hepatopathy is favored, but a fine needle aspirate could be considered to confirm.

If cholesterol levels are persistently elevated with fasting, consider an ultra low-fat diet and screening for hypothyroidism.



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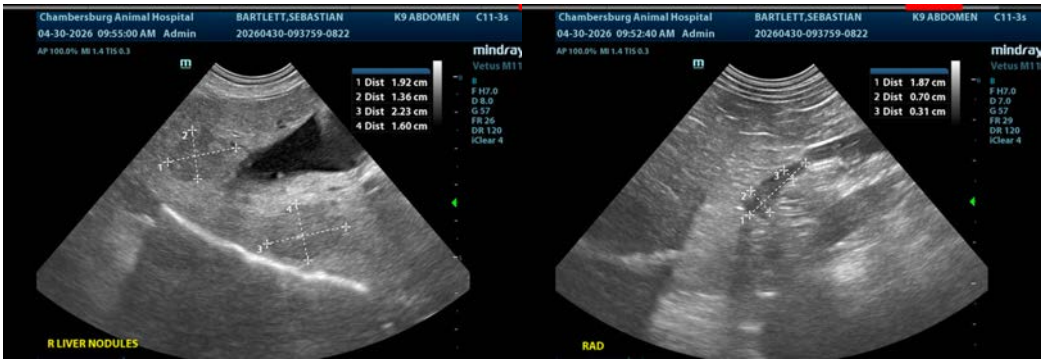

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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