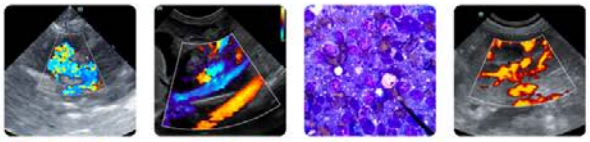


PATIENT

Messi Gonzalez

SPECIES

Canine

BREED

Jack Russell Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

38.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Reyes

INVOICE

74277

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes. Owner is concern about weight loss. History of skin issues like dermatitis. KCS diagnosed today. Currently on Denamarin, Neopolydex. Diet: Royal Canin Hepatic

Abnormal PE/Chem/CBC/UA Results: ALB: 4.1 > / ALPK: 1600 > / ALT: 157> / GGT: O // TBIL: 1.2 >

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular in the apical region, measuring at 0.61 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.42 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.58 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.72 cm at the cranial pole and 0.63 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

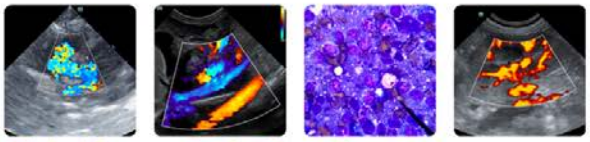
Spleen

The spleen is subjectively normal in size (1.69 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 poorly defined, mixed echogenicity mass effect visualized within the mid caudal region of the liver with a small cystic area measuring at 1.09 cm. The mass effect measures >42.6 cm x 6.32 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.



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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. Jejunum wall measures 0.34 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

- Mildly thickened/irregular apical wall of the urinary bladder – 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.
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous liver with a poorly defined, large, slightly cystic mass effect – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, heterogeneous, poorly defined, slightly cystic mass effect visualized associated with the liver. This has the appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma, but other differentials are possible. Consider a fine needle aspirate of the mass lesion, looking for any unexpected cell types. If surgical resection would be considered, recommend a contrast CT scan to better identify the extent and location of the mass lesion for surgical consultation. If this is a primary hepatic mass lesion and surgery is successful, these patients can have a good outcome.

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

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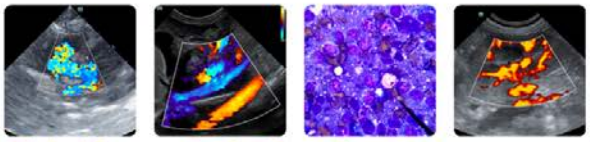

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Educational Teleconsultation Services™

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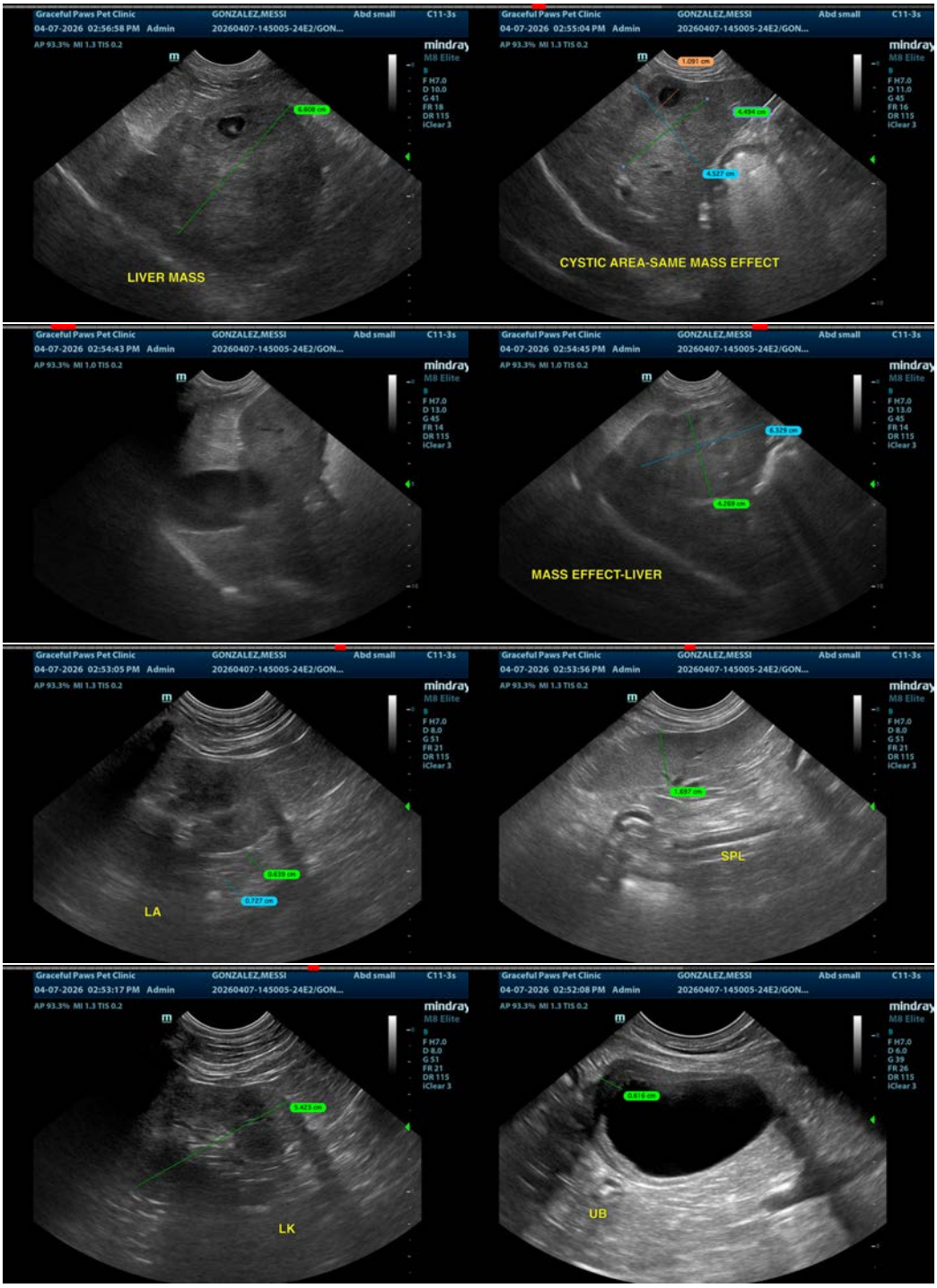

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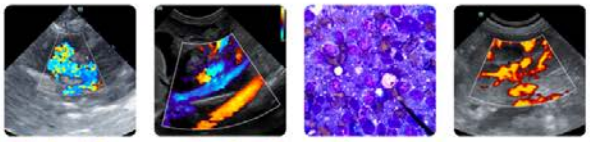

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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