



PATIENT

Gage Flieg

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

10 Years 9 Months

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Chesnutt

INVOICE

74301

DATE

4/8/26

PRESENTING CLINICAL SIGNS

P presented this morning for TPLO. Pre anesthetic bloodwork showed hypercalcemia. Surgery postponed.

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, or masses. In the dependent portion of the urinary bladder there are small hyperechoic foci most consistent with small mineralizations/stones. An example measures 0.25 cm. At least four structures are visualized.

The prostate is normal in size (0.72 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 (6.13 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 (6.03 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction. There is no evidence of significant perinephric inflammation or effusion.

Adrenal Glands

There is a large, irregular, hypoechoic mass effect in the region of the left adrenal measuring 5.55 cm x 4.52 cm.

The right adrenal gland is normal in size measuring 1.3 cm at the cranial pole and 0.49 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 (1.54 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized in the mid right region measuring 1.43 cm x 2.64 cm.

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 debris. The debris is hyperechoic, almost forming a poorly defined "sludge ball". The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild fluid/ingesta. 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 0.44 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 is no evidence of a diffuse lymphadenopathy. On the right side of the abdomen there are small hypoechoic oval structures most consistent with cystic structures or hypoechoic (poorly vascular) lymph nodes. Examples measure 0.80 cm and 1.38 cm. The omentum is hyperechoic around the mass effect in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Small calculi visualized in the urinary bladder – correlate with urinalysis +/- culture and radiographs.
- Left hypoechoic, irregular cranial abdominal mass – Findings are most consistent with an adrenal mass lesion. An association with other structures cannot be definitively ruled out.
- Hypoechoic nodule in the liver – Findings could be consistent with a benign or early neoplastic lesion. A regenerative nodule is favored.
- 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.
- Suspect cystic mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hypoechoic, irregular mass effect visualized cranial to the left kidney. This has an appearance most consistent with an adrenal mass lesion. A carcinoma or pheochromocytoma would be most likely. Recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma. Cortisol levels could be considered, looking for a cortisol secreting mass, but interpretation of results may be challenging due to concurrent illness.



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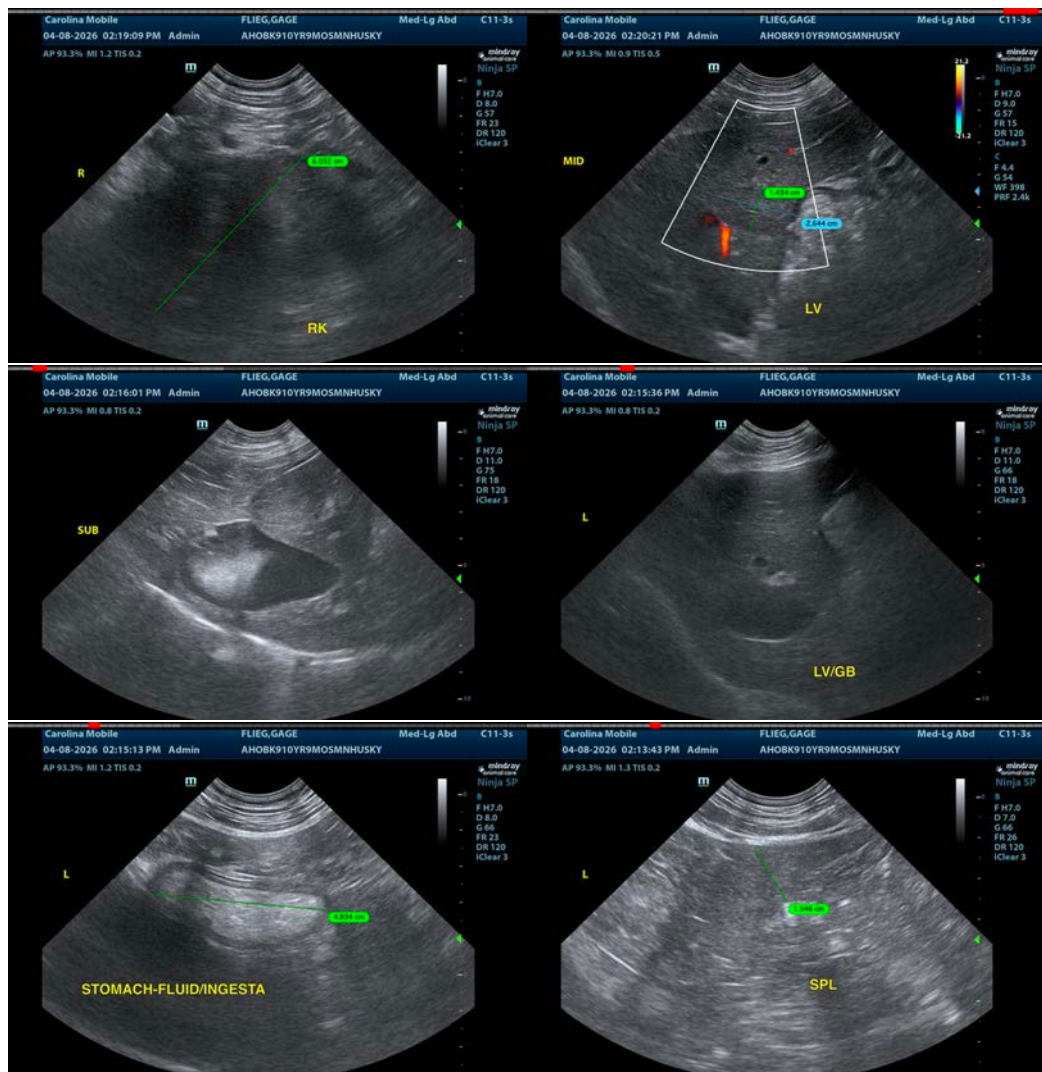
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Recommend a hypercalcemia of malignancy profile to try to differentiate concurrent hyperparathyroidism from a paraneoplastic hypercalcemia.

Recommend a contrast CT scan to better delineate the mass effect and assess for possible surgical removal.

There is a hypochoic nodule in the liver. If a safe window for sampling is available, consider a fine needle aspirate.

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





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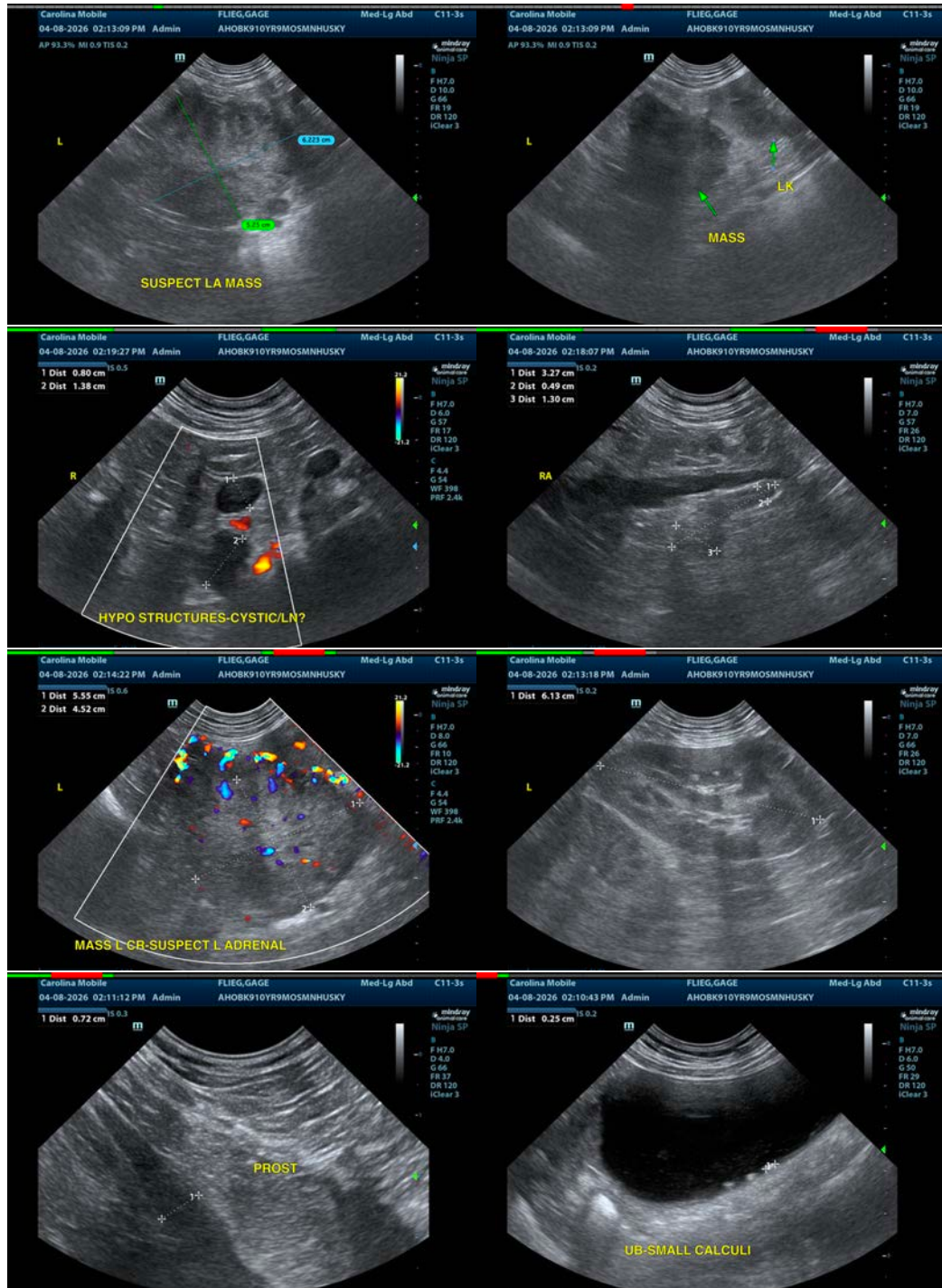
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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