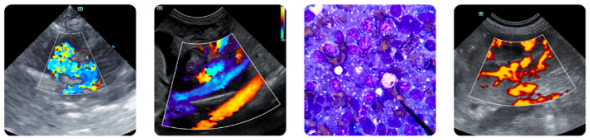


PATIENT

Rocco Ong

SPECIES

Canine

BREED

Lhasa Apso

SEX

MN

AGE

10 years

WEIGHT

19.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Katie Acevedo-Rivera

INVOICE

11946

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Rocco was scheduled for sx to remove a mass, which was presumed to be a lipoma. Pre-surgical bloodwork revealed significantly elevated liver enzymes (ALP ~3000), so the procedure was postponed pending further investigation. The mass has been present for approximately one year, starting as a small bulge and progressively increasing in size. It is now affecting his mobility, particularly with stairs. Owner notes the mass feels lumpy and appears bruised, likely from dragging or hitting the stairs. There is no hx of icterus. Appetite is good. Water intake is considered normal. Owner reports some urinary accidents in the house and frequent barking to go outside, but they are unsure if this is behavioral. He does not lift his leg to urinate. There has been no weight loss; if anything, he has gained weight, which may be attributed to the mass. Energy level is normal. No vomiting reported. An aspirate of the mass was performed approximately one month ago and was reported to be a lipoma.

CLINICAL SIGNS: None - just that the mass in the left inguinal region is getting larger and dragging on the ground at times and needs to be removed.
O reports it was tested by RDVM and deemed a lipoma

Abnormal PE/Chem/CBC/UA Results: Lab Work: - ALP: 3,238 U/L (high) - GGT: 17 U/L (high) - BUN/Creatinine ratio: 30 (high) - BUN: 21 mg/dL - Creatinine: 0.7 mg/dL - Cholesterol: 343 mg/dL (high) - Precision PSL: 151 U/L (high) - Platelet count: 503/uL (high) - Platelet estimate: Increased - Total T4: 1.3 ug/dL - 4DX: Negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to 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/trigone region there are numerous shadowing hyperechoic calculi. These extend into the proximal urethra/pre-prostatic urethra. Examples measures 0.66 cm, 0.61 cm, 0.67 cm and 0.42 cm.

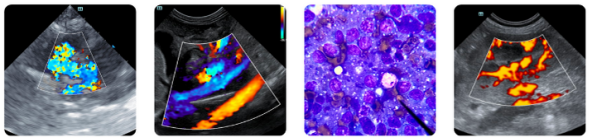
The prostate is normal in size (1.06 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Small cortical cyst and pinpoint mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.33 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Non obstructive mineralizations are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is plump in size measuring 0.57 cm at the cranial pole and 0.7 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.



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The right adrenal gland is large in size and irregular in appearance measuring 2.08 cm at the cranial pole and 0.7 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 abnormal in appearance in that the cranial pole is enlarged and hyperechoic most consistent with a nodule, measuring 1.2 cm x 1.37 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (0.92 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined mixed echogenicity nodule towards the cranial aspect of the spleen, measuring 1.55 cm x 1.27 cm. A smaller poorly defined hypoechoic nodule is visualized measuring 0.76 cm.

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's a poorly defined hyperechoic mass effect/large nodule in the left cranial ventral liver measuring 2.93 cm x 2.69 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adhered debris to the gallbladder wall. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and 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 layering 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

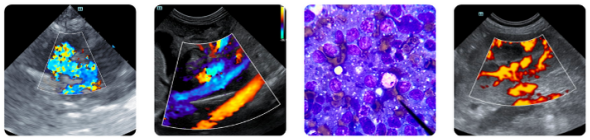
Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled in the left limb. 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.



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Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is a mixed echogenicity/hyperechoic mass effect visualized in the inguinal region measuring approximately 3.45 cm in diameter. A large hernia cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Calculi and sandy debris visualized in the urinary bladder and proximal urethra. Recommend urinalysis, culture, and radiographs to confirm the number and size of stones present.
- Plump adrenals with a hyperechoic nodule at the cranial pole of the right adrenal gland. Findings could be consistent with anatomic variation or early hyperplasia. The hyperechoic nodule has the appearance most consistent with a benign lesion such as an adenoma or focal hyperplasia. Although an early neoplastic lesion cannot be ruled out.
- Age related changes visualized associated with both kidneys.
- Two poorly defined, mixed echogenicity, hypoechoic nodules in the spleen. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, heterogenous, rounded liver with a poorly defined hyperechoic nodule/mass effect in the left cranial liver. Findings are suggestive of a vacuolar hepatopathy although other hepatopathies or even infiltrative neoplasia cannot be definitively ruled out. The appearance of the hyperechoic lesion favors a benign lesion, but other differentials are possible.
- Moderately distended gallbladder with a large amount of debris and some debris adhered to the gallbladder wall. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Irregular, mixed echogenicity, hyperechoic inguinal mass lesion. Findings could be consistent with a subcutaneous mass lesion or an inguinal hernia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogenous and rounded with a poorly defined hyperechoic, large mass effect/small nodule visualized in the left cranial liver. Additionally, both adrenals are somewhat plump, and the cranial pole of the right adrenal appears hyperechoic. Findings could be consistent with Cushing's (pituitary dependent or adrenal dependent) and possibly a vacuolar hepatopathy. The hyperechoic lesion likely is too far cranial to easily sample. If symptoms are consistent with Cushing's, you could consider adrenal function testing and close continued monitoring of the right adrenal with ultrasound (Recheck in approximately 2-3 months.)

There are numerous calculi visualized in the urinary bladder and the proximal urethra/pre-prostatic

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urethra. Correlate with a urinalysis, culture, and radiographs. A cystotomy with retropulsion of the mineralization's may need to be considered if these are symptomatic.

There are two poorly defined lesions visualized in the spleen, Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

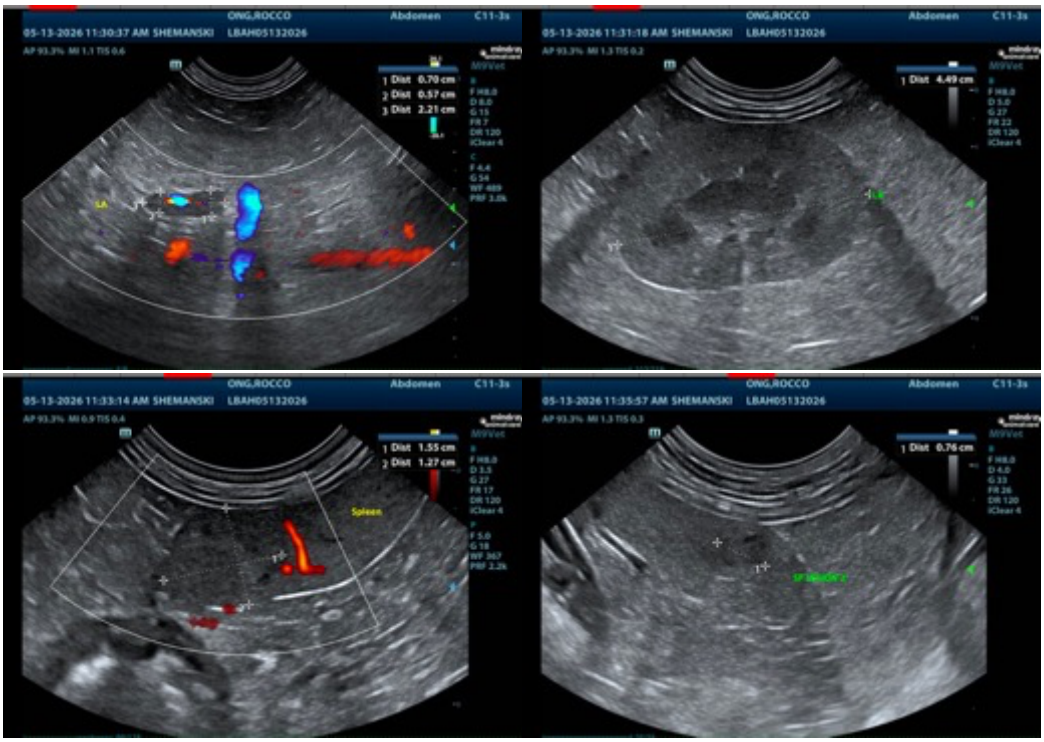
The gallbladder is moderately distended with a large amount of debris. Some of this debris appears adhered to the gallbladder wall. Consider starting chronic ursodiol therapy and continued monitoring of the gallbladder for possible progression of this lesion.

The region of the inguinal mass effect is imaged. Subjectively the echotexture of the structure is not classic for a normal lipoma, although this could change with trauma, etc. A herniated area could not be confirmed but this should be considered possible if surgical evaluation is pursued.

If surgery is desired, you could consider pre- and post-prandial bile acids to confirm normal liver function provided normal liver function a normal geriatric anesthetic protocol is appropriate. Prior to anesthesia consider a blood pressure evaluation. If hypertension is present, then consider measuring catecholamine levels looking for a possible pheochromocytoma.

Additionally, a contrast CT scan could be considered to further evaluate the liver lesions, the adrenal nodule, the inguinal region, etc. if a more global evaluation is desired.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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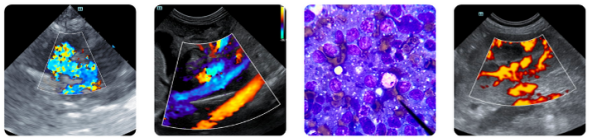

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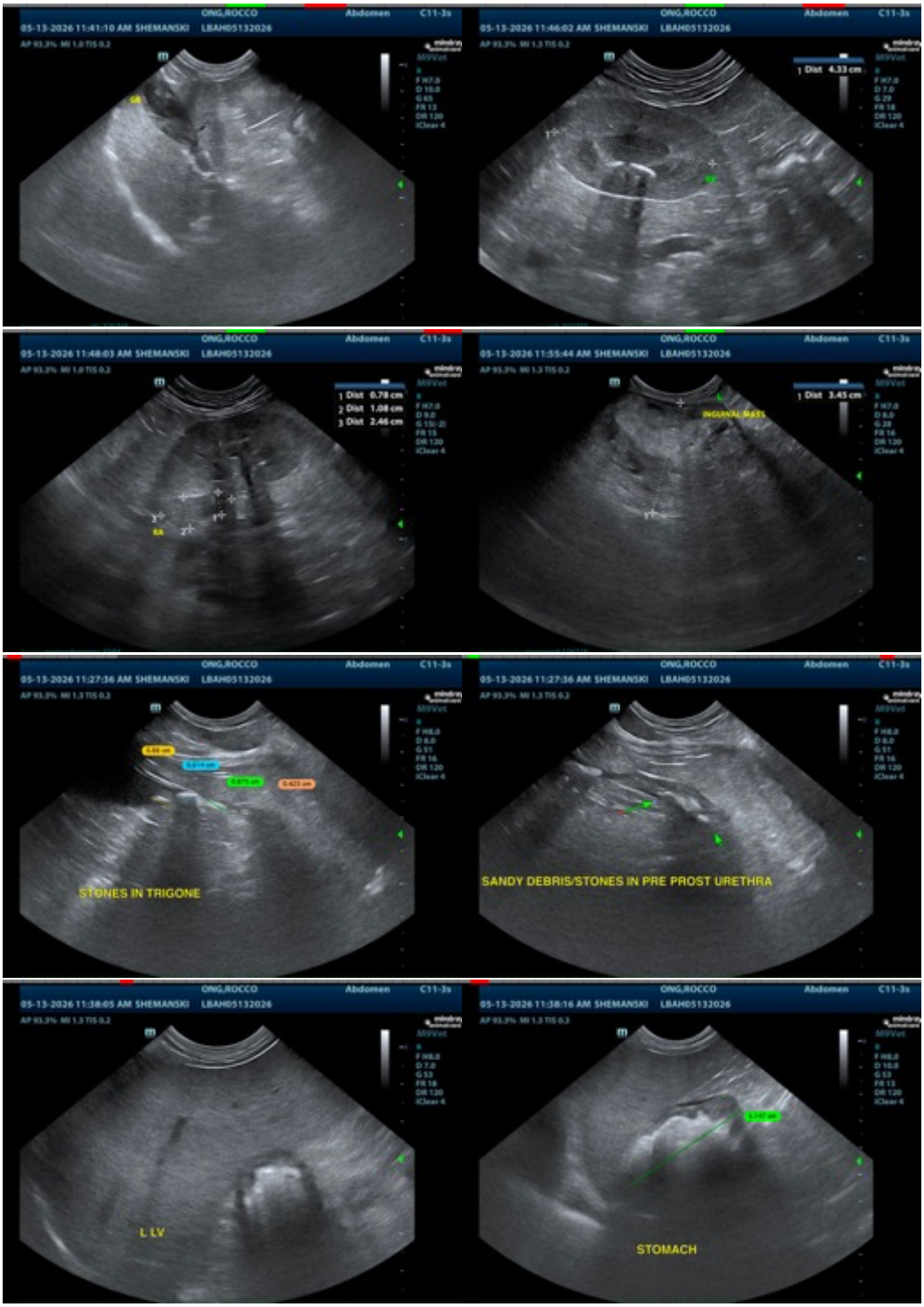

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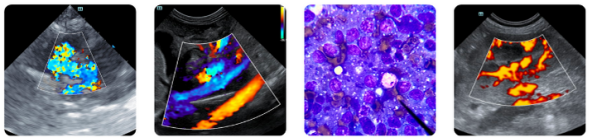

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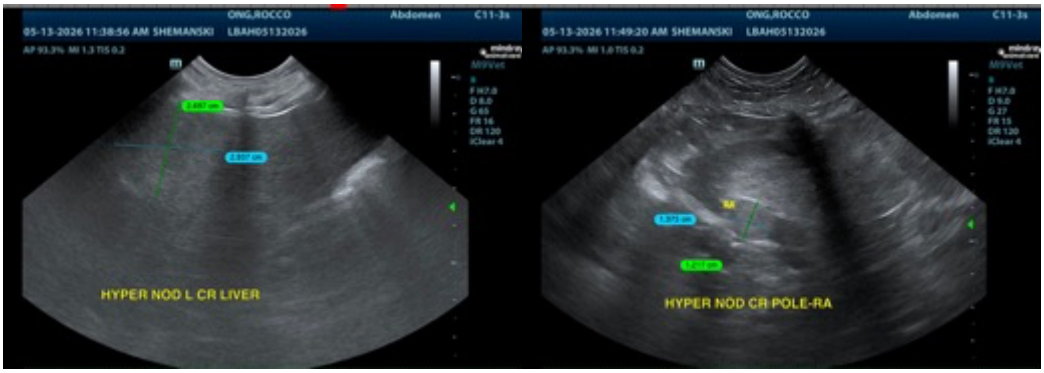

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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