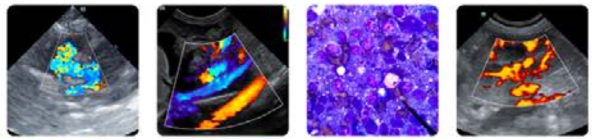


PATIENT

Beda Andrews

SPECIES

Canine

BREED

Retriever x

SEX

Spayed Female

AGE

12 Years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Kristen Henry, DVM

INVOICE

75163

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Hepatomegaly with suspected mass effect - r/o primary liver disease, gallbladder disease, hepatic neoplasia, hepatitis. Bilateral hip dysplasia with osteoarthritis - r/o degenerative joint disease, congenital hip dysplasia. Urinary tract infection (historical finding, currently being treated). PIPSC (historical finding, currently being managed with supplements). Cardiac condition (historical finding, maintained on digoxin).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened and slightly irregular in the dependent region, most consistent with dependent debris. There is a hyperechoic foci (no apparent shadow), most consistent with dependent debris/mineralized deris, measuring 0.38 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities or masses.

The left kidney has a normal shape and size (6.74 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 (7.01 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 0.76 cm at the cranial pole and 0.76 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.

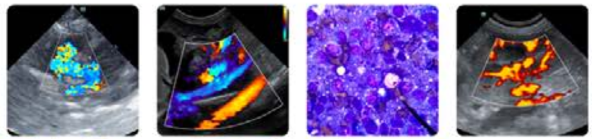
The right adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.76 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.33 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 but 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 an iso- to slightly hyperechoic solid mass effect visualized in the mid right region of the liver ventral to the gallbladder, measuring 4.44 cm x 2.53 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 minimal luminal contents. It measures at a normal thickness of 0.50 cm 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 0.45 cm. Jejunum wall measures 0.35 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.

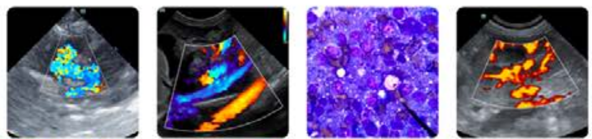
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder with dependent hyperechoic debris – 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. The debris could represent mild mineralized debris, mucus, sediment, etc. Correlate with a urinalysis +/- culture +/- radiographs.

- Heterogeneous liver with iso- to hyperechoic mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The mass effect visualized has a somewhat of a benign appearance, possibly consistent with an adenoma or primary carcinoma. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is mildly diffusely heterogeneous, and there is a poorly defined rounded iso- to slightly hyperechoic mass effect. This generally has an appearance most consistent with a primary hepatic lesion, possibly an adenoma, large regenerative nodule, carcinoma, etc. Consider a fine needle aspirate if a safe window for sampling is available. Additionally consider a fine needle aspirate of the non-mass hepatic tissue for further evaluation. Options would include continued monitoring with ultrasound



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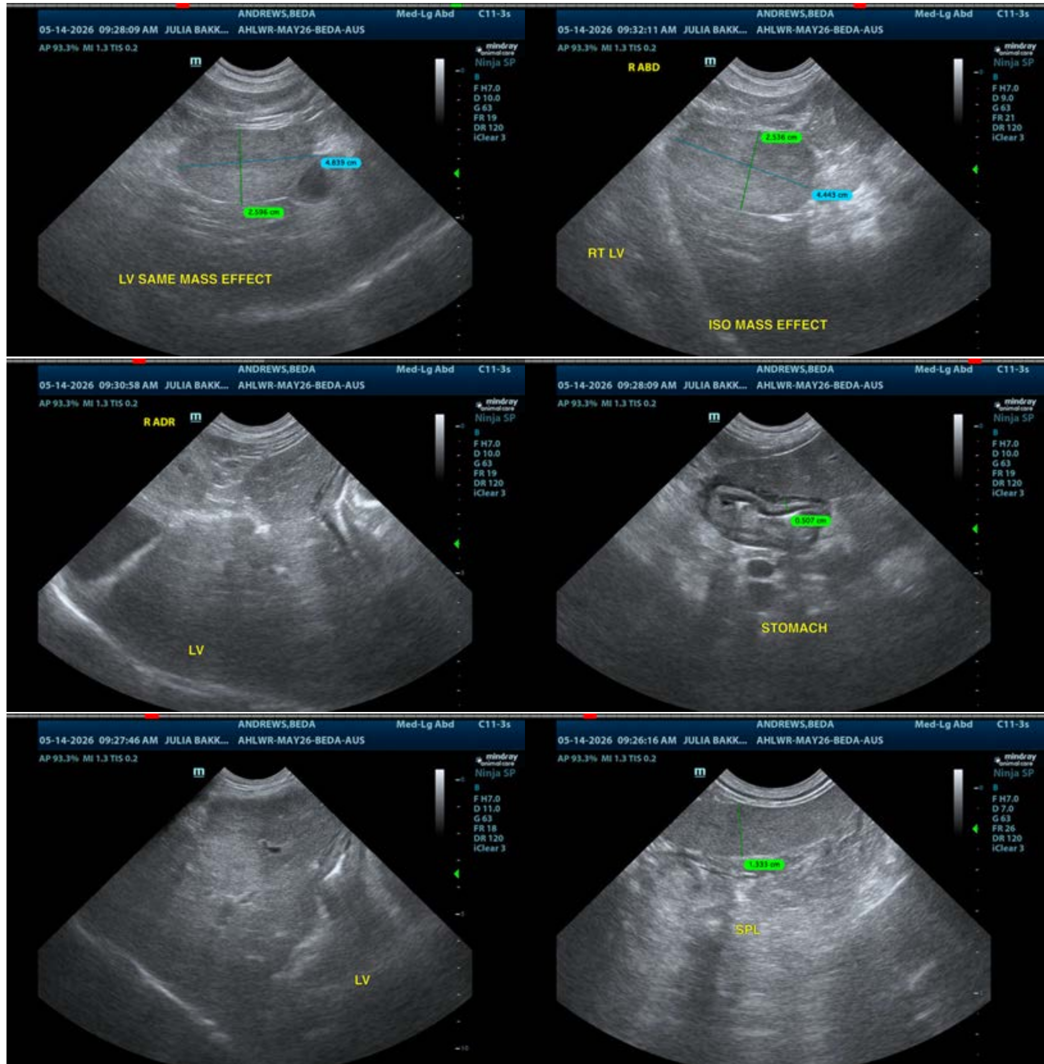
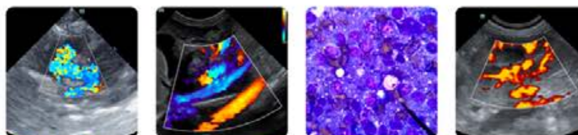
(recheck in 2-3 months) or a contrast CT scan to further evaluate for possible surgical removal. If surgery is pursued, recommend biopsies of the normal hepatic tissue as well with samples for histopathology, culture and copper levels.

The bladder wall appears slightly prominent and irregular. In the dependent region there is some hyperechoic debris, possibly mineralized debris. Correlate with a urinalysis +/- culture and radiographs.





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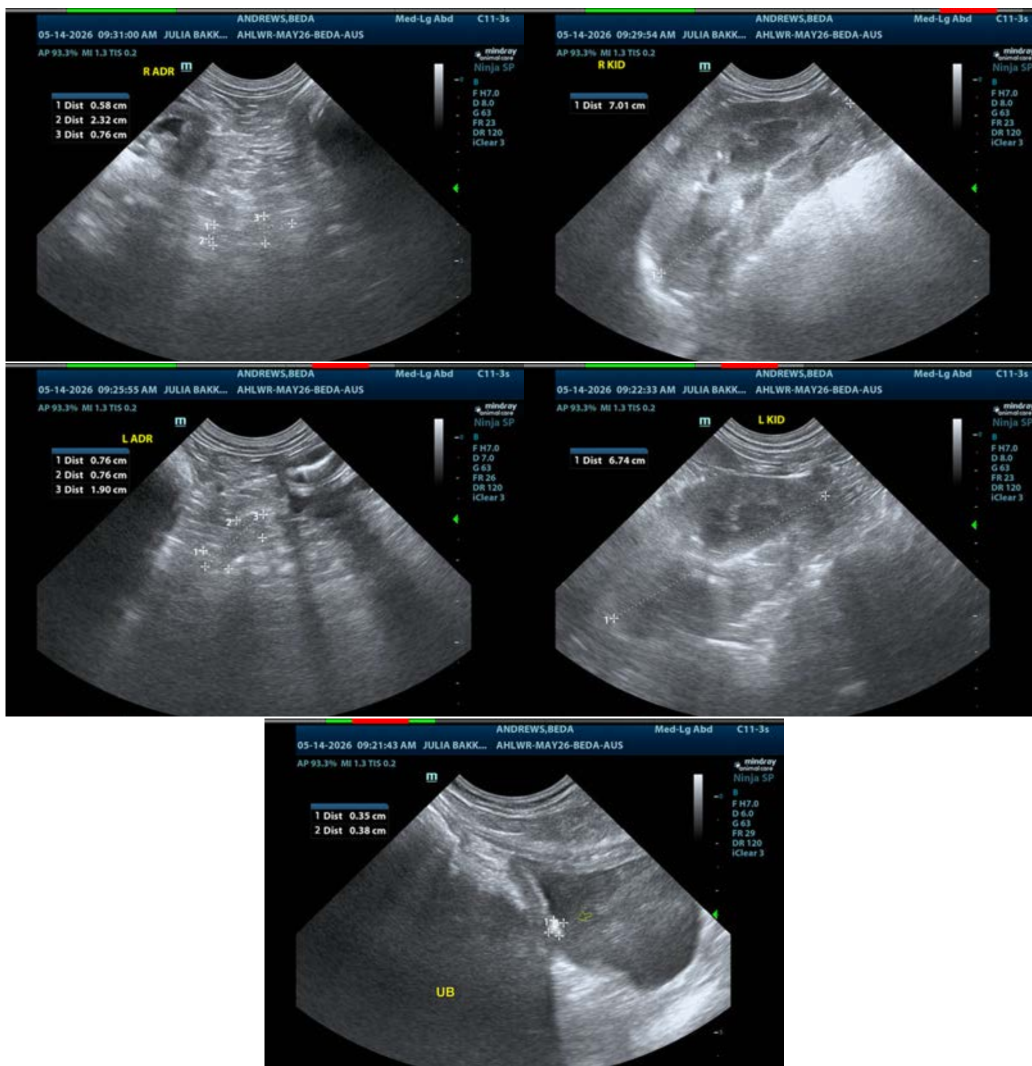

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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