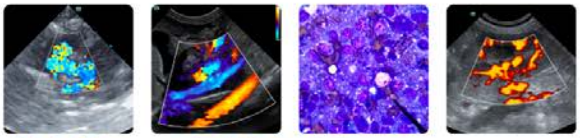


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Spike Smelser

SPECIES

Canine

BREED

Heeler x Lab

SEX

Neutered Male

AGE

14 Years

WEIGHT

39.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Leo Vets

REFERRING VET

Dr. Boven

INVOICE

75465

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Presented with long standing ventral SQ mass for about 10 years which has been soft and stable, recent rapid enlargement over several weeks with a taut/tight feel and adjacent bruising and redness, owner saw fluid leak from it. PU/PD, drinks a lot, ongoing dermatitis which responds well to Apoquel. Has been on Simparica Trio monthly. Recommend US to assess for effusion, masses, marked ALT/GGT, elevated Lipase and cPL and low USG of 1.007.

Abnormal PE/Chem/CBC/UA Results: UA (free-catch): USG 1.007 (markedly dilute); glucose/ketones negative; minimal WBC/bacteria (possible contamination). Chem: ALP 3,819 U/L (markedly ↑), GGT 22 U/L (↑), ALT 116 U/L (high-normal), lipase 3,455 U/L (↑), cPL 602 U/L (↑); creatinine/SDMA within reference. CBC: platelets 572 $\times 10^9$/L (↑); mild monocytosis; no thrombocytopenia.

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 (0.97 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 (7.93 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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 (7.91 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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.

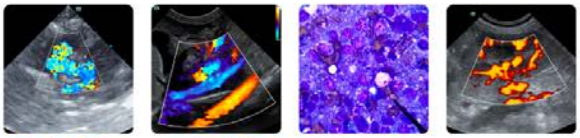
Adrenal Glands

The left adrenal gland is large, measuring 0.82 cm at the cranial pole and 0.88 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 plump, measuring 1.54 cm at the cranial pole and 0.80 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 (2.01 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.



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Liver

The liver is large in size, and normal in echogenicity 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. No focal nodules or cystic lesions are observed.

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

Gastrointestinal

The stomach contains moderate fluid and shadowing 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 0.36 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

- Bilaterally plump adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia. Consider screening for Cushing's disease.
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous liver – 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.
- Large gallbladder debris – 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.

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Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

- Moderate fluid and shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying or an unseen partial outflow tract obstruction.

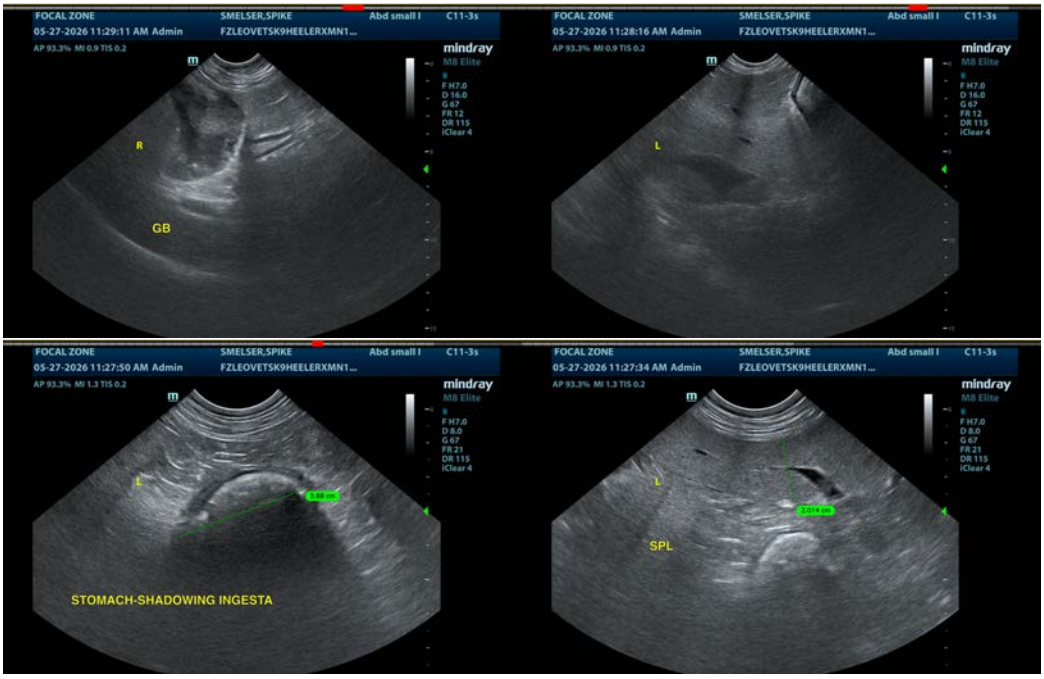
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are borderline large in this individual. Given the symptoms described and the ALP elevation, pituitary dependent Cushing's would need to be considered. Consider adrenal function testing if clinically appropriate.

The liver is large and heterogeneous, potentially consistent with a vacuolar hepatopathy. If a more significant hepatopathy is a concern, you could consider liver function testing and a fine needle aspirate.

There is a large amount of gallbladder debris. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder for possible progression to a mucocele.

It is possible that with Cushing's disease thinning of the skin has occurred, which has increased bruising, etc. Also consider the possibility that the mass lesion has become abscessed (sterile or bacterial) and surgical removal may need to be considered. You could consider a fine needle aspirate of the mass lesion, looking for evidence of infection, etc.



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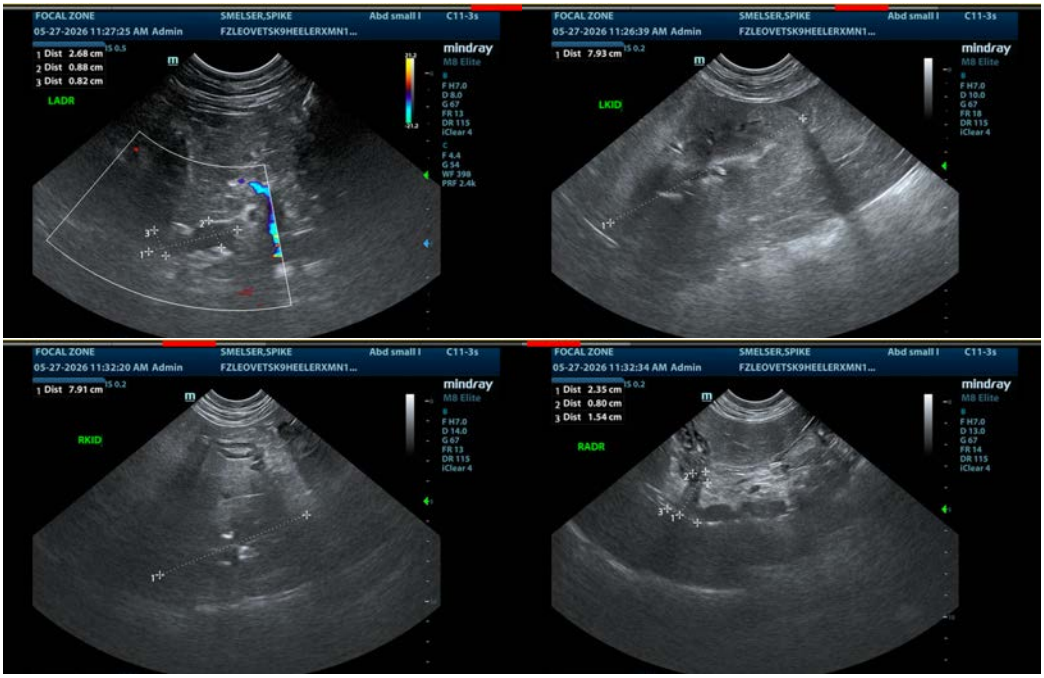

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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