



PATIENT

Brody Edison

SPECIES

Canine

BREED

Retriever x

SEX

Neutered Male

AGE

13 Years

WEIGHT

67.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Animal Medical Center
and Reno Hospital for
Cats

REFERRING VET

Dr. ErynT

INVOICE

75544

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History/Physical exam findings: Although P is BAR and initially friendly, he becomes ornery very quickly. May 11th's exam P was very tense on abd palpation. The abd was taught and there was subjectively some abdominal effort during breaths. H/L auscultated normal and clear as they do today. There is no overt dyspnea or abdominal effort on today's exam. Unsure if last visit was just painful.

Abnormal CBC Values: declined see below for more info. Abnormal Chemistry Values: declined see below for more info. Abnormal UA Values: none. Radiograph Findings: declined. Reason for Ultrasound: Acute vomiting and gagging on the 11th of may. Labs from September of 2025 show hypoglycemia 47mg/dL; WNL neutrophils, and NSF otherwise. O has declined additional labs at this time as well as any further imaging like Xrays.

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 (1.11 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 (7.07 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 (7.59 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 plump, measuring 0.96 cm at the cranial pole and 0.96 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 gland appears within normal limits but visualization is somewhat obscured by the large cranial abdominal mass lesion.

Spleen

The spleen is normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are too numerous to count variably sized hypoechoic nodules in the spleen. Some of these are distinct and have a somewhat expansile appearance. Examples measure 1.48, 1.57, 0.83, and 1.51 cm.



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Liver

The liver is large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is a massive hypoechoic, mixed echogenicity, slightly lobulated solid mass effect visualized in the cranial and mid abdomen that appears to be associated with the liver. This measures approximately 14.29 cm in diameter.

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 is poorly visualized due to interference from the abdominal mass lesion. No abnormalities noted.

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 0.40 cm. Jejunum wall measures 0.37 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 not clearly visualized, as it is obscured by the large abdominal mass in the region.

Free Abdomen

There is a moderate amount of free fluid visualized near the spleen in the mid abdomen and in the right cranial abdomen. There is no evidence of a diffuse lymphadenopathy. The right medial iliac lymph node is prominent measuring 1.32 cm x 3.69 cm. The omentum is mildly hyperechoic.

PRIMARY FINDINGS

- Numerous variably sized distinct hypoechoic splenic nodules – Findings are concerning for possible metastatic lesions, although benign lesions such as lymphoid nodules, etc. cannot be ruled out.
- Large/massive, hypoechoic, mixed echogenicity, solid, somewhat lobulated cranial/mid abdominal mass – The appearance favors a primary hepatic mass lesion such as adenoma, carcinoma, other.
- 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. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.



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- Moderate free abdominal fluid and enlarged right iliac lymph node – Findings could represent a highly reactive or neoplastic lymph nodes.

SECONDARY FINDINGS

- Plump left adrenal gland – Differentials could include anatomic variation, hyperplasia, etc.

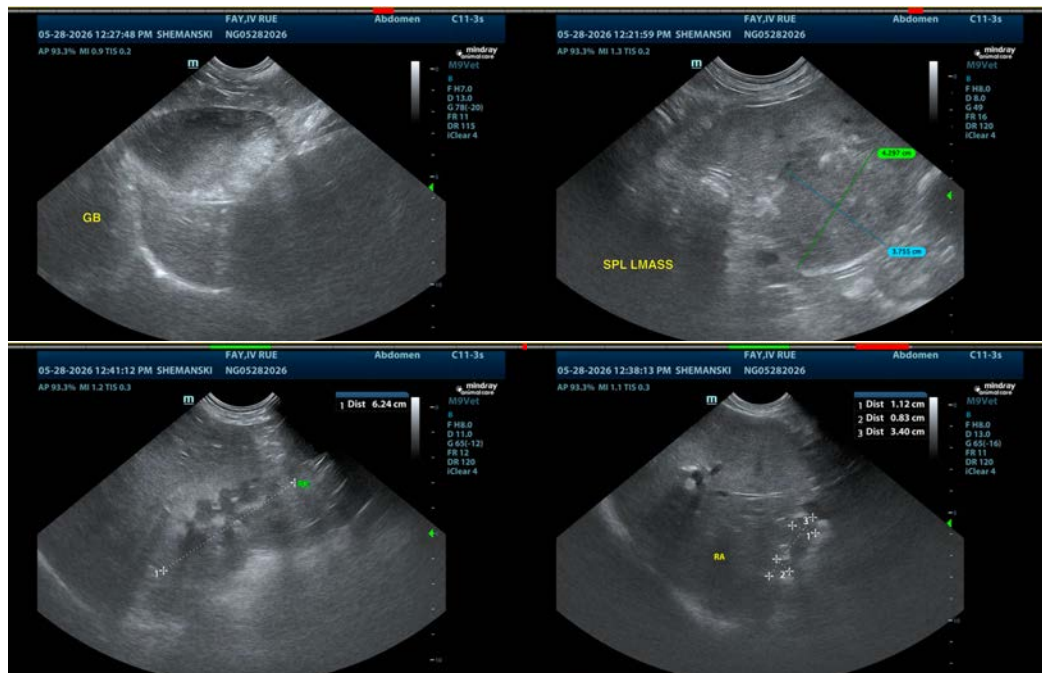
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, mixed echogenicity, hypoechoic, lobulated cranial/mid abdominal mass lesion that appears to be arising from the liver. These “massive” hepatic lesions can have a somewhat benign behavior, although there are significant nodules visualized in the spleen. These could represent benign or neoplastic lesions. Recommend a fine needle aspirate of the splenic nodules as well as the liver mass lesion. These types of lesions can be associated with hypoglycemia. Consider evaluation for this. If surgical removal would be considered, recommend a contrast CT scan to further delineate the attachment and look for metastatic lesions. If this is a benign or slow-growing lesion and surgery is successful, prognosis can be good.

There is a large amount of debris visualized in the gallbladder. There is concern that the mass lesion may be impeding bile flow somewhat. Consider starting chronic Ursodiol therapy and continued monitoring.

The iliac lymph node is large. This could represent a highly reactive or a neoplastic lymph node. If a safe window for sampling is available, you could consider a fine needle aspirate. Additionally, consider sampling of the free abdominal fluid for fluid analysis and cytology.

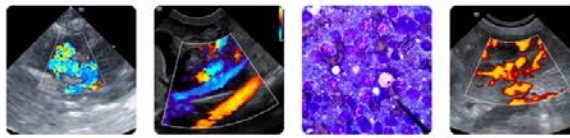
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



Imaging performed by



pawsonography@gmail.com
530-786-8340



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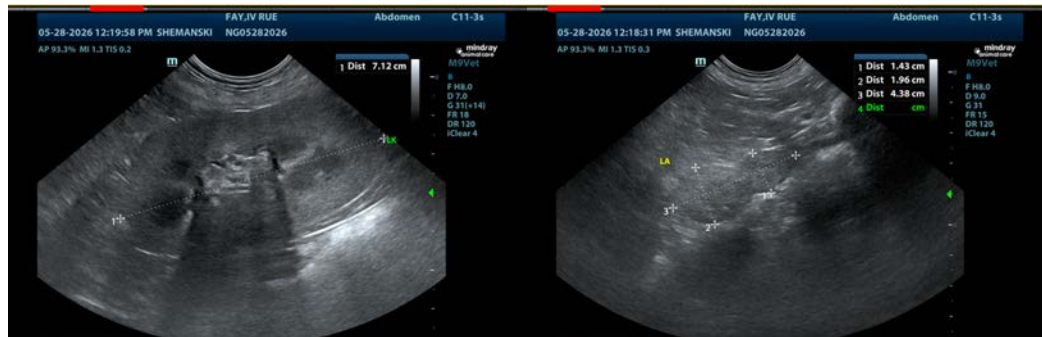
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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