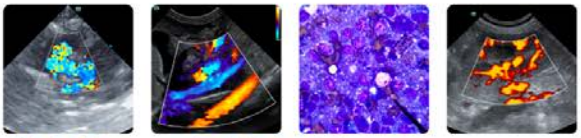

PATIENT

Monty Bello

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

13 Years 4 Months

WEIGHT

15.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Englewood Cliffs Veterinary Hospital

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Dr. Attanasi

INVOICE

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PRESENTING CLINICAL SIGNS

Pre sx for mitral valve replacement sx. MMVD-stage C PAH mild. HX of Sertoli cell tumor (2023) Liver nodule. Meds- lasix, pimo, zacubitril/valsartan, spironlactone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears diffusely thickened and irregular, measuring at 0.80 cm in the apical region (previous measurement 8/2025 was 0.70 cm in thickness). The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is large and irregular in shape, measuring 1.35 cm in height in the sagittal view. Parenchyma is heterogeneous with ill-defined mineralized foci.

The left kidney has a normal shape and size (4.06 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 (4.63 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 large, measuring 1.06 cm at the cranial pole and 0.84 cm at the caudal pole (previous measurement 0.60 cm at the cranial pole and 0.84 cm at the caudal pole in 8/2025). 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.

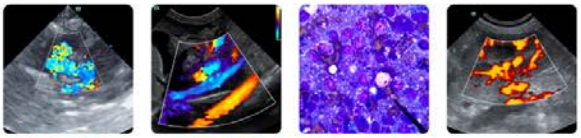
The right adrenal gland is large, measuring 1.05 cm at the cranial pole and 0.68 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.06 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very subtle, questionable hypoechoic nodule visualized measuring 0.50 cm (previously described hypoechoic nodule – not sure if the same nodule – measured 0.50 cm).

Liver

The liver is subjectively normal in size and rounded in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a poorly defined hypoechoic solid mass effect visualized in the left mid region of the liver measuring 2.71 cm x 0.50 cm (previous measurement 0.35-0.40 cm in 8/2025).



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Additionally, on the left side of the liver there is an irregular hyperechoic region most consistent with an irregular hyperechoic nodule or a cluster of hyperechoic nodules measuring 1.62 cm x 1.01 cm.

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 <0.7cm 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. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.30 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

- Diffusely thickened, irregular urinary bladder wall – 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.
- Large, irregular, heterogeneous prostate with pinpoint mineralizations – This could be normal for a patient neutered late in life with previous prostatic disease.
- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Poorly defined hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Iso- to hypoechoic hepatic mass lesion and a cluster of hyperechoic nodules – The described mass lesion is similar to the mass lesion described 8/2025 but it measures somewhat larger. The hyperechoic nodules were not previously described. They have somewhat of a benign appearance but a neoplastic lesion is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is persistent thickening of the bladder wall, possibly consistent with recurrent cystitis, less likely a neoplastic process. Recommend a urinalysis and culture.

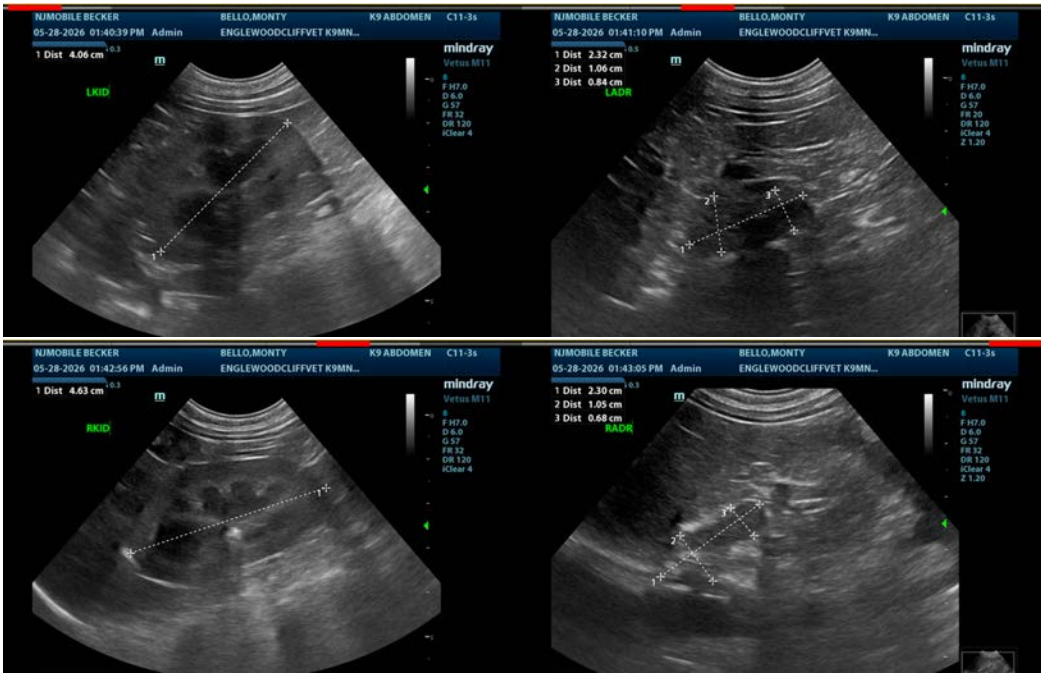
The prostate is large and irregular. The description is similar to the description from 8/2025, decreasing the likelihood of an aggressive neoplastic process. Findings are most likely consistent with a pet neutered later in life after prostatic disease.

There is a very subtle hypoechoic nodule in the spleen. I'm unsure if this is the same nodule as previously observed. Generally, this has somewhat of a benign appearance, but a fine needle aspirate would be necessary to further evaluate.

There is a large, iso- to hypoechoic mass effect in the liver. This has a similar appearance to the previously described mass but measures slightly larger on today's exam. This has the appearance most consistent with primary hepatic mass lesion such as an adenoma, carcinoma, other. Recommend a fine needle aspirate and potentially a contrast CT scan to further evaluate.

Both adrenals are somewhat plump. If signs of Cushing's are present, consider adrenal function testing and continued monitoring of the adrenal glands.

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



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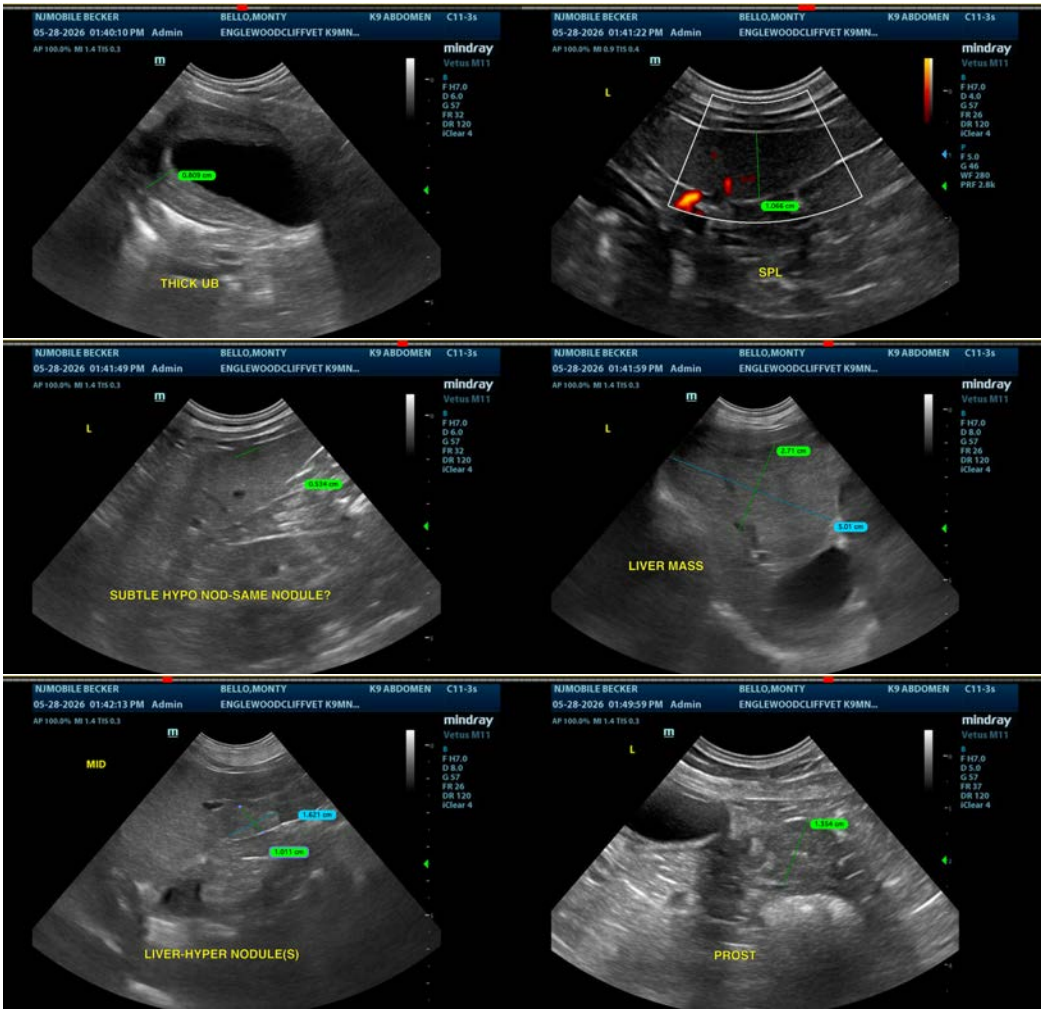

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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