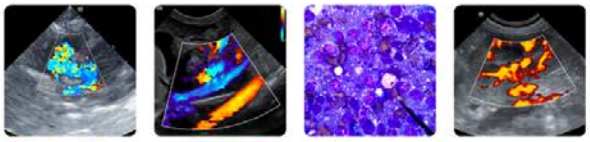

PATIENT

Bella Breiner

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon Animal Hospital

REFERRING VET

Dr. Sreenivasa Maddineni

INVOICE

72802

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Losing weight, elevated liver enyzmes. Patient not sedated for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Most recent bw attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.1 cm. Right kidney measured 6.5 cm.

Adrenal Glands

The right adrenal gland was enlarged in size with mild asymmetrical yet intact capsule contour exhibiting non-homogeneous, hyperechoic nodular, non-mineralized parenchyma measuring 2.1 cm x 1.6 cm.

A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion, measuring 1.0 cm x 0.93 cm in diameter. The nodule did not exhibit signs of mineralization or vascular invasion. Caudal left adrenal gland measured 0.52 cm in width.

Spleen

The spleen was overall normal in size with primarily symmetrical contour and mild parenchyma heterogeneity. Mildly expansive cranial medial splenic nodule with associated capsule distortion noted, exhibiting mild non-homogeneous hypoechoic parenchyma measuring 1.6 cm in diameter.

Liver

Asymmetrical hepatomegaly noted, primarily owing to a moderately sized to expansive irregular, non-homogeneous to nodular ventral liver mass measuring approximately 10.0 cm x 6.0 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mildly prominent in size with normal contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

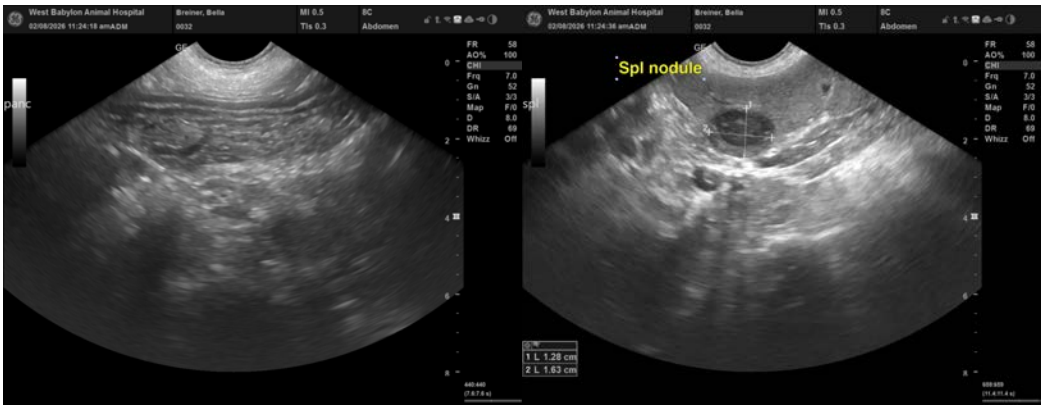
ULTRASONOGRAPHIC FINDINGS

- Liver mass.
- Expansive splenic nodule.
- Bilateral nodular adrenomegaly.
- Normal gastrointestinal tract.
- Chronic pancreatitis pattern with remodeling.
- Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric hepatosplenic neoplastic criteria is met. Potential for concurrent unilateral or bilateral adrenal tumors, adrenal hyperplasia, functional versus non-functional adenomatous change, or combination possible.

Assuming normal clotting status and using 25-gauge needle, hepatic mass and splenic nodule FNA cytology could be considered for further assessment. Adrenal screening or workup warranted if clinical signs consistent with Cushing's syndrome, as well as monitoring of systemic BP for evidence of hypertension is recommended.



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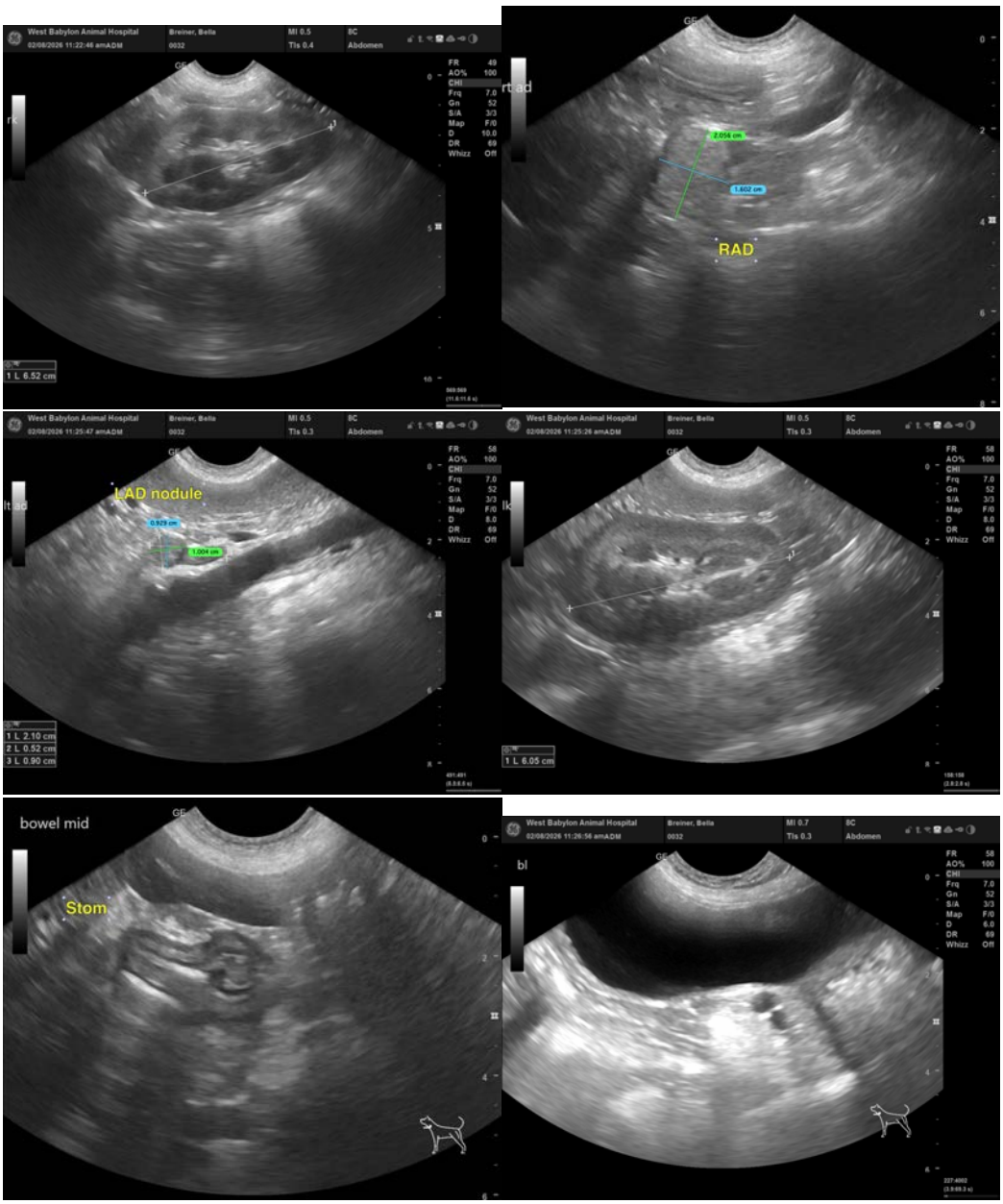

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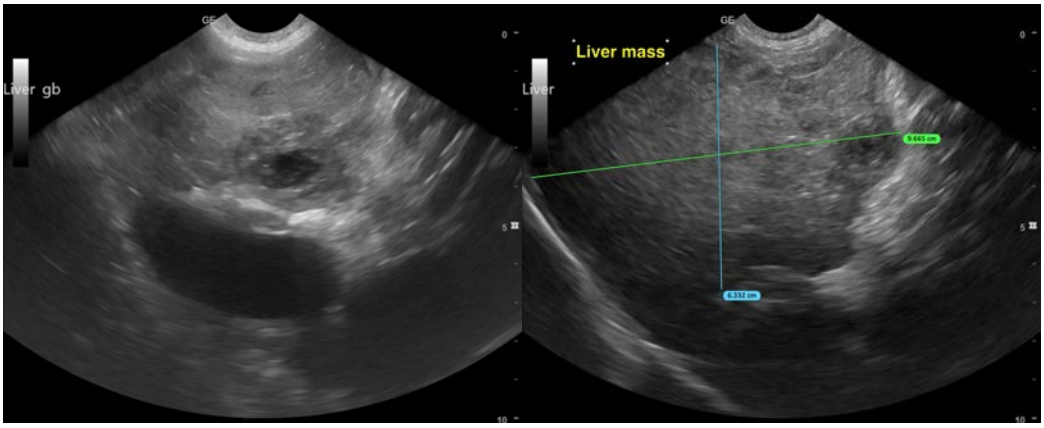

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com