



PATIENT

Charlie Zelenski

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

25 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Zelinski

INVOICE

78378

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Urinary accidents
- AP-1193 usg-10.19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.6 cm, right measured 6.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.44 cm in length x 0.75 cm and 0.89 cm in width. The right adrenal gland measured 2.76 cm in length x 0.83 cm and 1.22 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, irregular, poorly vascularized cystic mass in the cranial aspect of the left lobe measuring 3.0 x 3.6 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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Pancreas

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The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatic mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the adrenomegaly would be age related, reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.

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The most likely etiology for the hepatic mass would be incidental cystadenoma with emerging primary hepatocellular carcinoma a less likely differential diagnosis.

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Granuloma, hematoma and abscessation would be unlikely differential diagnosis.

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Further assessment would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded, then further assessment of the hepatopathy and the mass would be FNA cytology of the liver and the hepatic mass. A tru cut or wedge biopsy of both may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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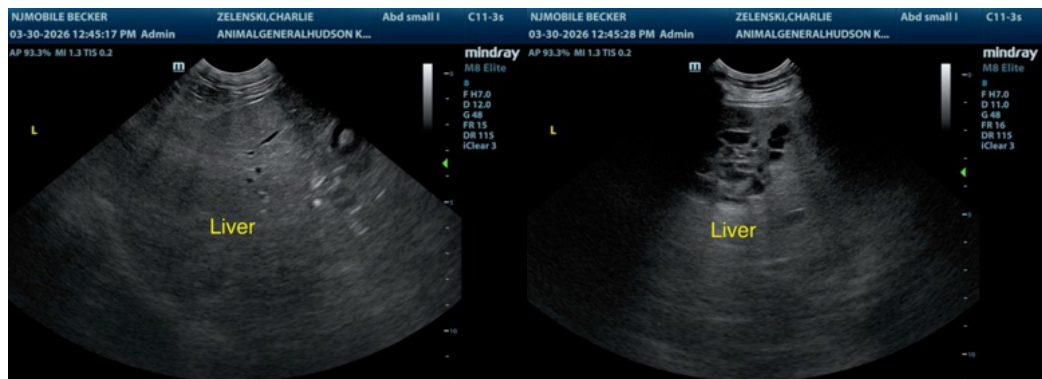
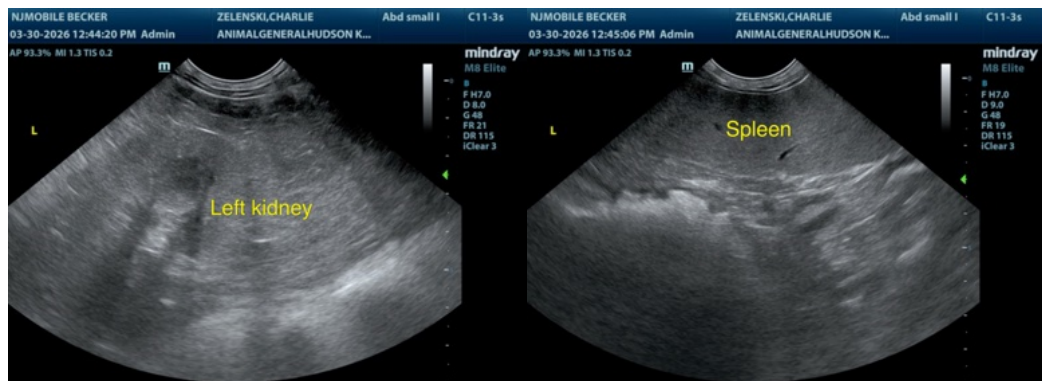
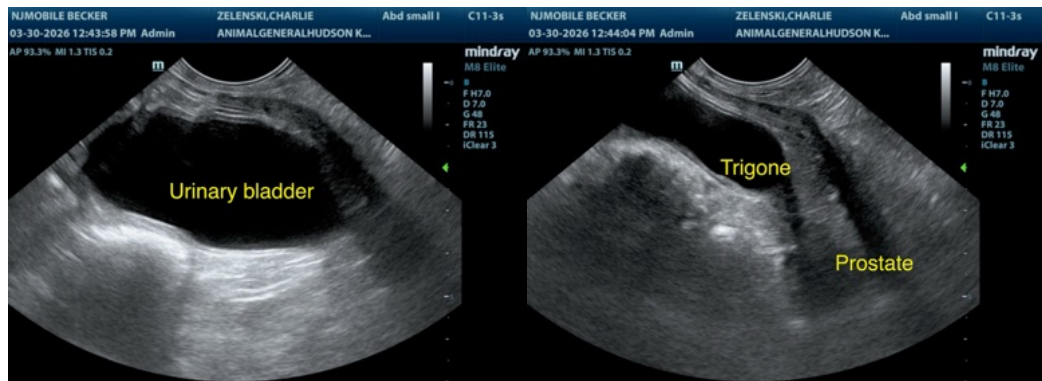
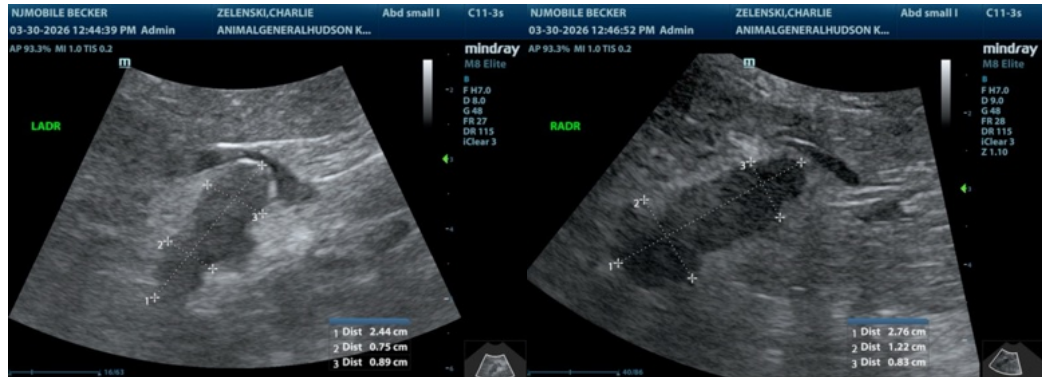
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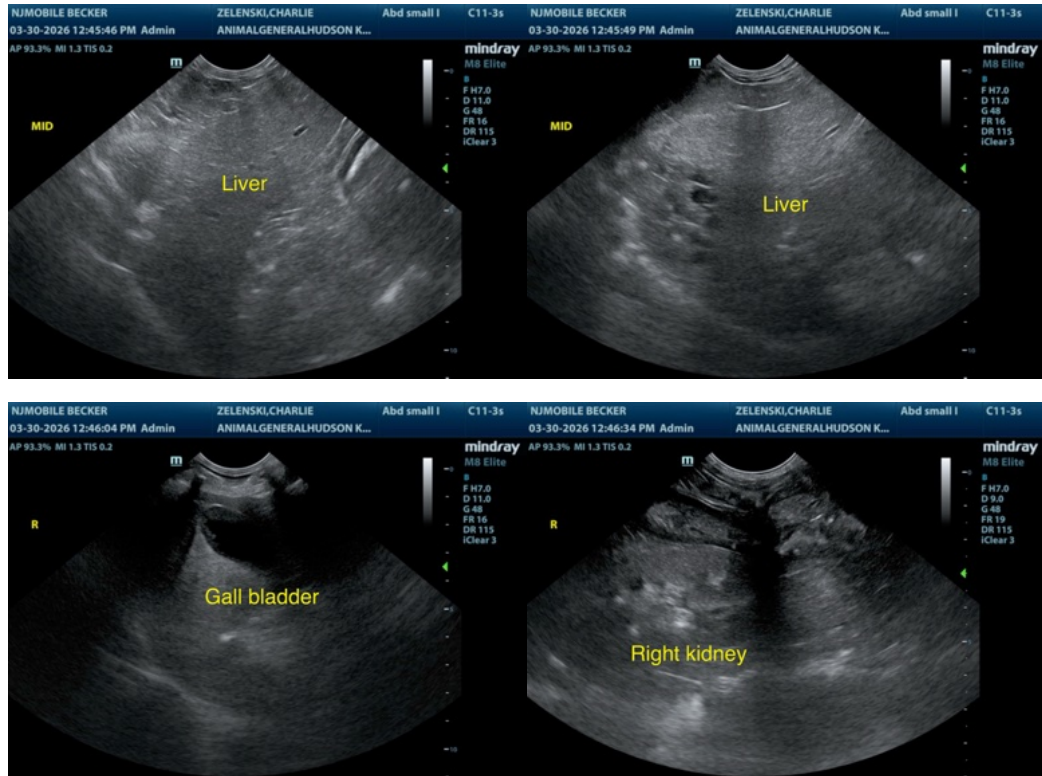
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com