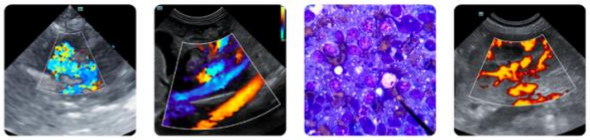


PATIENT

Britta Majewski

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

9 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Andrew Tesh, DVM

INVOICE

37250

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Patient has hx of pancreatitis, and was dx with Cushing's in 8/2025 and started on Vetoryl 5 mg bid. In 12/2025 ACTH stim showed pre 5.7 and post 3.0 ug/dl. May 5, 2026 patient was seen for panting and PU/PD, and dose was increased to 10 mg Vetoryl in am and 5 mg in pm. Shortly after this patient began vomiting and having decreased appetite. Blood testing showed increased amylase 1774, mild hyperkalemia/hyponatremia and NaK 26. Dose was reduced to 5 mg sid on Vetoryl. Patient has really not improved a lot and NaK was 24 on 5/28. ACTH stim is pending.

Abnormal PE/Chem/CBC/UA Results: HR 60 bpm, BP 100 mm Hg systolic amylase 1774 U/l K+ 5.9 mmol/l, Na 143 mmol/l USG 1.033, UPC 0.4 Cystatin B 152 ng/ml Ca oxalate crystals in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.93×2.17 cm. The cortical thickness measures 0.40 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.20×2.50 cm. The cortical thickness measures 0.44 cm in the sagittal plane.

Both renal cortices have normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild mineralized foci consistent with early nephrolithiasis/nephrocalcinosis are present within the renal diverticulae. There is no evidence of pyelectasia or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane are as follows:

The left adrenal gland measures 0.73 cm at the cranial pole and 0.40 cm at the caudal pole. A mildly heterogeneous hyperechoic nodule measuring 5.95×7.94 mm is present within the cranial pole without disruption of the overall adrenal architecture.

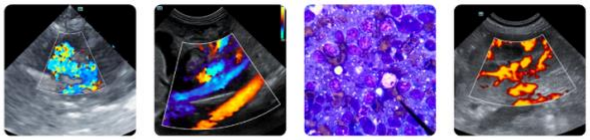
The right adrenal gland measures 0.69 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

Splenic thickness is 1.46 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively s subjectively mildly enlarged, with rounded margins and a smooth contour. The hepatic parenchyma is diffusely hyperechoic with mild distal acoustic attenuation. No focal hepatic lesions are identified. No hepatic lymphadenopathy is observed.



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The gallbladder is moderately distended. The wall demonstrates marked mucosal glandular hyperplasia. The lumen contains abundant organized immobile echogenic biliary material. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is partially empty and contains a small amount of residual ingesta. Gastric wall thickness measures 2.95 mm, with normal wall layering.

The pyloric wall measures 4.01 mm.

The duodenal wall measures 3.49 mm. The jejunal wall measures 2.52 mm. Intestinal wall layering is preserved throughout the examined small intestine. No evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall measures 0.77 mm. Formed fecal material is present within the descending colon.

Pancreas

The pancreas measures approximately 6.60 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. No peripancreatic fat hyperechogenicity, free fluid, or other sonographic evidence of active pancreatitis is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenopathy is identified. The medial iliac and iliac trifurcation lymph nodes are within normal limits.

PRIMARY FINDINGS

- Mild hepatomegaly with diffuse hepatic hyperechogenicity and mild acoustic attenuation.
- Marked gallbladder mucosal glandular hyperplasia with abundant immobile biliary sediment/mucoid material.
- Small left adrenal nodule.

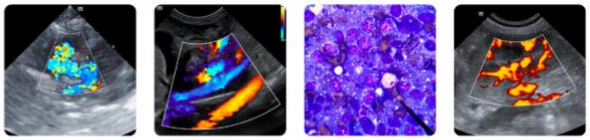
SECONDARY FINDINGS

- Mild bilateral renal mineralization/nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is mildly enlarged and diffusely hyperechoic with mild acoustic attenuation, a pattern most consistent with chronic hepatocellular vacuolar change and likely related to the patient's known hyperadrenocorticism. Concurrent marked gallbladder mucosal glandular hyperplasia with abundant organized immobile biliary material is compatible with developing gallbladder mucocele-spectrum disease (approximately type II–III). No sonographic evidence of extrahepatic biliary obstruction is identified at this time.

A small left adrenal nodule is present and most likely represents an incidental focus of nodular hyperplasia or adenomatous change. Mild bilateral renal mineralization is also noted without evidence of urinary obstruction or clinically significant renal architectural change.



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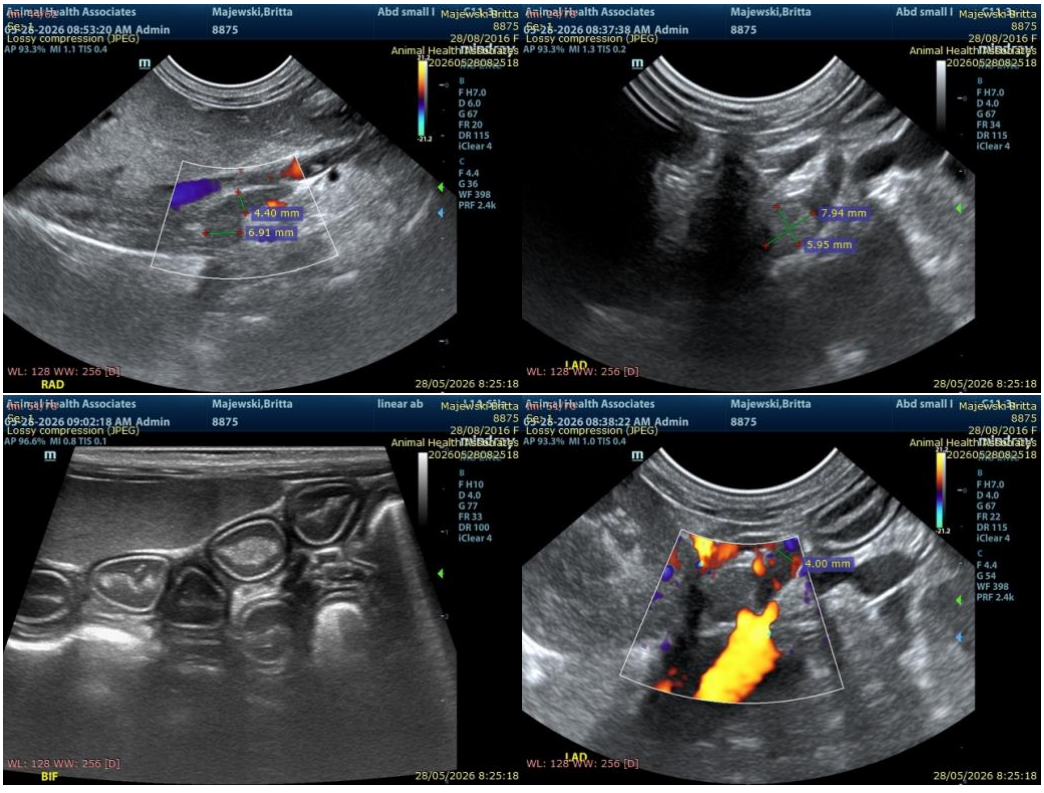
Despite the patient's history of pancreatitis and recent increase in amylase activity, the pancreas does not demonstrate convincing sonographic evidence of active pancreatic inflammation, and no significant peripancreatic inflammatory change is identified on the current examination.

No convincing sonographic evidence of active pancreatitis is identified on the current examination.

Recommendations:

- Correlation with the pending ACTH stimulation test is strongly recommended given the recent trilostane dose adjustment and associated electrolyte abnormalities.
- Given the gallbladder findings, medical management with ursodeoxycholic acid may be considered if clinically appropriate and in the absence of biliary obstruction.
- Monitoring of the gallbladder is recommended, as developing gallbladder mucocele-spectrum disease may contribute to gastrointestinal signs despite the absence of current biliary obstruction.
- Correlation with serum liver enzyme activities and bilirubin concentration may be helpful for further assessment of the hepatobiliary findings.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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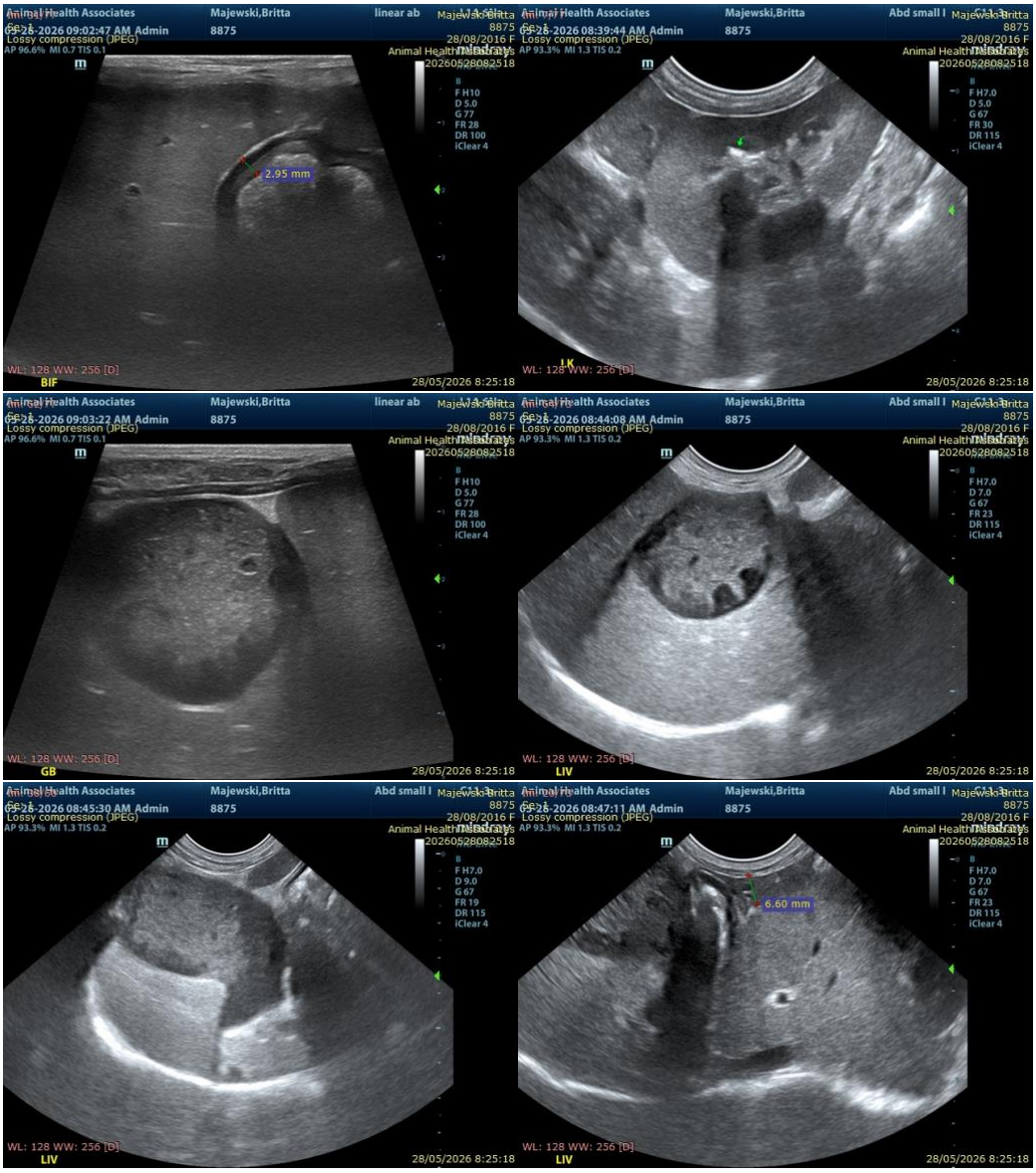

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com