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IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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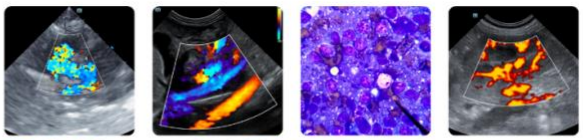

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Siri Sloan

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Devin Soileau

INVOICE

22584

DATE

2-20-26

PRESENTING CLINICAL SIGNS

Patient is currently on Ursodiol, Galliprant, Trifexis and Denamarin. Previous ultrasound showed a right adrenal nodule, and gallbladder changes suggestive of an emerging mucocele.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra (visible to a depth of 2.0 cm) are normal.

The left kidney is normal in size (7.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.69 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged at the cranial pole and normal-in-size at the caudal pole (1.45 cm at cranial pole) (1.71 cm at caudal pole). A 1.67 x 1.42 cm hyperechoic-to slightly-heterogenous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.24 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.68 x 0.32 cm hypoechoic nodule is observed at the medial aspect near the hilus. A 0.72 cm multiseptated cystic nodule is also seen at the mid- to caudal aspect. In addition, several hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is prominent-in-size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A few, small, polypoid-like lesions are arising from the mucosal surface. A small-to-moderate amount of partially dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly-to-moderately distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are

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normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A 1.01 x 0.55 cm mesenteric lymph node is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with a developing mucocele. Changes are similar to the previous sonogram.
- The right adrenal gland is also similar to the previous sonogram. Differentials include focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.
- Bilateral nonspecific age-related renal changes. Changes are similar to the previous sonogram.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor. The splenic cyst likely represents a benign lesion. However, an emerging vascular tumor cannot be excluded. Several splenic myelolipomas are also present. The hypoechoic nodule and cystic structure are new findings.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. Changes are similar to the previous sonogram.
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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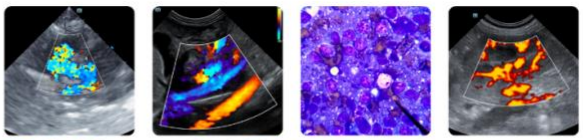

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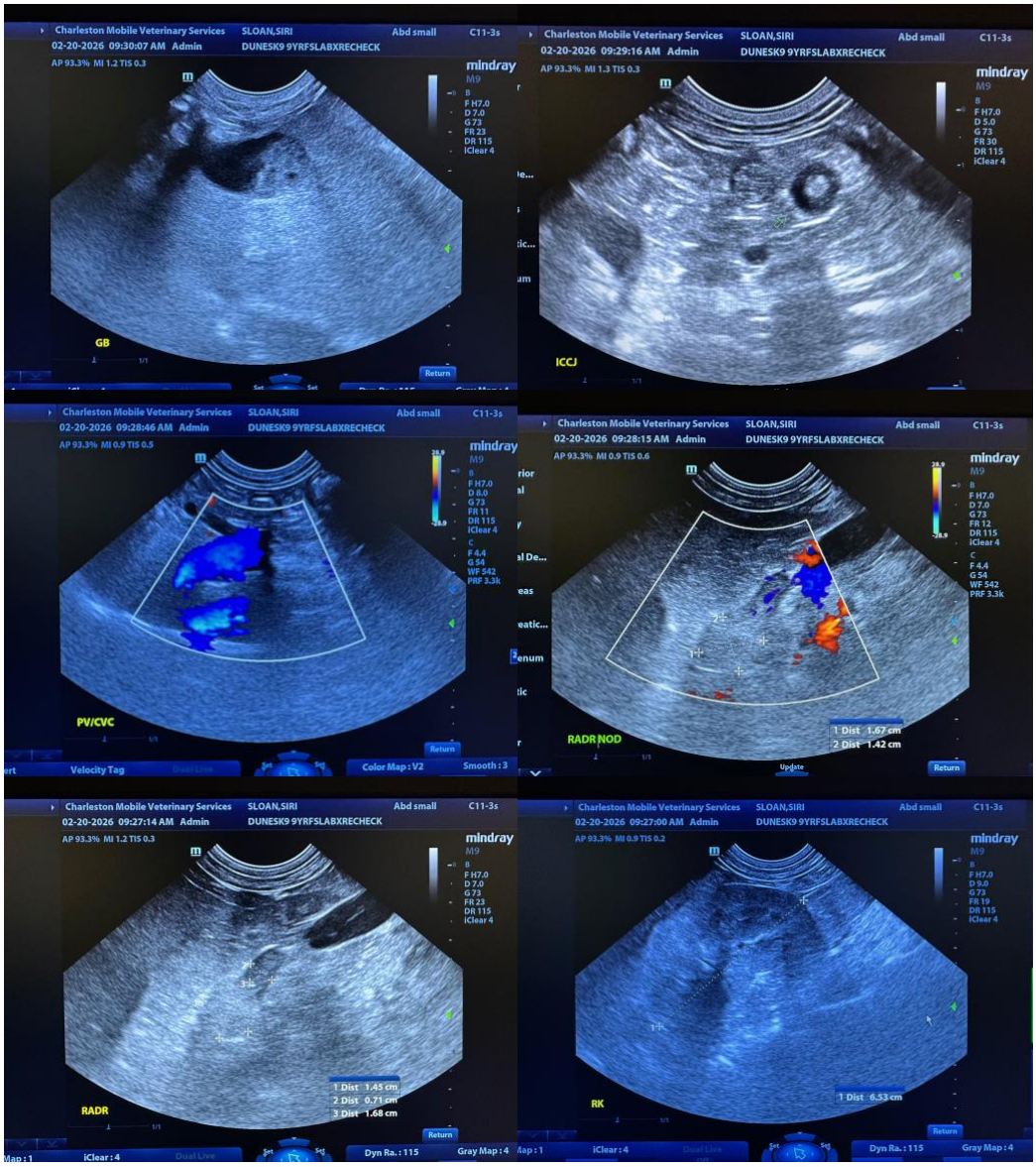
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Regarding the gallbladder, right adrenal, and splenic changes, consider a recheck ultrasound in 4-6 months to assess progression.
- Ursodiol therapy should be continued (as long as it is well-tolerated).



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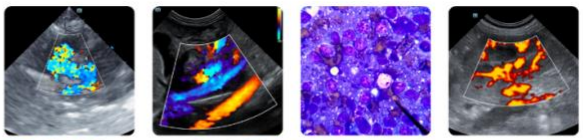

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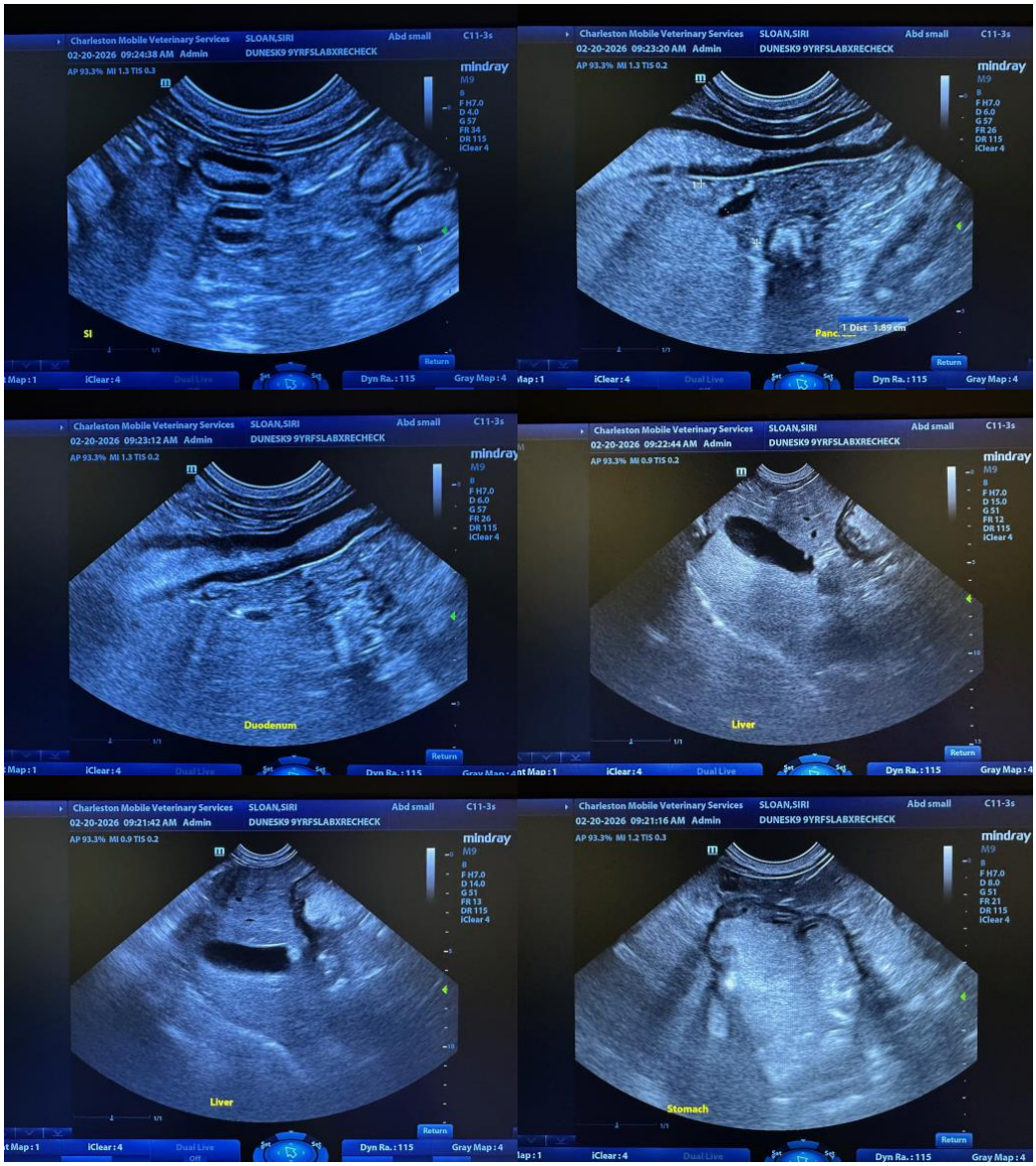

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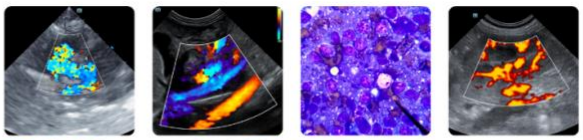

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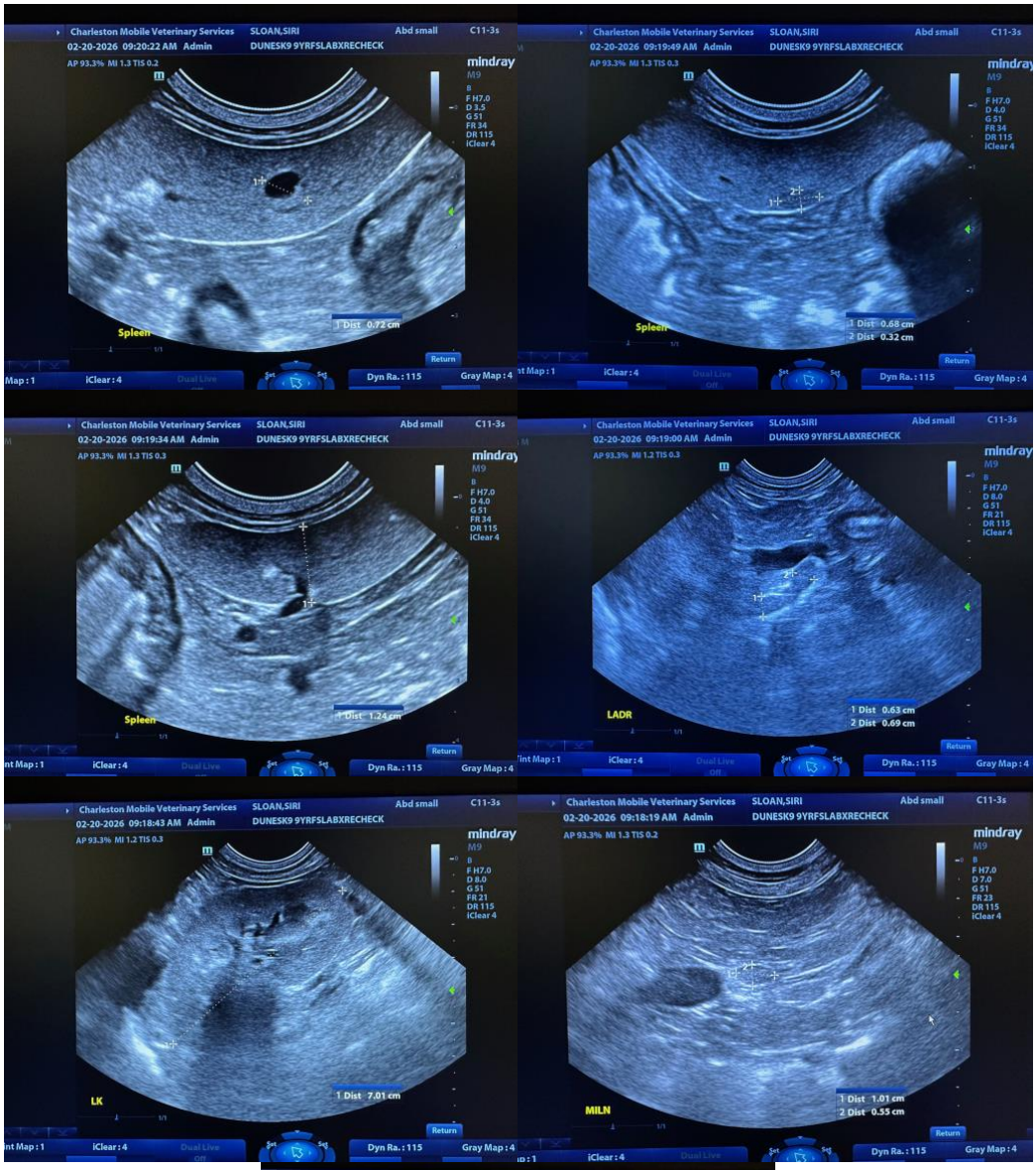

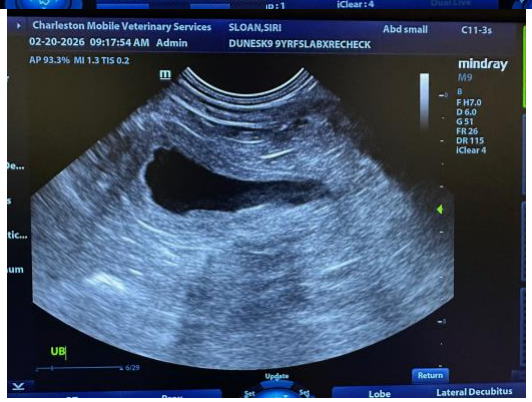

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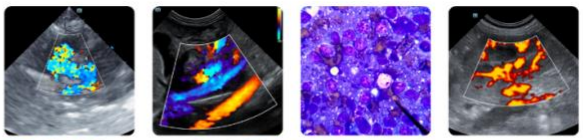

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com