



PATIENT

Sophie Rose Hunt

SPECIES

Canine

BREED

Schnauzer /Chihuahua
Mix

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

20.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35372

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Patient has a history of chronic recurrent pancreatitis and enteritis. Recent change in clinical signs (PU/PD, restlessness, panting, pot belly) and labwork (elevated ALP, Platelets, isosthenuria) created concern for Hyperadrenocorticism. LDDST last week diagnosed Hyperadrenocorticism but did not differentiate between pituitary or adrenal dependent disease.

Abnormal PE/Chem/CBC/UA Results: PE: PU/PD, restlessness, panting, pot belly Chem: ALP (693), Triglycerides (558) CBC: Platelets (467) UA: USG (1.019) with 1+ protein LDDST: Resting 7.1, 4 hr 1.5, 8 hour 3.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Trace pyelectasia was noted in the left kidney.

Right kidney is normal in size (4.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.63 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.7 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. The largest most discrete hypoechoic nodule/mass measures 1.2 cm x 2.3 cm in size.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT

Sophie Rose Hunt

SPECIES

Canine

BREED

Schnauzer /Chihuahua
Mix

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

20.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35372

DATE

1/13/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The liver changes, including the largest, more discrete, nodule/mass, could represent a benign process, such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or even chronic inflammatory disease. However, infiltrative neoplasia, while considered less common, can't be ruled out without tissue sampling.

Secondary Findings

- A mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If not recently evaluated, given patient's history, a blood pressure is recommended.

While the adrenal glands measure technically within normal limits, hyperadrenocorticism can't be ruled out. Therefore, if patients clinical signs are appropriate, and a low dose dexamethasone suppression test is diagnostic for hyperadrenocorticism, then based on imaging, it's most likely pituitary dependent in nature.



PATIENT

Sophie Rose Hunt

SPECIES

Canine

BREED

Schnauzer /Chihuahua

Mix

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

20.4 Pounds

INTERPRETED BY

Beth Johnson, DVM

DACVIM

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

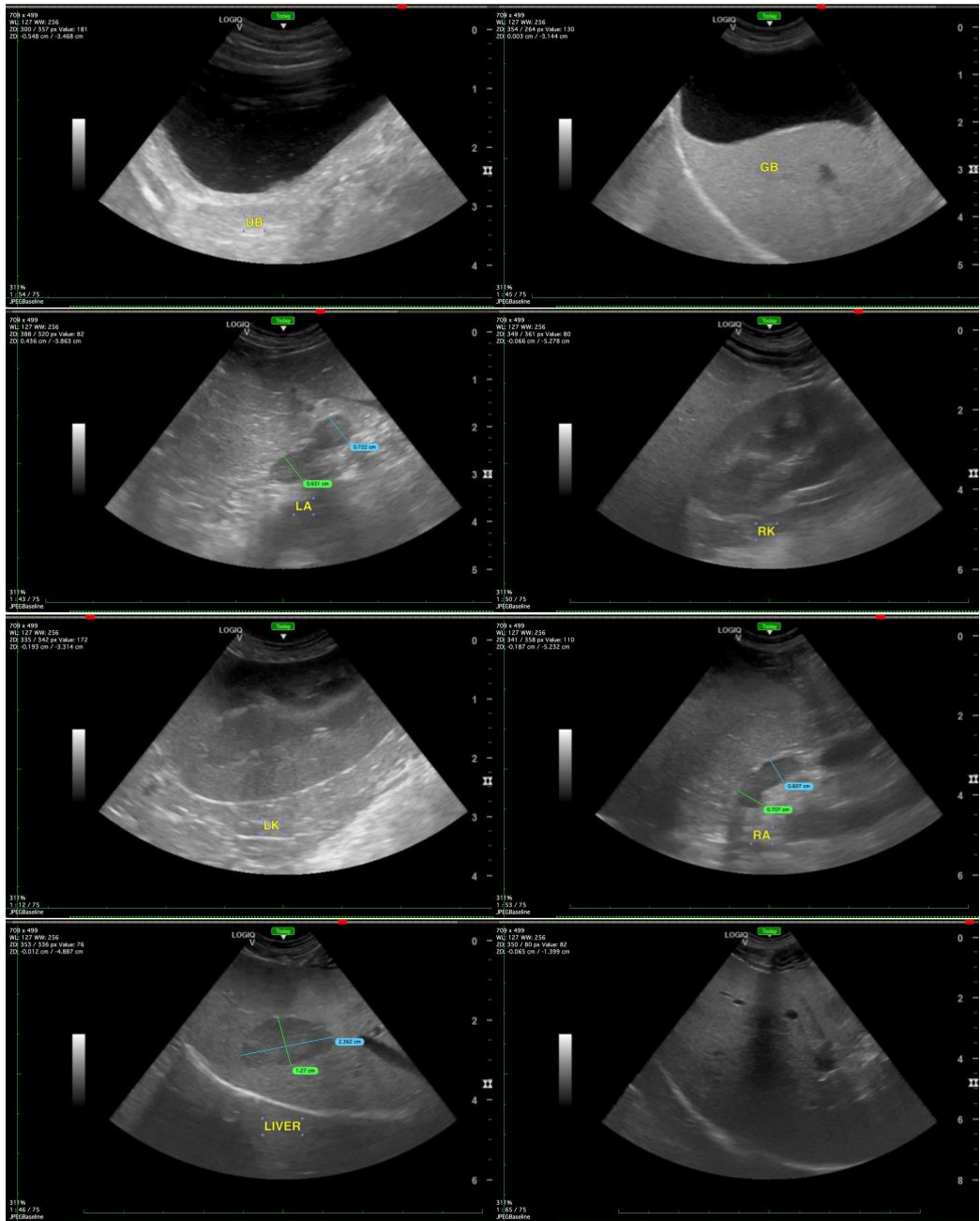
Dr. Vincent Tavella

INVOICE

35372

DATE

1/13/26



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.

Beth Johnson, DVM DACVIM



PATIENT

info@sonopath.com

Sophie Rose Hunt

SPECIES

Canine

BREED

Schnauzer /Chihuahua
Mix

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

20.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35372

DATE

1/13/26