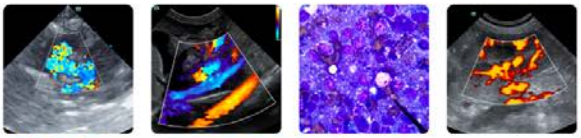


PATIENT

Ella Decicco

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Orchard Grove Animal Hospital

REFERRING VET

Dr. Ludmerer

INVOICE

73216

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Possible HAC, LDDST was normal, need AUS to confirm HAC or not

Abnormal PE/Chem/CBC/UA Results: ALP 293 USG 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The left kidney is small-normal, measuring 3.13 cm. Multiple punctate non-obstructive cystoliths are noted in the right kidney. The right kidney is small at 2.18 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.75 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The 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 moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

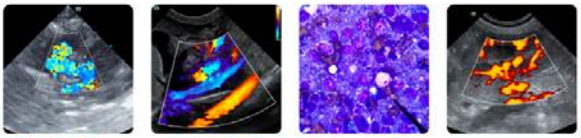
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 very distal descending colon is mildly focally thick, measuring at 0.33 cm thick with no definitive loss of layering appreciated. The remaining colon has a more normal thickness. The lumen contains a mild amount of normal appearing stool.



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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

- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Bilateral chronic kidney disease changes, most visibly significant in the right kidney where there are also multiple non-obstructive nephroliths.
- Mildly thick distal descending colon trends in appears toward benign as is seen with a parasitic or infectious, other benign inflammatory, potentially dietary related colitis, or in this case potentially even normal patient variant. Infiltrative neoplasia can't be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations regarding the reported possible hyperadrenocorticism are completely dependent on patient's clinical history, as ultrasonographic appearance of the adrenal glands neither rules in nor out functional hyperadrenocorticism.

While of unknown relation to patient's reported clinical complaint or presenting complaint, the mildly thick distal descending colon may warrant further investigation, beginning with a rectal exam, but ultimately potentially warranting sampling via colonoscopy.

In the meantime, prior to more invasive diagnostics, a routine fecal/giardia exam could be considered, as could other gastrointestinal workup pending clinical history.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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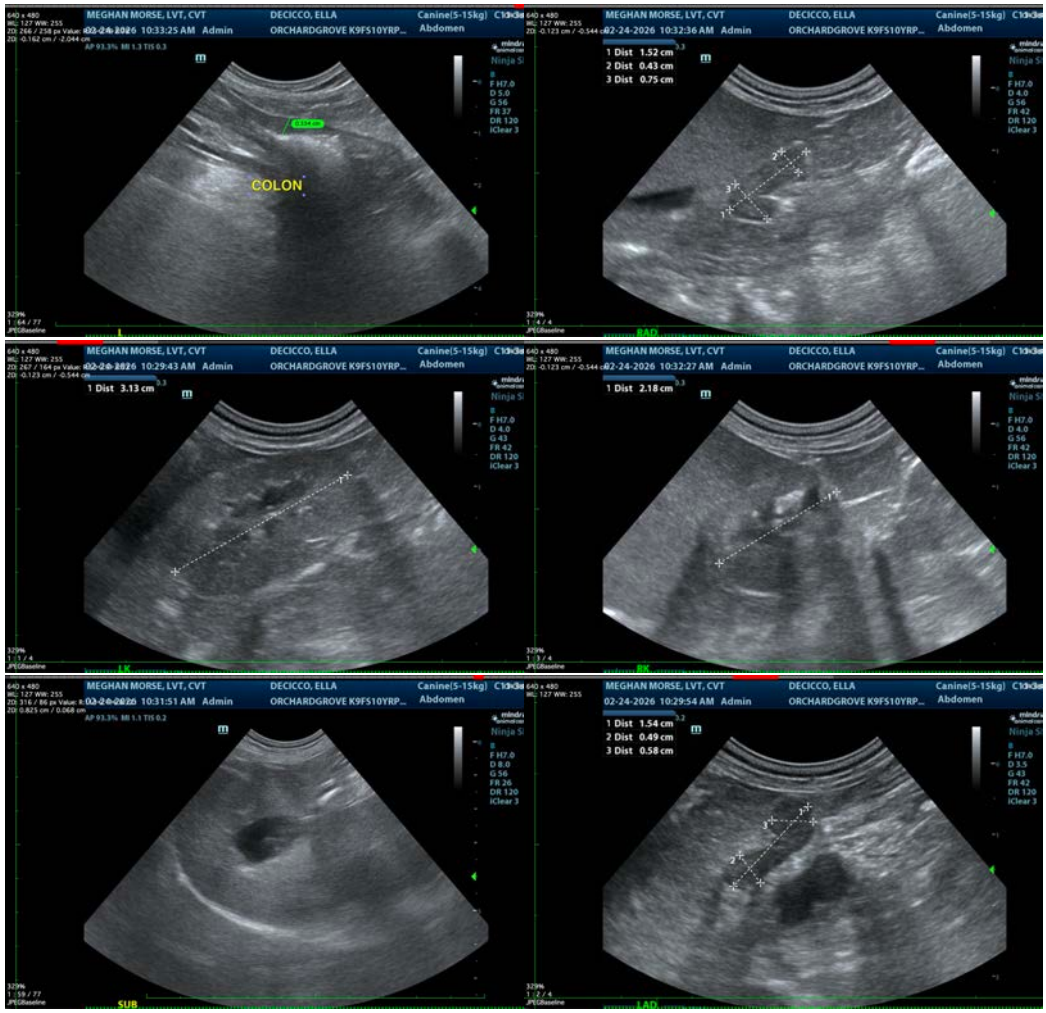

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com