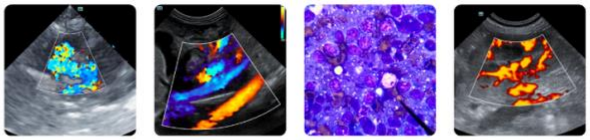


PATIENT

Nana Brandes

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabirel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Hector Perez

INVOICE

15979

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Px presented as a referral due to PU/PD/PP. Px originally visited rDVM due to having a distended abdomen. Owner reports a weight increase even though the diet or quantity of food given has not been altered or changed. Owner also reports a sweet smell emanating from patient's mouth. No vomiting, no diarrhea, no diarrhea, no coughing, and no sneezing reported by owners.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Gravity dependent debris present in the urinary bladder consistent with very small cystoliths. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 3.92 cm in length. The right kidney measured 3.77 cm in length.

Adrenal Glands

Adrenal glands are bilaterally enlarged and hypoechoic. The left adrenal gland contains a hypoechoic nodule in the caudal pole, measuring approximately 0.56 cm x 0.47 cm. The left adrenal gland measured 2.14 cm in length and 0.85 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 1.87 cm in length and 0.70 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

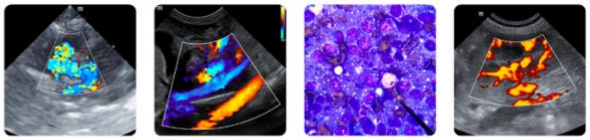
Liver

The liver is subjectively enlarged with slightly rounded borders. Noted on a still image, there is a poorly defined hyperechoic area measuring approximately 1.75 cm x 1.30 cm. Otherwise, parenchyma is homogenous.

The gall bladder contains organized, hyperechoic, non-gravity dependent, non-shadowing debris with a stellate appearance in some areas most consistent with a developing mucocele. There is area of the lumen with normal anechoic gall bladder contents most consistent with normal bile.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with left adrenal nodule.
- Mild hepatomegaly with poorly defined hyperechoic nodule.
- Developing gallbladder mucocele.
- Nephrocalcinosis.
- Small gravity dependent urinary bladder debris consistent with small cystoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. Given that corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

Gall bladder debris is most consistent with a developing mucocele. It does not appear to be causing an active problem but can contribute to elevated liver values.

Surgical removal could be considered to prevent gall bladder rupture and subsequent bile peritonitis. Cholecystectomy surgery is not without risk, and an alternative reasonable strategy is medical management and monitoring.

Medical management includes ursodiol, routine bloodwork and ultrasound monitoring (every 3-6 months). Mucocele is a common finding in dogs with endocrine disease such as suspected hyperadrenocorticism. It is also seen in dogs with hypothyroidism.

Hepatomegaly is likely secondary to suspected adrenal gland disease. Liver aspirate could be considered pending results of endocrine testing or if desired for baseline cytology. The poorly defined hypoechoic area is suspected to be benign. Serial monitoring with ultrasound should be considered if deemed clinically warranted.

The small nephroliths are a likely source of the small cystoliths noted in the urinary bladder. Dissolution diet could be tried to dissolve stones if struvite stones are suspected with serial imaging to

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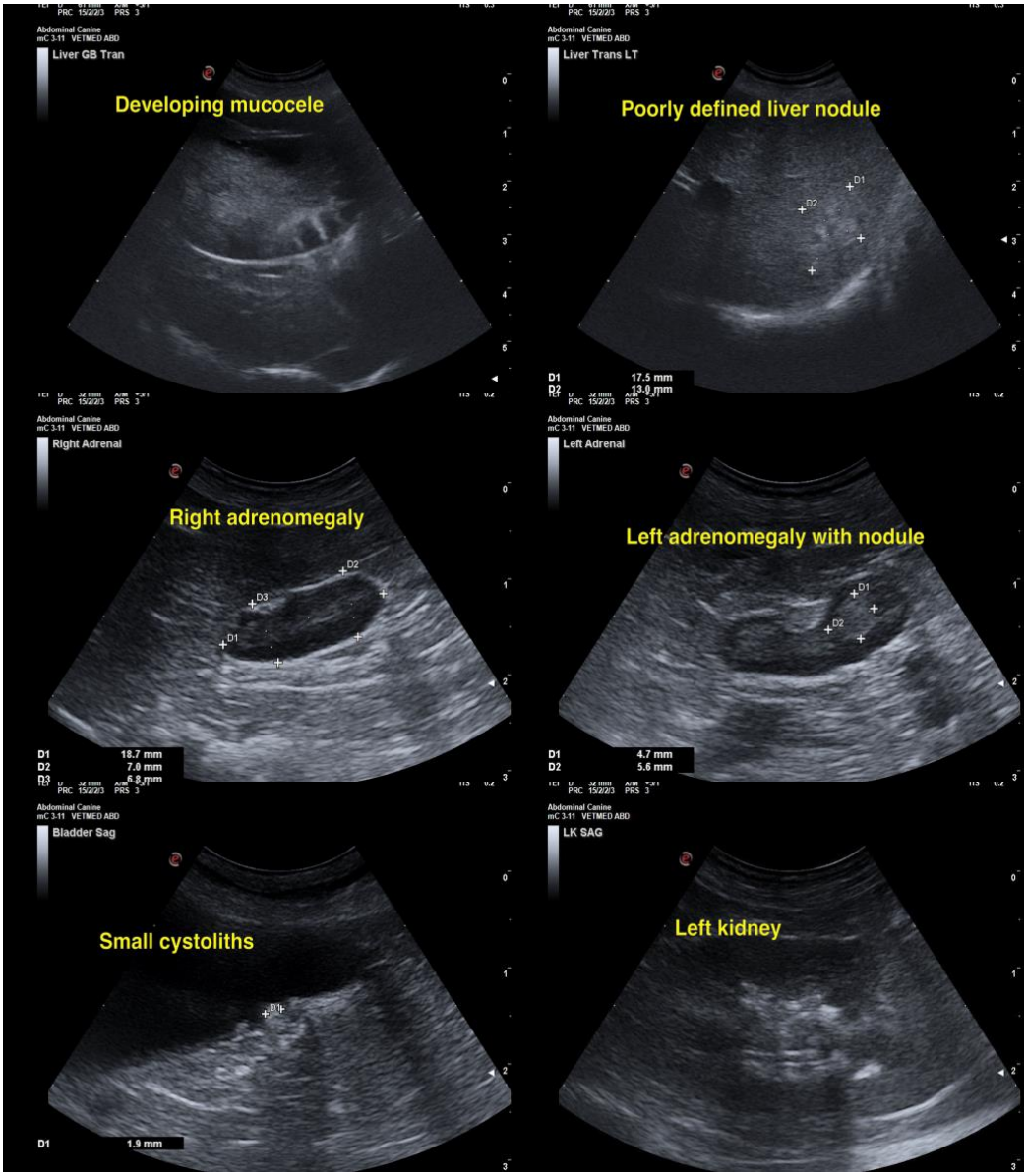
monitor progress. They appear small enough in relation to patient size that they may be passed naturally without incident. Urohydropulsion under general anesthesia may successfully remove the stones. Surgical removal could be considered if they are causing lower urinary signs or obstruction is suspected.



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.

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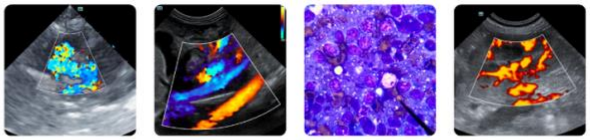
FOSTERING THE ART OF VETERINARY MEDICINE™



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