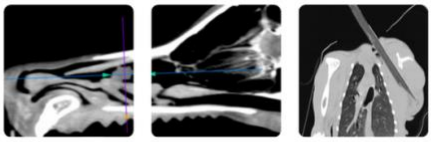

PATIENT

Simba Desomeaux

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.9 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Bronte Village Animal Hospital

REFERRING VET

Dr. Lowrey

INVOICE

15064

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Seen by us once. Vomiting and bowel movement issues.

Current Medications: none, liver issues so not given gabapentin

Abnormal PE/Chem/CBC/UA Results: marked elevations in Alt and Alp , pancreases okay , renal and cbc okay Geri with t4 done 3-27-26 labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen with normal blood flow.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 4.0 cm in length. The right kidney measures 4.3 cm in length.

Adrenal Glands

The left adrenal gland has a mass at the caudal pole that measures 1.56 cm in width. The cranial pole measures 0.75 cm in width. The mass is heteroechoic in appearance. There is mild surrounding hyperechoic fat around the left adrenal gland.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 0.52 cm width at the caudal pole and 1.42 cm width at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. The debris appears clinically insignificant.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Left-sided adrenal mass at the caudal pole.
- Age-related hepatic changes with gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for functional adrenal disease is recommended with low dose dexamethasone suppression test and submitting urine metanephrine to rule out hyperadrenocorticism/pheochromocytoma. Would recommend obtaining systemic blood pressure to determine if patient is hypertensive. If they are, consider starting Phenoxybenzamine pending results of urine metanephrine.

If this mass is determined to be functional, recommend treating hyperadrenocorticism with Trilostane at 1 mg/kg by mouth, given twice a day. If a pheochromocytoma is diagnosed, recommend starting or continuing phenoxybenzamine at 0.25 mg/kg given by mouth, twice a day. It can be titrated up to 1 mg/kg, based on whether or not the patient continues to be hypertensive.

If the patient has functional adrenal disease, once it is treated medically for at least two weeks, then consider CT scan of abdomen as pre-surgical planning for left sided adrenalectomy, or if functional adrenal disease is not diagnosed, then recommend CT scan as pre-surgical planning for left sided adrenalectomy. Submit adrenal gland for histopathology to determine if malignant neoplasia, such as adrenal cortical carcinoma, is present. Recommend three view chest radiographs prior to performing surgery or including patient's chest within a CT scan if performed, to rule out the possibility of pulmonary metastatic disease.

(No cause for the patient's elevated liver values is seen on this exam. Suspect they may potentially be related to functional adrenal disease. If patient does have surgery for left sided adrenalectomy, then recommend obtaining liver biopsies at the same procedure.

No evidence of metastatic or primary hepatobiliary neoplasia is seen on this exam. If patient is not vaccinated for leptospirosis, consider submitting leptospirosis titers to rule out possibility of leptospirosis as a cause of the elevated liver values. Also, prior to performing surgery, recommend fine needle aspirate of the liver to rule out the possibility of infiltrative neoplasia within the liver, specifically lymphoma or mast cell disease.

These diseases are not highly suspected based on the appearance of the liver at this time. However, they should be ruled out prior to performing surgery for adrenalectomy and liver biopsy.

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Teleradiology
Educational Teleconsultation Services™

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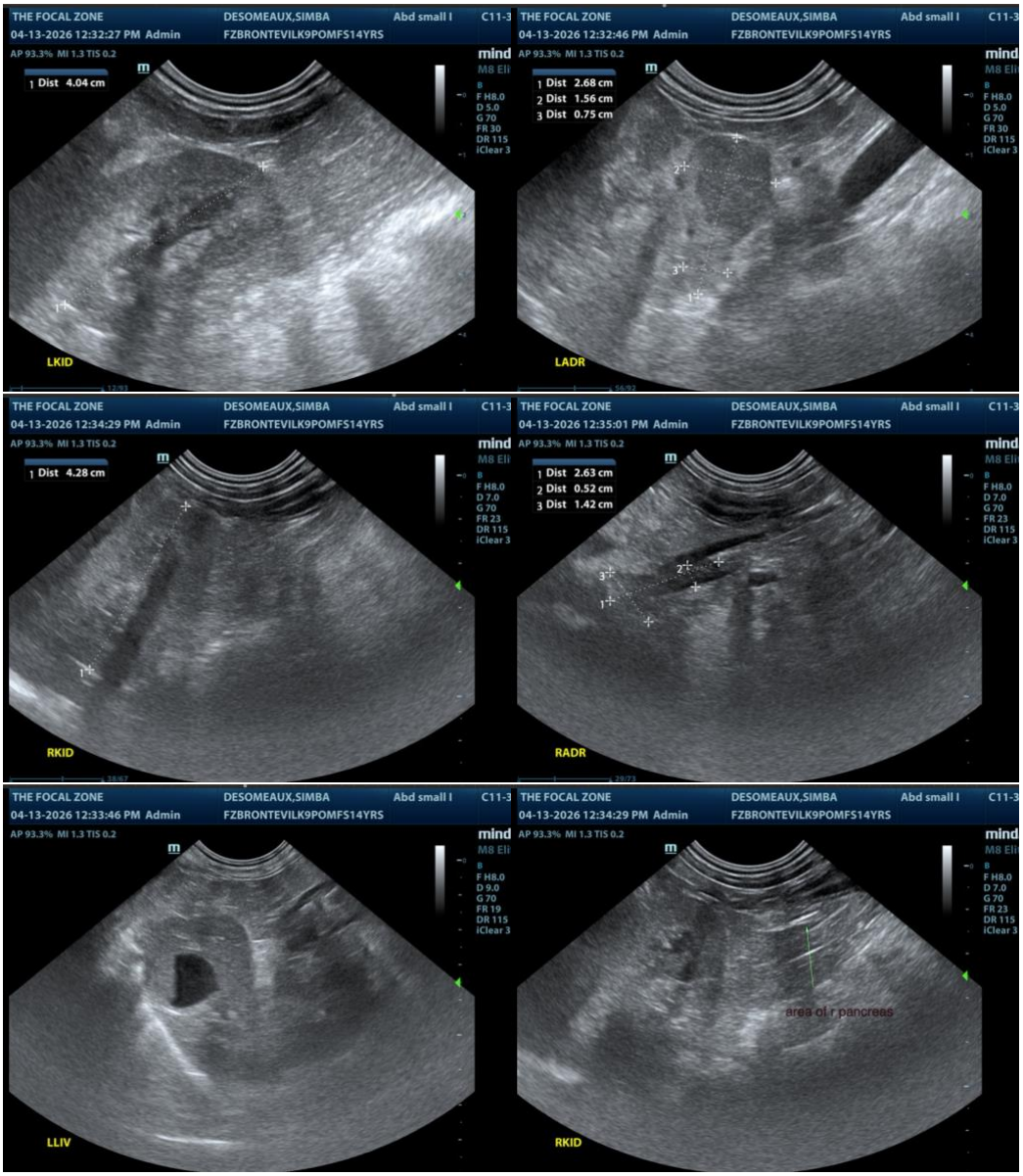

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com