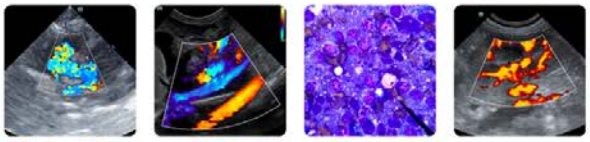

PATIENT

Raven Kvech

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

14 Years

WEIGHT

41.8 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

72962

DATE

2/13/26

PRESENTING CLINICAL SIGNS

P diagnosed w/ pancreatitis in Dec after presenting w/ vomiting, diarrhea, and decreased appetite.

Despite therapy and improvement in laboratory findings, P continues to intermittent vomiting and decreased appetite, although more recently seems to be clinically improving on ondansetron, entyce, proviable, and low fat diet

Abnormal PE/Chem/CBC/UA Results: Previous ALT and BUN elevation resolved cPL elevation improved from 1,100 to 389 Improved but persistent ALP elevation 905 (O report no PU/PD)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture with acceptable corticomedullary definition. There was no pelvic dilation. Measurements were not possible.

Adrenal Glands

The left adrenal gland was increased in size at the caudal pole due to a hyperechoic nodule. There was no visible vascular invasion by the nodule. The left adrenal gland measured 1.0 cm at the caudal pole and 0.38 cm at the cranial pole.

The right adrenal gland was normal in size, shape and echogenicity with a smooth capsule contour. There were not visible nodules or masses associated with the right adrenal gland. The right adrenal gland measured 0.58 cm at the caudal pole and 1.0 cm at the cranial pole.

Spleen

The spleen was normal in size and shape. The parenchyma was finely textured with variably sized, clearly demarcated, hyperechoic nodules diffusely through the spleen. These hyperechoic nodules were primarily subcapsular and perivascular in location. The appearance of the nodules is consistent with benign myelolipomas.

Liver

The liver was subjectively increased in size with rounded capsule contour. The parenchyma was diffusely mildly hypoechoic. Portal markings appeared normal. No overt nodules or masses within the liver. The hepatic vasculature was normal in volume and structure. Hepatic lymph nodes were not visibly enlarged.

The gallbladder was mildly rounded with normal wall thickness and layering. There was a moderate to large amount of echogenic, non-mineralized sludge. The visible portions of the cystic and common bile duct appeared normal without any evidence of obstruction. There was no free fluid adjacent to the gallbladder.

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Gastrointestinal

The stomach wall was diffusely thickened with maintained wall layering in visible portions of the wall. There was some shadowing gas within the stomach. In the pyloric outflow portion of the stomach the mucosa was mildly irregular, yet with maintained layering. The pyloric outflow appeared patent but there may be a degree of pyloric hypertrophy. The small intestines were mildly diffusely thickened due to mucosal hypertrophy. The ICJ was visualized and appeared normal. The visible colon wall was normal in thickness and layering, with semi-formed contents in the lumen.

Pancreas

The pancreas was normal to mildly increased in size with a mildly rounded capsule contour. Parenchyma was hypoechoic without any visible adjacent mesenteric inflammation.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

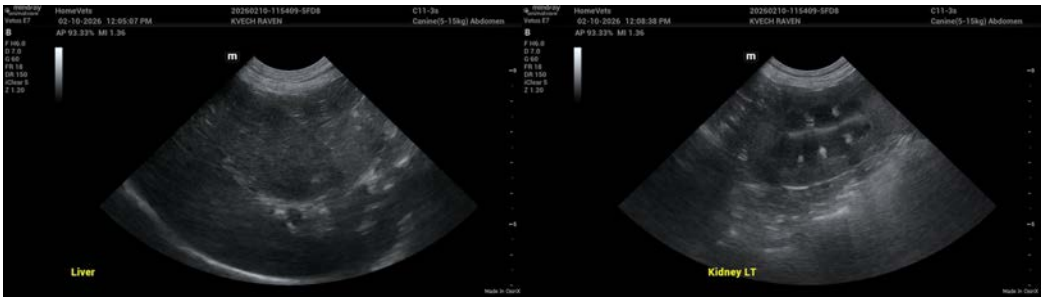
- Left adrenal caudal pole nodule.
- Subjective mild hepatomegaly with hypoechoic parenchyma diffusely.
- Gallbladder sludge, moderate – non-mucocele presentation.
- Gastroenteritis and pyloric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the longstanding elevated hepatic values and continued clinical presentation, a fine needle aspirate of the liver is recommended to assess for any underlying hepatic neoplasia such as lymphoma or similar.

Adrenal nodules and masses can be non-functional or functional (ie secreting cortisol, sex hormones, catecholamines etc), as well as benign or malignant (adenoma, adenocarcinoma, metastatic neoplasia etc).

If clinical signs are consistent with Cushing's disease and USG of first morning urine is ≤1.020, then further diagnostics for Cushing's disease could be considered. A screening BP can be done, and if markedly hypertensive, a urine metanephrine test could be considered to evaluate for pheochromocytoma.



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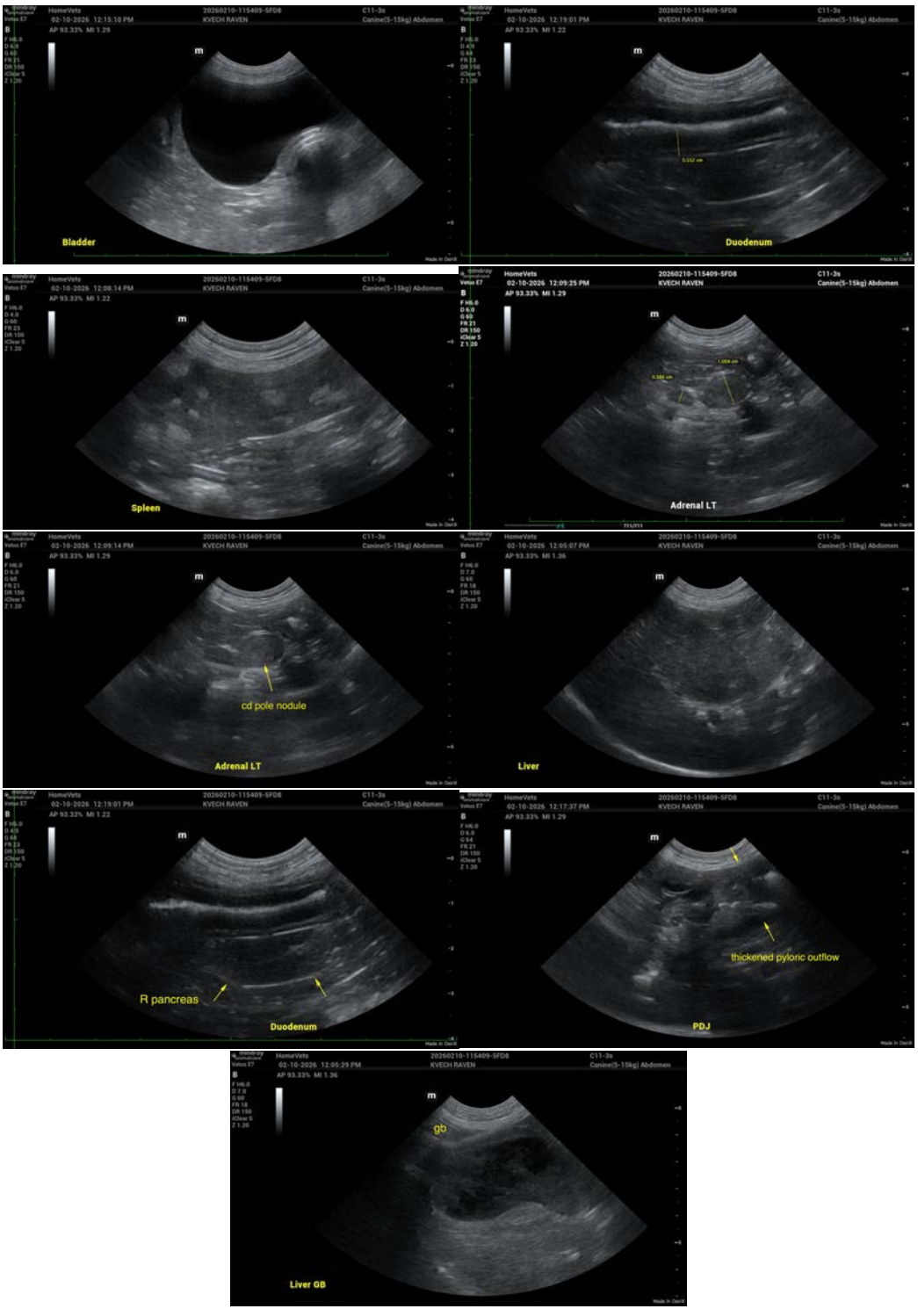

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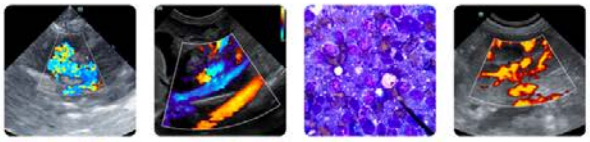

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com