



PATIENT

Rusty Lepire

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

15 years

WEIGHT

16.8 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Veterinary
Hospital

REFERRING VET

Dr. Schmitt

INVOICE

11103

DATE

1/14/2026

PRESENTING CLINICAL SIGNS

Has a potbelly. Drinks and urinates a lot. Always hungry. History of heart murmur. Mild hepatomegaly on Xrays-Heart, Lungs and pulse: Grade 5/6 left-sided systolic base heart murmur. Heart murmur audible on right side. And lungs auscult and femoral pulses within normal limits. PU/PD/PP with a potbellied appearance. Concern for hyperadrenocorticism.

Abnormal PE/Chem/CBC/UA Results: MS: 11/21/2025 at 7:52a: Chemistry screen: Slight increased ALT 121. Severe increased alkaline phosphatase 2109. Increased cholesterol 429 and triglycerides 1277. Slight increased globulin 3.8 and PSL 210. BUN 34 CBC: Hemogram values slightly increased or upper end of normal 20.8. Increased white blood cells 17.8 including neutrophils and monocytes Heartworm test antigen: No Antigen Detected Fecal: All undetected Urinalysis: Decreased specific gravity. Increased pH likely causing falsely increase protein. Bile Acids pending and LDDs pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (1.05 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. There is a pinpoint mineralization noted measuring 0.1 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.7 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are numerous variably sized cortical cysts. The largest cortical cyst measures 0.88 cm x 1.29 cm. There are also occasional small non-obstructive nephroliths and cortical mineralizations. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (4.68 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are numerous variably sized cortical cysts. There are also occasional small non-obstructive nephroliths and cortical mineralizations. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 0.8 cm at the cranial pole and 0.11 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is large in size, and irregular in shape measuring 1.31 cm at the cranial pole and 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is an irregular, somewhat



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poorly defined, hyperechoic nodule in the cranial pole measuring 1.04 cm x 1.08 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are pinpoint hyperechoic foci most consistent with dystrophic mineralization.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There's a cystic structure in the left side of the liver visualized measuring 0.67 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. There is an echogenic focal non-shadowing structure visualized within the lumen, at the gastroduodenal junction measuring approximately 1.35 cm x 0.93 cm. Possibly consistent with a soft tissue structure, non-shadowing ingesta, etc. A definitive obstruction is not visualized.

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. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas is prominent and mottled. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. Prominent mesenteric lymph nodes are visualized measuring 0.27 cm x 1.43 cm, and 0.48 cm x 2.42 cm. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS



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- Bilateral adenomegaly with a hyperechoic nodule at the cranial pole of the right adrenal. The bilateral adenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The nodule at the cranial pole of the right adrenal currently has a somewhat benign appearance (focal hyperplasia, fibrosis, etc.) An early neoplastic lesion cannot be ruled out.
- Decreased corticomedullary distinction in both kidneys with numerous cortical cysts, and mineralizations. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, heterogenous liver with a small cystic lesion. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The cystic lesion is most consistent with a small benign hepatic cyst.
- Non-shadowing structure visualized within the lumen at the gastroduodenal junction. Possible differentials could include an atypical rugal fold, polypoid lesion, a gastric mass, atypical ingesta, etc.

SECONDARY FINDINGS

- Suspected echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are large and somewhat irregular, suggestive of bilateral hyperplasia and possible pituitary dependent hyperadrenocorticism. Additionally, there is a hyperechoic nodule in the cranial pole of the right adrenal. This has a somewhat benign appearance at this time, but continued monitoring is warranted for further enlargement as this could represent a pheochromocytoma, carcinoma, other. Recommend follow up evaluation in 8 – 12 weeks. Additionally, recommend a blood pressure evaluation. If the patient is hypertensive, consider measuring catecholamines looking for a possible pheochromocytoma.

The liver is large and heterogenous, most consistent with a vacuolar hepatopathy. Recommend adrenal function testing if clinically appropriate.

Both adrenals have changes consistent with chronic renal disease. Correlate with a urinalysis, culture, and urine protein-creatinine ratio.

There is a non-shadowing structure visualized within the lumen of the gastroduodenal junction. The nature of this structure is not certain, this could represent a polypoid mass lesion, non-shadowing ingesta, a prominent rugal fold, etc. A soft tissue structure is suspected. No evidence of a complete obstruction is visualized at this time. Options moving forward could include repeat evaluation in 8 – 12 weeks when the adrenals are reevaluated. Alternately, you could consider upper GI endoscopy or even a contrast CT scan to further evaluate.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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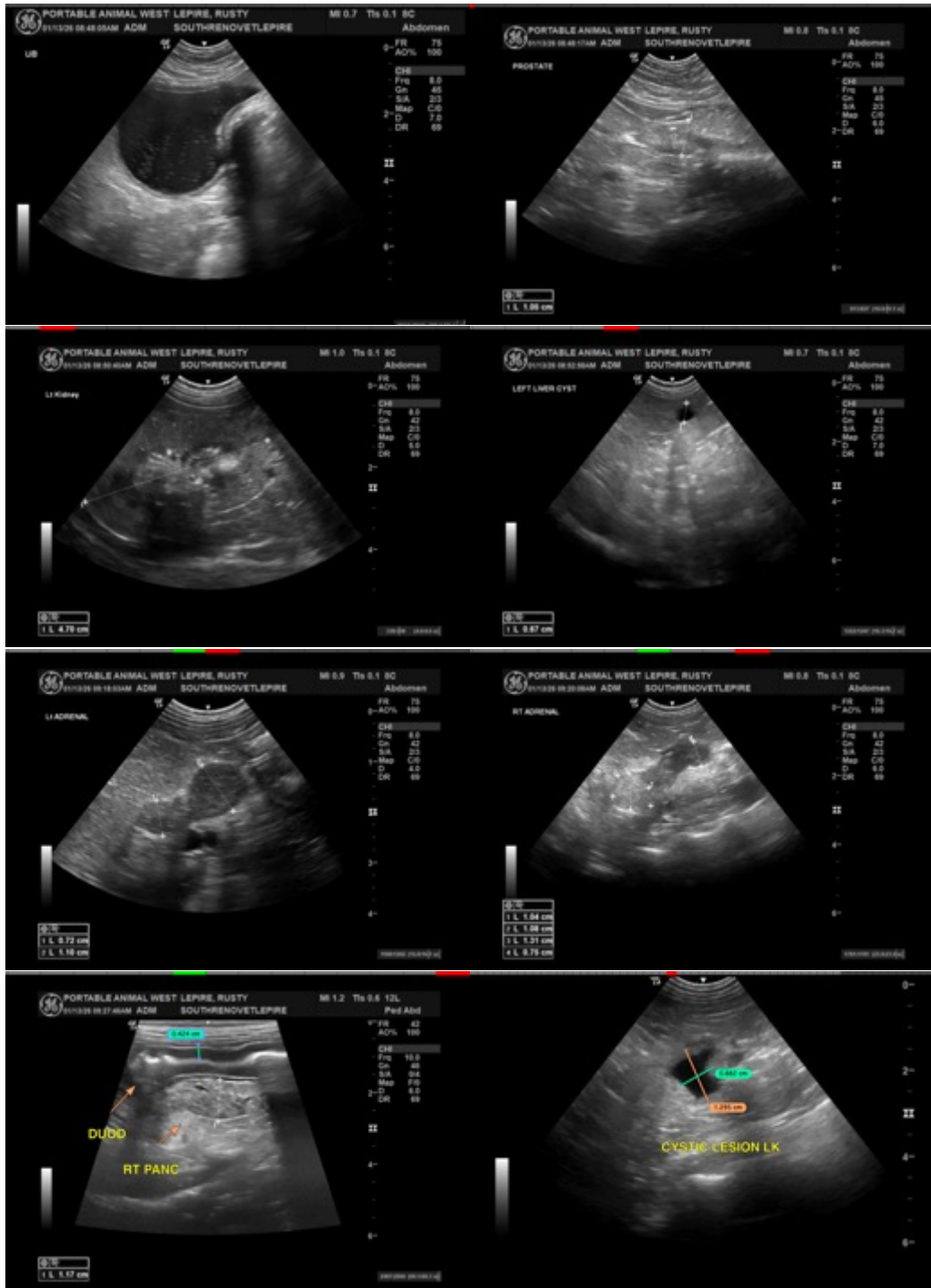
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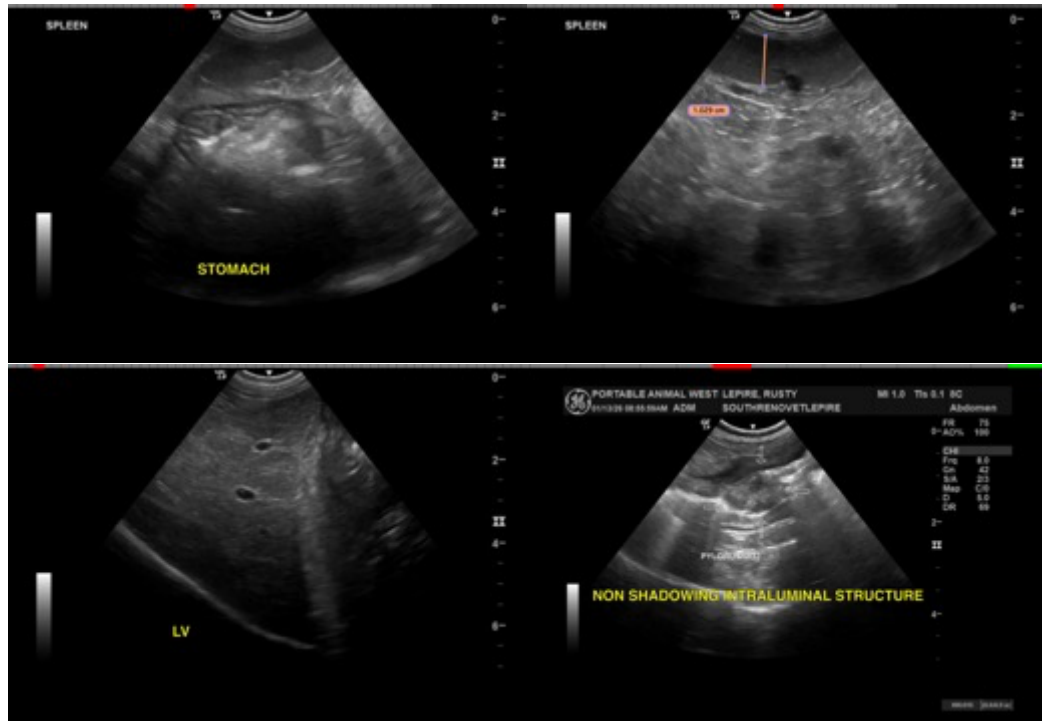
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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