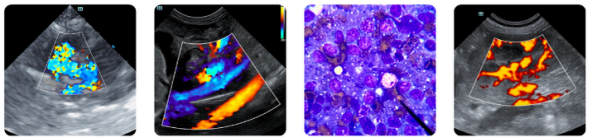


PATIENT

Oscar Chambers

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10 years

WEIGHT

13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Animal Clinical

REFERRING VET

Dr. Devall

INVOICE

11123

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

Previous adrenal test last year consistent with Cushings - patient has not been treated. Recurrent UTI's - a urine culture is pending. Previous bouts of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Marked ALP elevation 1200, mild ALT elevation 145. USG 1.012. No proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a mild to moderate amount of suspended echogenic debris and the bladder wall appears mildly thickened measuring 0.38 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass, lesions, or calculi.

The prostate is normal in size (0.87 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.01 cm). The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is mild pyelectasia noted measuring 0.35 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.03 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

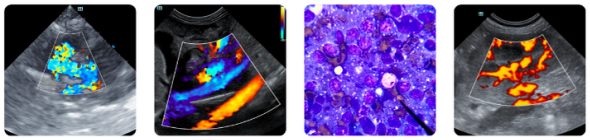
The left adrenal gland is large in size measuring 0.8 cm at the cranial pole and 0.98 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is large in size measuring 1.36 cm at the cranial pole and 0.91 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.55 cm) 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 throughout the parenchyma, most consistent with dystrophic mineralization.

Liver



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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. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains moderate fluid. The gasric wall appears prominent/mildly thickened with intact wall layering and a prominent muscularis layer. The gastric wall measures 0.89 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum (0.45 cm), jejunum (0.54 cm) and ileum have a uniform diameter with minimal to moderate fluid distension. There is mild mucosal fogging noted in these images. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. 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 pancreas is visible/mildly mottled in both limbs. 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mildly thickened urinary bladder wall with suspended echogenic debris. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- Age related changes visualized associated with both kidneys as well as mild left sided pyelectasia. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other

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- Large heterogenous liver. Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large, distended gallbladder with a large amount of non-organized intraluminal debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Mildly thickened gastric wall with a prominent muscularis layer. Findings could be consistent with mild gastritis.
- Diffusely prominent/thickened small intestinal with some areas exhibiting mucosal fogging. Findings could be indicative of a primary enteropathy. Correlate with clinical signs.

SECONDARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.

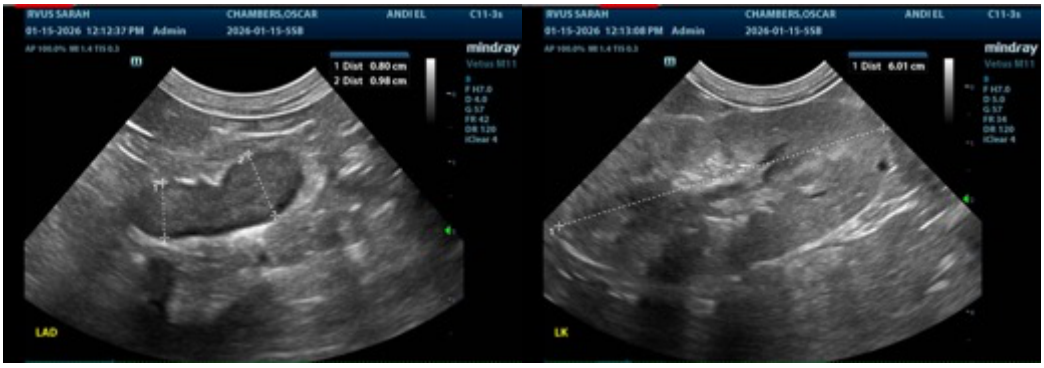
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes observed on today's scan are likely consistent with the Cushing's disease recently diagnosed. These include bilateral adrenomegaly, a large heterogenous liver, dystrophic mineralization in the spleen, recurrent urinary tract infections, and excessive gallbladder debris. Consider repeat adrenal function testing to confirm. If Cushing's is strongly suspected, consider treatment as this could help manage some of these other issues.

Both kidneys have changes consistent with chronic age-related renal disease. Consider a urinalysis, culture, blood pressure, and a urine protein-creatinine ratio to further evaluate.

Recommend starting chronic ursodiol therapy and continued monitoring of the gallbladder.

The significance of the gastrointestinal changes described in the absence of gastrointestinal symptoms is uncertain. Recommend continued monitoring at this time.



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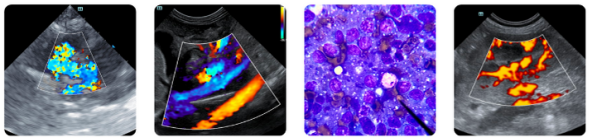

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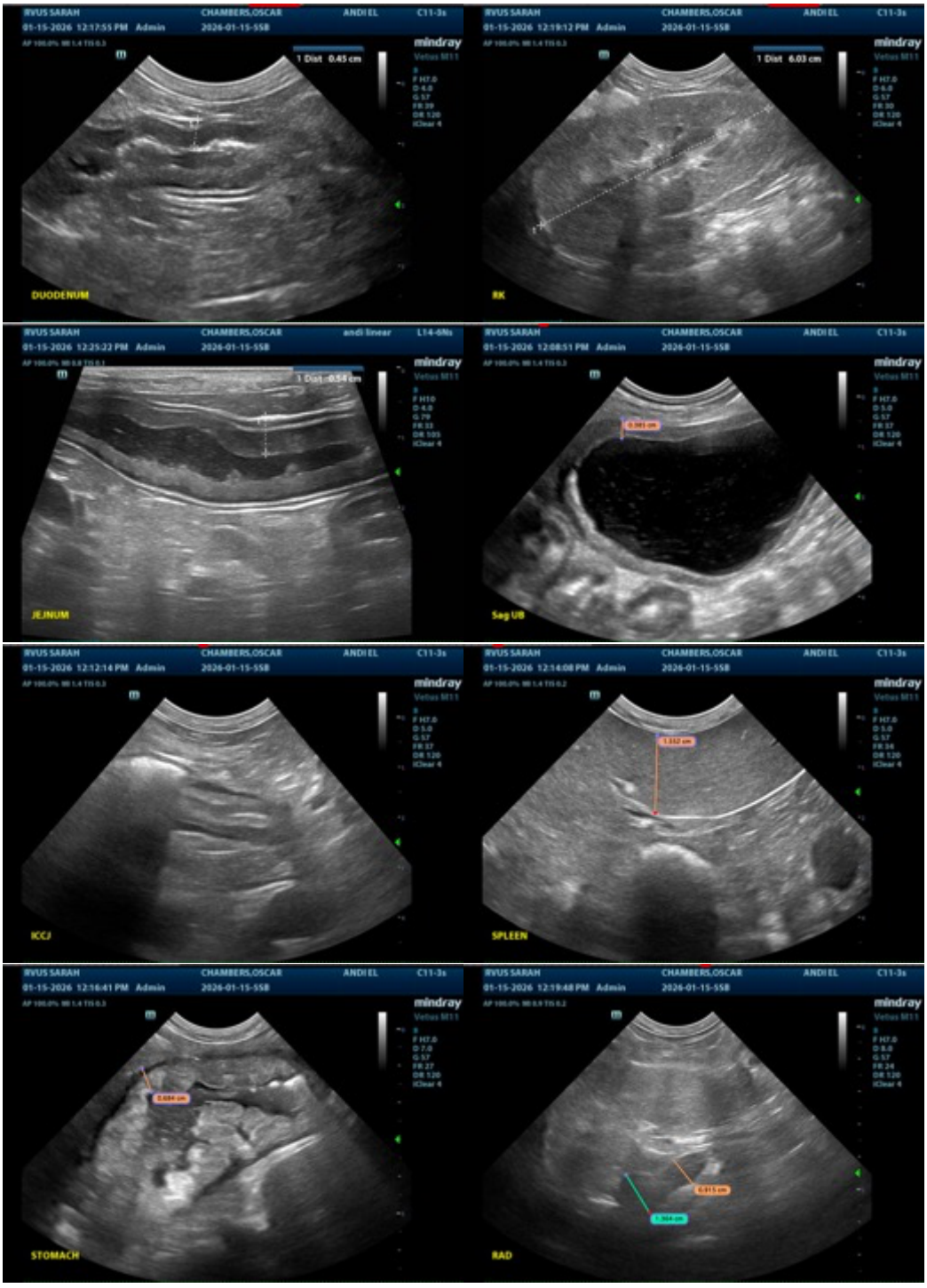

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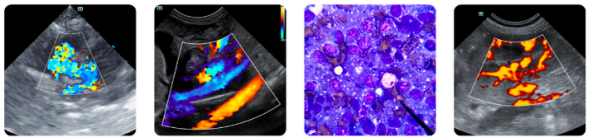

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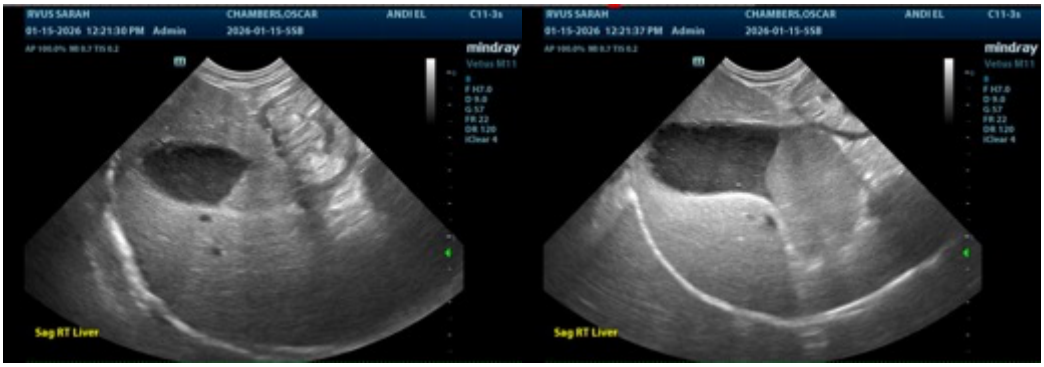

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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