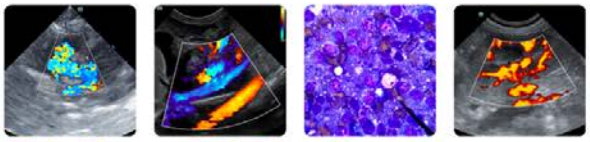


PATIENT

Daisy Newton

SPECIES

Canine

BREED

Pug

SEX

Female

AGE

12 Years

WEIGHT

18.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Susan Nero, DVM

INVOICE

72341

DATE

1/21/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Seen at Daya Urgent Care. Hospitalized on fluids. Nystagmus resolved and began eating, but still unable to stand. Patient also had increased respiratory effort, pale mucous membranes, and acute vomiting.

Patient is an Addisonian since December of 2018. She has done well on Percorten. Last Percorten injection was January 19. Daisy is also hypothyroid, PUPD. Liver values were normal in February of 2025.

Today Daisy is non-painful, eupneic, and has an appetite again; MM pink and moist

MEDICATIONS: Percorten (last dosed 1/19/26), Prednisone 5 mg SID, Ondansetron, Convenia (1/17/26), Soloxine 0.1 BID

Abnormal PE/Chem/CBC/UA Results: Abnormal Blood Values (from Daya Urgent Care): - WBC: 27.7 K/uL - Platelet count: 710 K/uL - Neutrophils: 25.3 K/uL - Monocytes: 0.9 K/uL - Creatinine: 2.2 mg/dL - BUN: No number provided - ALT: No number provided - ALP: >2400 U/L - AST: 137 U/L - Total Bili: 3.4 mg/dL - Glu: 68 mg/dL - Ca++: 13.0 mg/dL (hypercalcemia) - Alb: 3.0 g/dL - Na: 158 mmol/L - K+ 3.3 mmol/L (low) - Chloride: 96 mmol/L - Total CO2: 24 mmol/L Cardiovascular Exam (from Daya Urgent Care): - Femoral pulses very weak, no murmurs or arrhythmias ausculted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

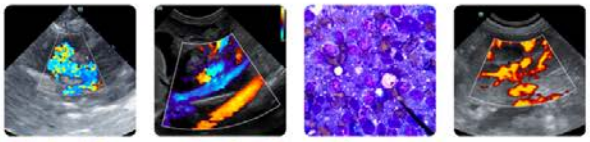
The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the dependent portion of the urinary bladder there is a small area of shadowing hyperechoic mineralization most consistent with a bladder stone or grouping of small bladder stones, measuring 0.68 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.93 cm) with pinpoint cortical mineralizations most consistent with dystrophic mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.01 cm) with pinpoint cortical mineralizations most consistent with dystrophic mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is flat, measuring 0.46 cm at the cranial pole and 0.35 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.



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The right adrenal gland is flat, measuring 0.31 cm at the cranial pole and 0.34 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 normal in size but slightly irregular in shape, measuring 0.94 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. In the cranial aspect of the spleen, margins are somewhat irregular, and there is a focal, poorly defined hypoechoic region measuring 0.46 cm in diameter. There are occasional pinpoint mineralizations visualized in the parenchyma most consistent with dystrophic mineralization.

Liver

The liver is large in size and rounded. 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 with a moderate to large amount of dependent echogenic debris. The gallbladder wall is primarily hyperechoic and thickened, measuring 0.34 cm. There is a focal pocket of fluid surrounding the gallbladder with reactive mesentery, most consistent with focal peritonitis and gallbladder rupture or impending rupture. The cystic duct appears dilated with mucoid debris, measuring at 0.54 cm proximally.

Gastrointestinal

The stomach contains mild shadowing ingesta. 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. No masses or focal lesions were observed.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

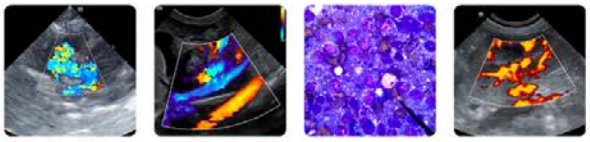
Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The right limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis.

Free Abdomen

There is no free fluid (free fluid appears limited to around the gallbladder). No significant lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen, particularly in the region of the right limb of the pancreas.



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Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Small dependent mineralization visualized in the urinary bladder – Findings are most consistent with a stone or small grouping of stones. Correlate with urinalysis, culture and radiographs.
- Poorly defined, small hypoechoic nodule in the spleen –Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes in the right limb – most consistent with moderate pancreatitis.
- Large, heterogeneous, rounded liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Distended gallbladder with a thickened, abnormal wall and surrounding fluid and reactive mesentery – Findings are concerning for gallbladder rupture or impending rupture.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Bilaterally flat adrenal glands – Findings are most consistent with the current diagnosis of hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder changes are most consistent with significant pathology and concern for surrounding focal peritonitis and gallbladder rupture or impending rupture. These are typically secondary to necrosis of the gallbladder wall, and surgery is the treatment of choice. Recommend stabilization of this individual and consultation with a veterinary surgeon. Referral to a facility with 24 hour care and option for critical care would be recommended based on the comorbidities with this patient.

There is a subtle irregular, poorly defined hypoechoic nodule in the spleen. Options could include a fine needle aspirate or continued monitoring with ultrasound (or potentially biopsy at the time of surgery).

The right limb of the pancreas is prominent and hypoechoic with surrounding reactive mesentery, most consistent with mild to moderate pancreatitis. Recommend concurrent treatment for pancreatitis.

The liver is large and heterogeneous. This generally has the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Biopsies and cultures of the liver should be obtained at the time of surgery.

There is a stone visualized in the urinary bladder. Correlate with radiographs, urinalysis and culture. If this is a single large stone-it is likely to large to pass, if this is a grouping of small stones these could potentially pass without surgery.

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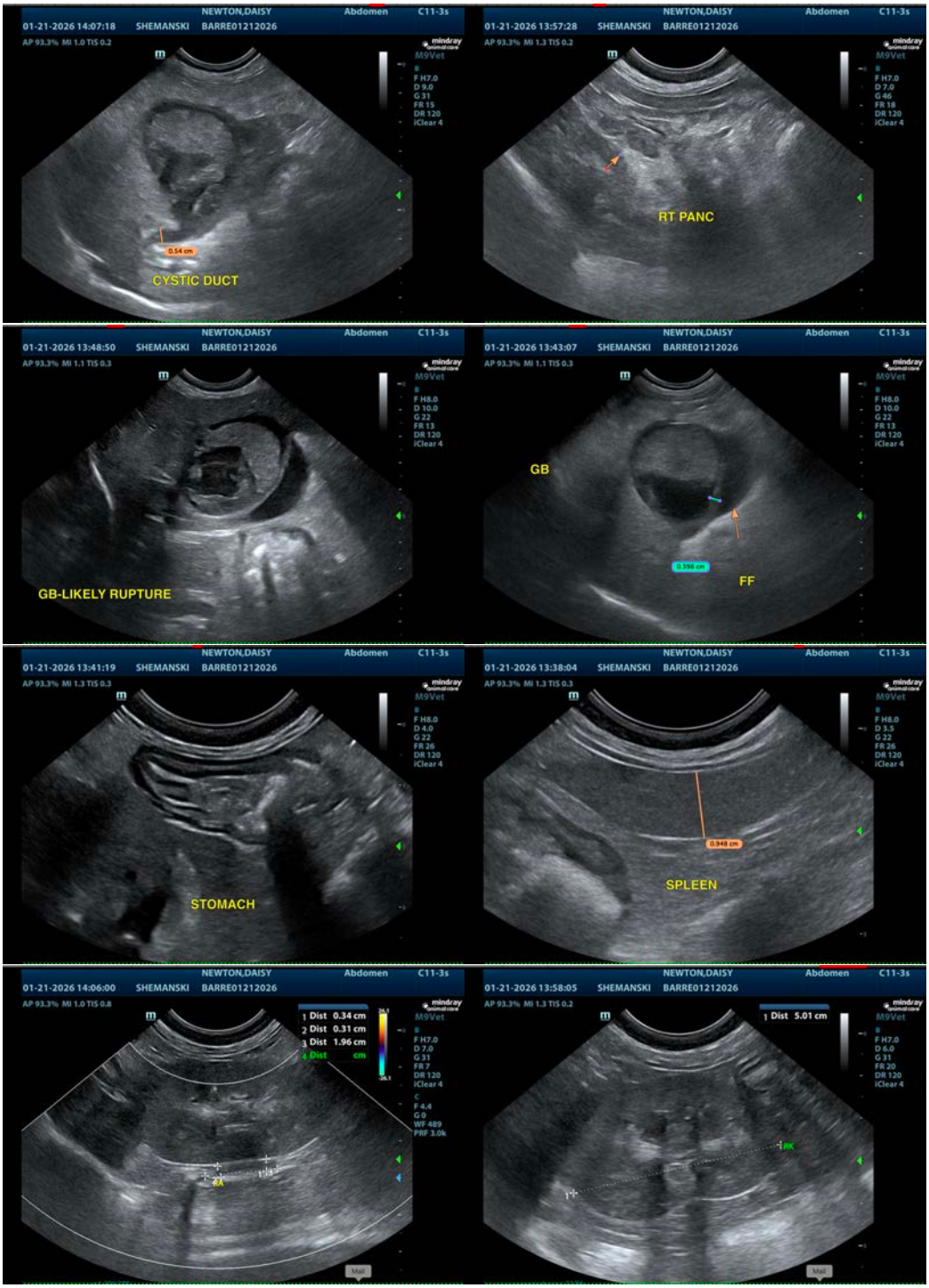

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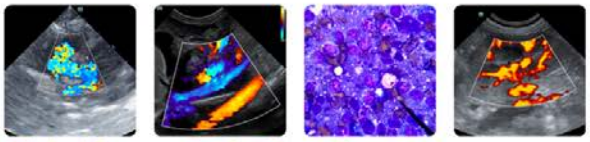

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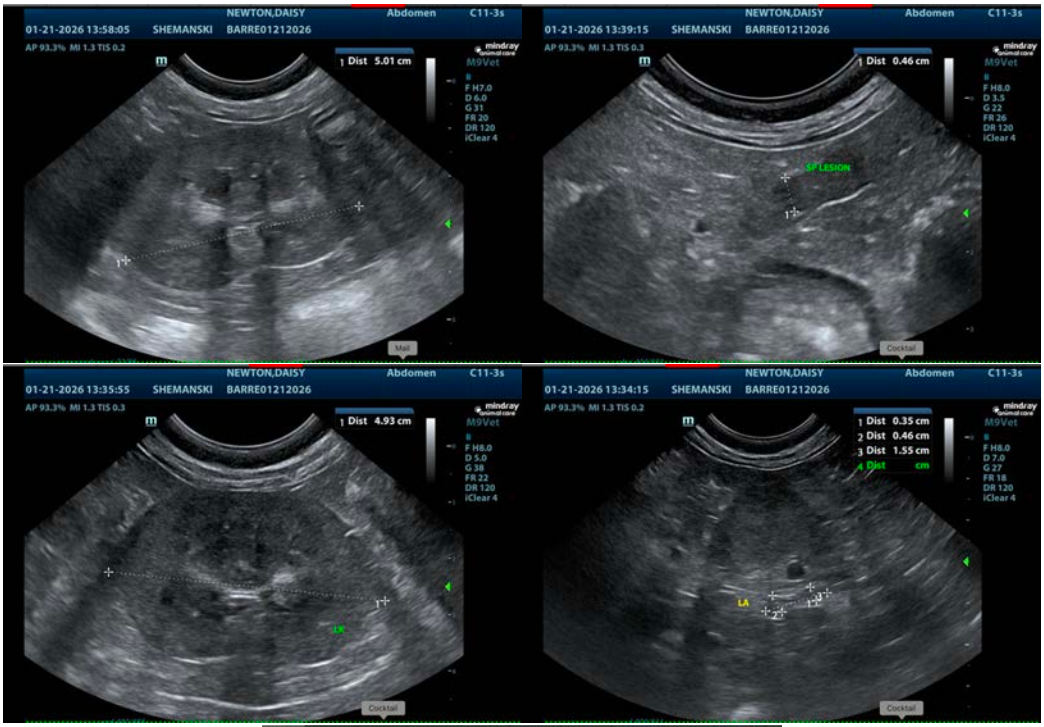

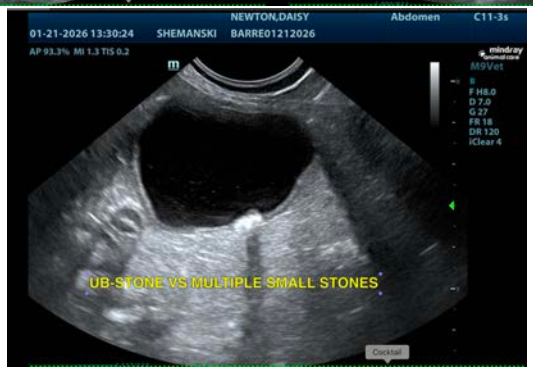

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com