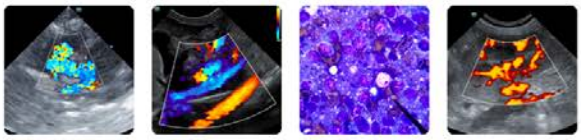


DATE

1/29/26

PATIENT

Archer Cross

SPECIES

Canine

BREED

Fox Hound x

SEX

Neutered Male

AGE

7/4/15

WEIGHT

55 lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Cross

INVOICE

72589

PRESENTING CLINICAL SIGNS

Patient History: P was diagnosed hypothyroid in april/may 2025 and has been regulated on thyro tabs 0.5mg PO BID since then. P has recently became PU/PD and seems to be more hungry then usual. Otherwise PE unremarkable.

Current Medications: Thyroxine 0.5mg PO BID
Labwork Results: Labwork attached, reported as: elevated lipase 311 high (0-250), decreased USG 1.016 low (1.030-1.098), protein in urine 3+
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torb
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The prostate is not clearly visualized.

The left kidney has a normal shape and size (6.43 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (6.7 cm). Overall echogenicity is normal with adequate 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, measuring 1.3 cm at the cranial pole and 1.33 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, measuring 1.51 cm at the cranial pole and 1.15 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 (2.53 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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. The gallbladder wall appears hyperechoic and prominent with a large amount of intraluminal hyperechoic, non-shadowing debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains mild ingesta and gas. 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. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.35 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 normal and isoechoic to surrounding mesentery. 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly 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 cranial pole of the right adrenal is significantly enlarged. Continued monitoring of the development of a mass effect is warranted.

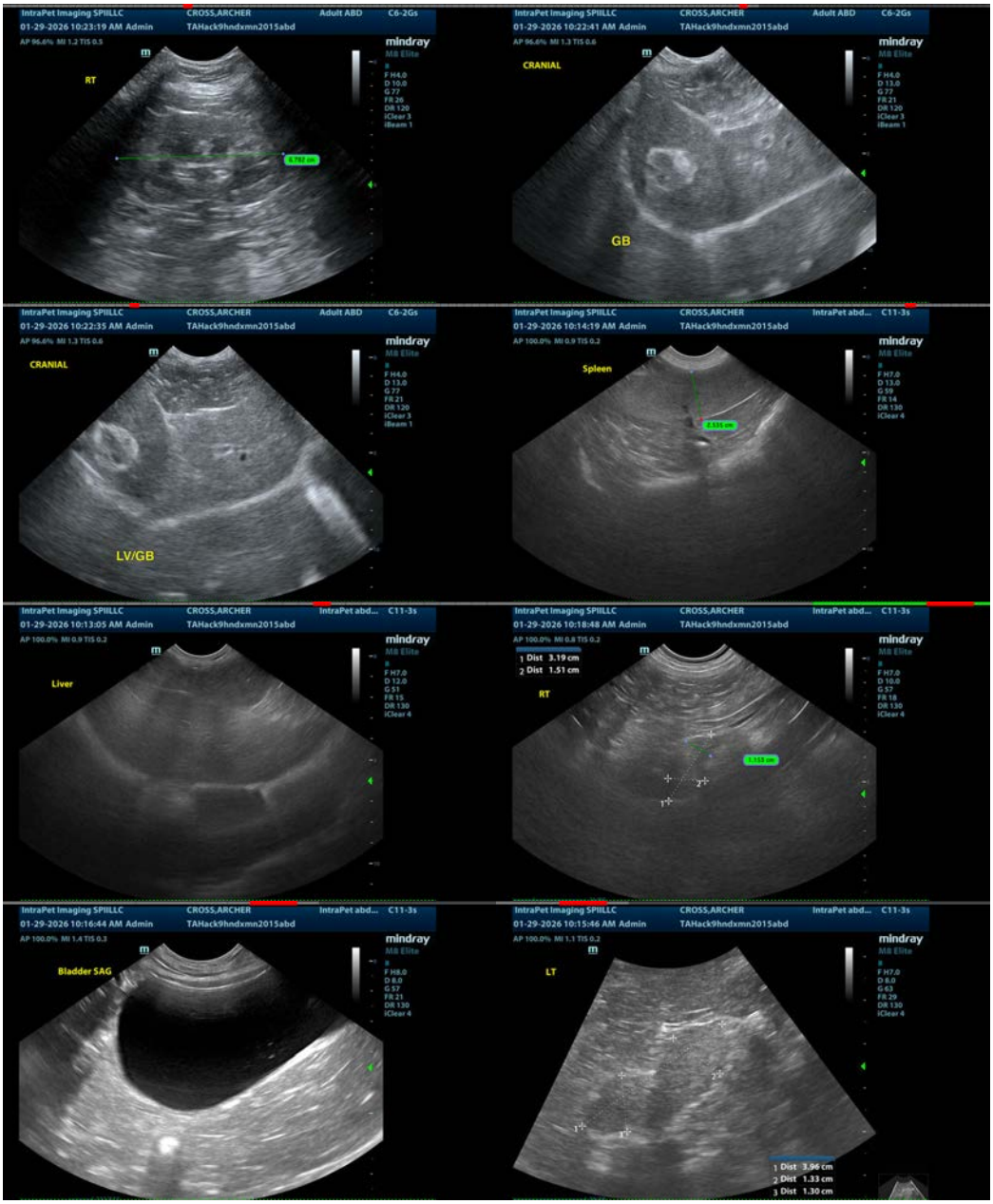
- Large gallbladder debris with a hyperechoic, prominent wall – Correlate with clinical assessment. Findings could be consistent with mild cholecystitis.

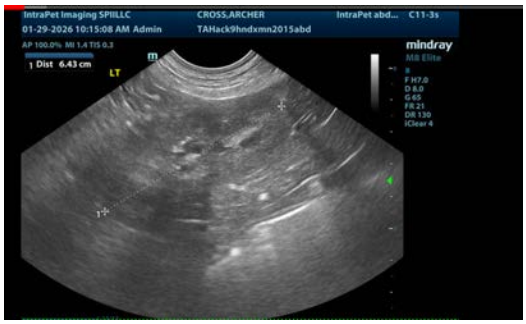
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are large, in particularly the cranial pole of the right adrenal. Given the PU/PD and polyphagia reported, Cushing's could be a factor. Consider adrenal function testing if clinically appropriate. Additionally recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma.

There is significant proteinuria in the face of a low specific gravity. Recommend a urine protein to creatinine ratio to further evaluate if the protein is significant and if workup for a protein losing nephropathy is warranted.

There is a large amount of debris in the gallbladder, and the wall is somewhat prominent. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder. If liver enzyme elevations develop and/or the appearance of the gallbladder progresses, treatment for cholecystitis may be warranted.





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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