



## PATIENT

Jet Edwards

## SPECIES

Canine

## BREED

Labrador

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

43.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Bongiorno

## INVOICE

72050

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

4 days ago Jet was off - he did not eat (very unusual) and just slept all day, then the next day and now he is back to normal - increased thirst past few weeks - drinks 6L per day - history of larpur Owner also reports more food seeking behaviour than usual and also off and on diarrhea for a few months. Currently has diarrhea.

Abnormal PE/Chem/CBC/UA Results: T: 38.9 BCS: 3/5 mm: pink CRT: < 2 sec BAR Heart/Lung sounds - \*NEW arrhythmia, regularly irregular, no murmur Problem List: Arrhythmia, Laryngeal paralysis, PU/PD +/- polyphagia ECG - Ventricular arrhythmia (isolated VPCs recorded) Thoracic radiographs - Cardiac silhouette is considered normal in size and shape for the breed, A mild broncho-interstitial pattern is identified. Abdominal radiographs - increased soft tissue opacity caudal border of stomach?, otherwise NSF CBC/Chem - all WNL BP - 249 / 161 (196) BPM = hypertensive Problem List: Arrhythmia (looking for non cardiac cause), Laryngeal paralysis, PU/PD +/- polyphagia

## 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 normal in size (0.95 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 (7.08 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 (7.97 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 0.91 cm at the cranial pole and 1.01 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### Spleen

The spleen is subjectively normal in size (1.85 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle hypoechoic nodule in the mid body of the spleen measuring 0.44 cm x 0.75 cm.



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## Liver

The liver is subjectively normal in size but somewhat irregular in shape. 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. Some of the debris appears hyperechoic, consistent with mineralized/sandy debris. There is no evidence of bile duct dilation.

## Gastrointestinal

The stomach contains a moderate/large amount of shadowing 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 to moderate fluid and gas 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 0.43 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears fluid and gas distended.

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. There is no significant lymphadenopathy. A prominent jejunal lymph node is visualized measuring 0.49 cm x 2.23 cm. The omentum is normal in echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Large left adrenal gland – Findings could be consistent with anatomic variation or early hyperplasia.
- Small, hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous, irregular 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.



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- Large debris in the gallbladder with some mineralized 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 labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Moderate gas/shadowing ingesta visualized within the stomach and proximal duodenum – Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or less likely ingested foreign material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

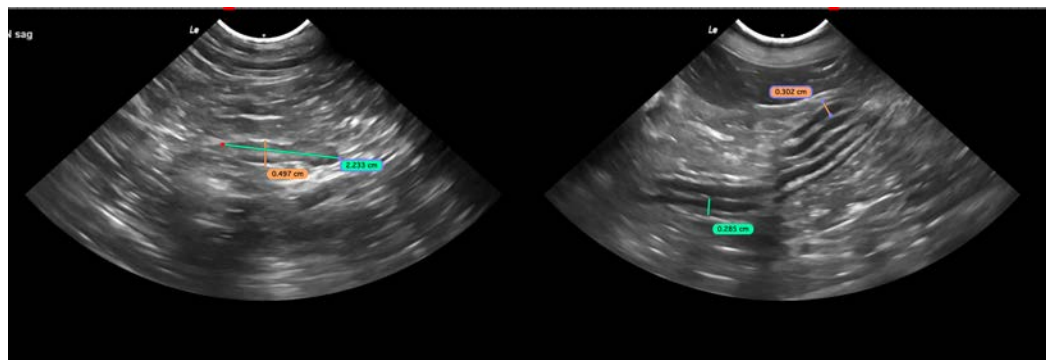
There is a very small, subtle, hypoechoic nodule in the spleen. I suspect this is not a cause for the VPCs described. This small nodule currently has minimal criteria for malignancy. Recommend continued monitoring with ultrasound +/- a fine needle aspirate. No other significant mass lesions were observed to explain this.

The left adrenal is somewhat “plump”, but this is a very large dog. The right adrenal is very difficult to visualize due to location/conformation, shadowing ingesta in the stomach, and patient size. If Cushing’s disease is strongly suspected based on multiple symptoms, and other causes for PU/PD are ruled out, adrenal function testing could be considered with the knowledge that false positives can occur due to non-adrenal illness. Additionally recommend evaluation of a urinalysis, culture, calcium, and electrolytes (if not already done).

The liver has a somewhat coarse texture and irregular margins. The significance of this is uncertain in the absence of liver enzyme elevations. A liver function test could be considered to evaluate the liver for a cause for the PU/PD reported.

There is a large amount of debris visualized within the gallbladder. Some of the debris appears partially mineralized. There is no evidence of surrounding inflammation or wall thickening at this time. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder and liver enzymes.

The stomach and proximal duodenum have some shadowing material and gas/fluid. This could be consistent with a non-fasted patient, delayed gastric emptying, etc. Ingested foreign material seems less likely. Correlate with abdominal radiographs. If there is concern for upper GI issues, you consider repeat imaging with a more prolonged fast.





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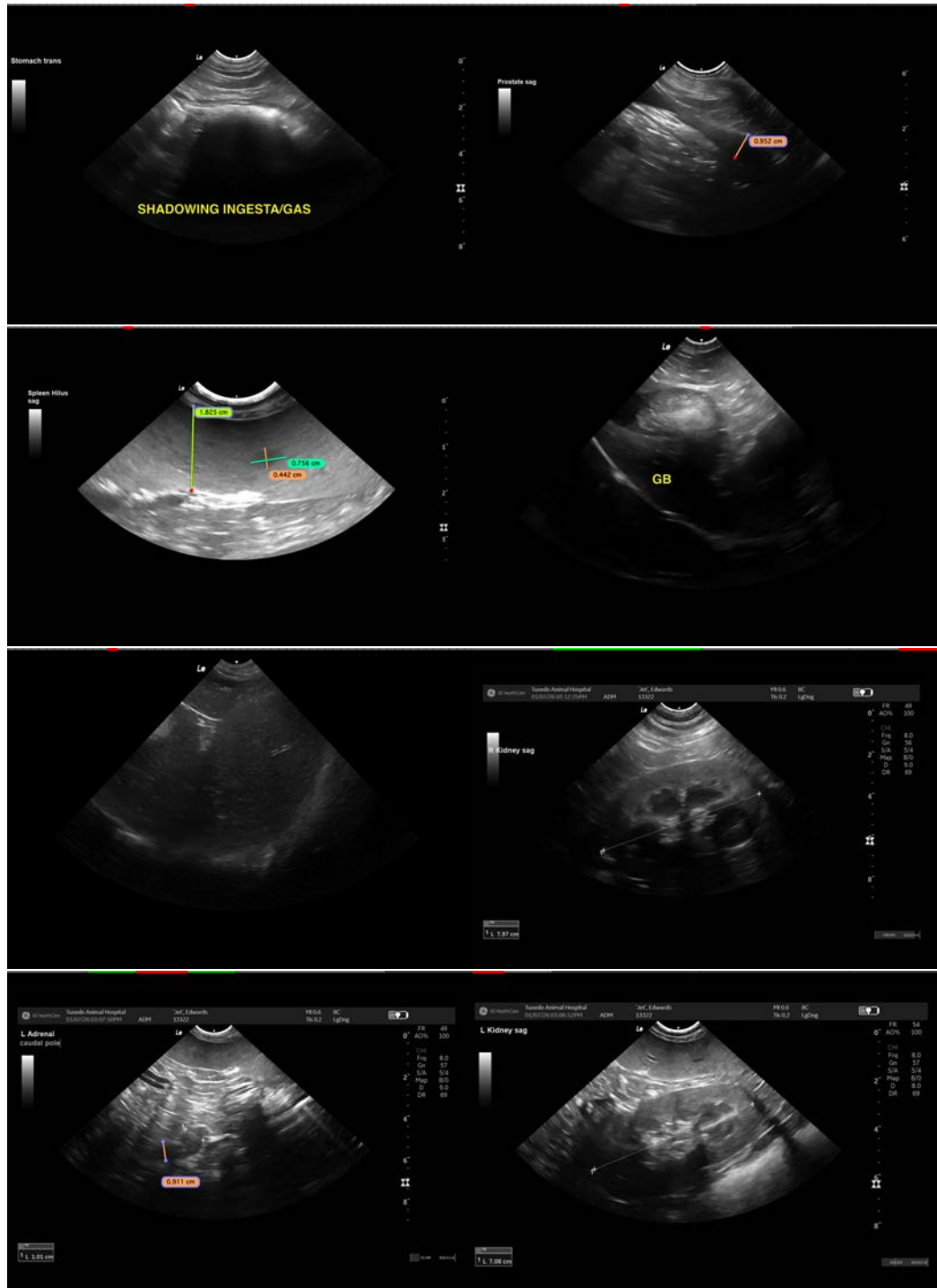
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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