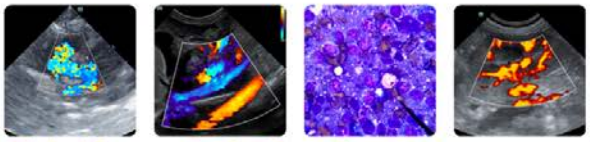


PATIENT

Maysie Finch

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.9 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. Broughton

INVOICE

72016

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Presented 12/15/25 with back pain and owner also reporting pu/pd. Appetite normal Back pain has resolved Submitting ultrasound as part of pu/pd workup and liver enzyme abnormalities DDX: chronic renal insufficiency, scottie hepatopathy, hyperadrenocorticism

Abnormal PE/Chem/CBC/UA Results: Abdominal rads: Splenomegaly and hepatomegaly mild to moderate Thorax rads: right heart enlargement CBC:nsf CHEM: Crea 282 umol/l (44-159) Urea 27.2 mmol/l (2.5-9.6) Phos 3.02 mmol/l (0.81-2.20) ALT 527 u/l (10-125) ALP >2000 u/l (23-212) UA: usg 1.012 ph=6 0.3 g/l protein Urine culture negative Lepto titers negative and lepto pcr of urine+blood negative

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 left kidney has a normal shape and size (4.98 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.32 cm) with an occasional small cortical cyst. Overall echogenicity is slightly hyperechoic with mildly reduced 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 “plump”, measuring 0.66 cm at the cranial pole and 0.82 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.

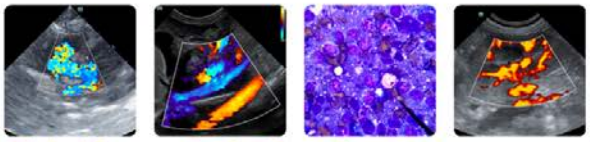
The right adrenal gland is “plump” measuring 0.86 cm at the cranial pole and 0.86 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.48 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 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.



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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 mild fluid. 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 0.46 cm. Jejunum wall measures 0.29 cm. 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 the right limb. 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

- Age related changes visualized associated with both kidneys.
- 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.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Large, heterogeneous liver – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large, distended gallbladder with a large amount of non-organized intraluminal material – 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.

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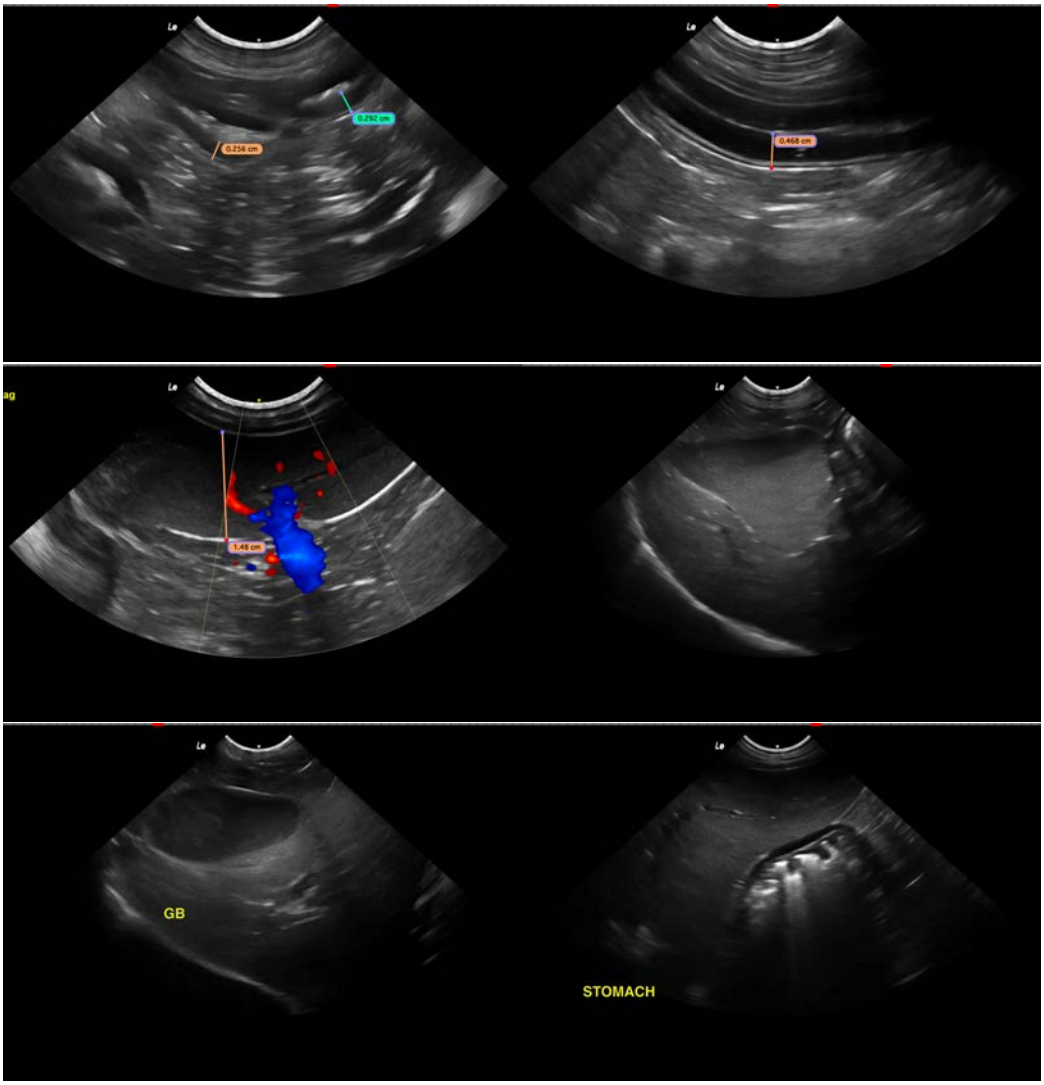
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mild changes visualized associated with the kidneys. This combined with the isosthenuric urine and the azotemia are concerning for renal failure. Recommend a blood pressure +/- urine protein to creatinine ratio for further evaluation.

Both adrenals appear mildly enlarged. Given the elevation in ALP and the PU/PD reported, pituitary dependent Cushing's could be a concern. If clinical findings are suggestive of Cushing's, consider an ACTH stimulation test. Interpret results with caution, as there is concurrent disease present.

There is a large amount of debris visualized associated with the gallbladder, but no evidence of inflammation or wall thickening. Consider chronic Ursodiol therapy and continued monitoring of the gallbladder.



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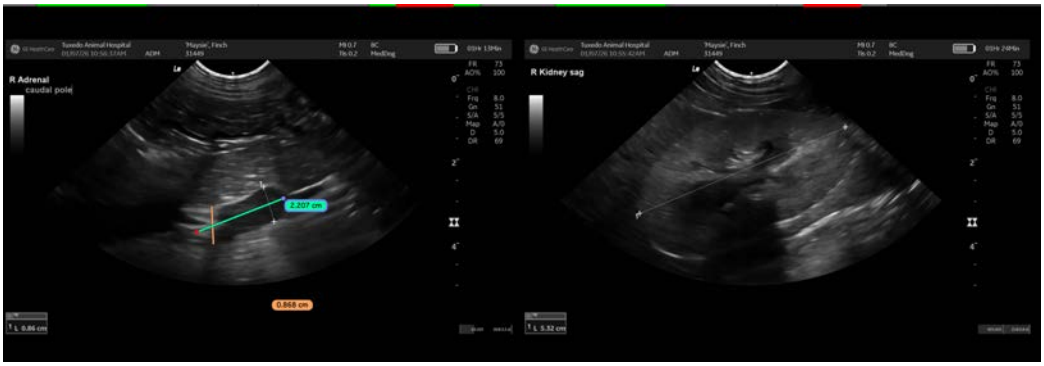

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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