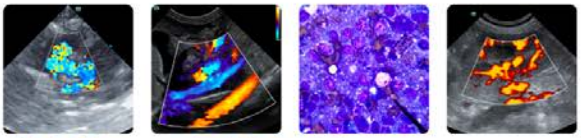


PATIENT

Duke Scherer

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

73.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston Animal Hospital

REFERRING VET

Dr. Alden

INVOICE

72096

DATE

1/8/26

PRESENTING CLINICAL SIGNS

V+ and bloody diarrhea, not resolving with meds, pale pink MM Current meds: Tramadol, Deramaxx, Gabapentin.

Abnormal PE/Chem/CBC/UA Results: BUN 42, Neuts 21K, WBC 23K

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 (1.64 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 (6.22 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 (7.33 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 normal in size measuring 0.48 cm at the cranial pole and 0.58 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.

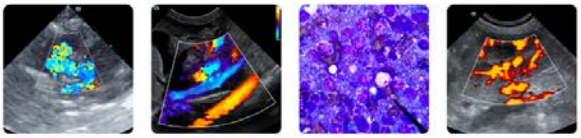
The right adrenal gland is large and abnormal in appearance, measuring 1.49 cm at the cranial pole and 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. There is a hyperechoic nodule in the cranial pole measuring 1.24 cm x 1.09 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (2.04 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 hypoechoic 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 moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid and gas. Some areas of the gastric wall appear more thickened with reduced detail of wall layering, measuring at 1.33 cm. In the region of the pyloroduodenal junction there is the appearance of hypoechoic, thickened tissue, most consistent with gastric tissue or proximal duodenum measuring at 1.66 cm.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.55 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized. In the mid abdomen the colon wall appears somewhat thickened, measuring at 0.39 cm with intact wall layering. Contents are most consistent with non-formed fecal material and fluid. Distally, the colon wall appears of normal thickened, measuring at 0.16 cm.

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 pancreatitis.

Free Abdomen

There is a small amount of free fluid. No lymphadenopathy noted. There is generalized mesenteric inflammation in the mid and cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Changes consistent with mild pancreatitis in the right limb.
- Hypoechoic/heterogeneous 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.
- Thickened gastric wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Hyperechoic nodule in the cranial pole of the right adrenal gland – The general appearance at this time is most consistent with a benign lesion (adenoma, focal hyperplasia, etc.). A carcinoma or early pheochromocytoma cannot be ruled out.
- Diffusely thickened small intestine with enteritis type changes and questionable thickening of the proximal duodenum.
- Mid cranial abdominal inflammation and a small amount of peritoneal effusion.

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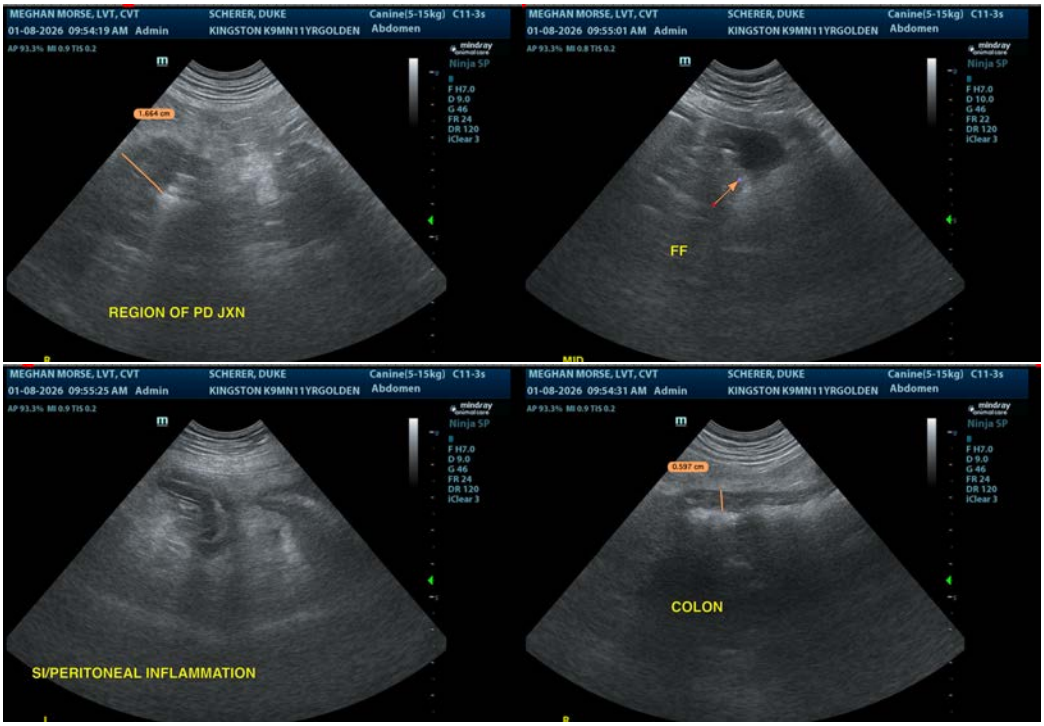
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is generalized inflammation in the abdomen. This is visualized around the spleen, in the mid abdomen and the cranial abdomen. The pancreas in the cranial abdomen appears prominent, possibly consistent with mild pancreatitis. Additionally, some sections of the gastric wall appear thickened. In the deep right cranial abdomen, there is some abnormal hypoechoic tissue with surrounding inflammation, most consistent with thickened gastric wall or proximal duodenum. These changes could be consistent with severe inflammatory type change or early neoplastic change. Recommend continued aggressive (ideally in-hospital) therapy for pancreatitis/hemorrhagic gastroenteritis. If the patient continues to fail to respond to therapy, repeat imaging could be considered. Ultimately, further evaluation with either advanced imaging (contrast CT scan) or endoscopy, etc. may be warranted. Additionally, if a safe window for sampling of the gastric wall is available, a fine needle aspirate could be considered.

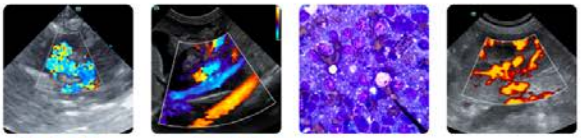
Subjectively, the liver appears somewhat heterogeneous and hypoechoic. The significance of this in the absence of liver enzyme elevations is uncertain. A fine needle aspirate of the liver could be considered.

There is a hyperechoic nodule at the cranial pole of the right adrenal gland. At this time, I suspect this represents an incidental finding, although close continued monitoring is warranted. Consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. If symptoms consistent with Cushing's disease are present, you could consider adrenal function testing in the future once the patient has recovered from the current illness. Recommend repeat imaging in 2-3 months to reassess.

There is a small amount of peritoneal effusion. If a safe window for sampling is available, fluid analysis and cytology could be considered.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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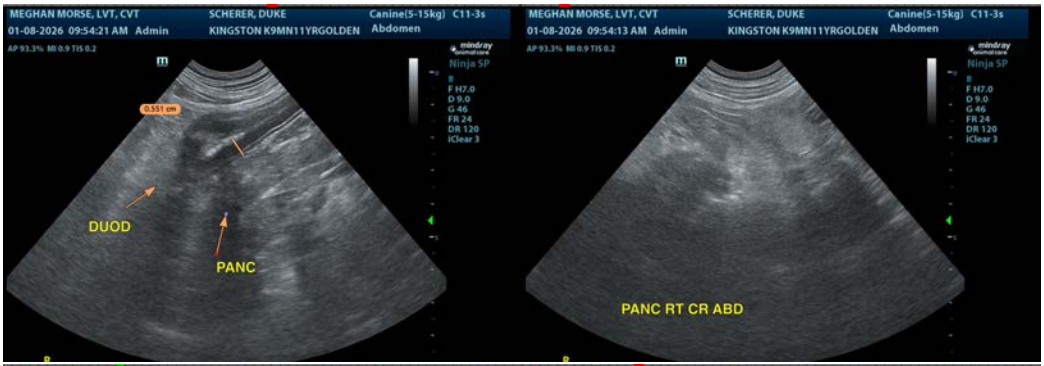

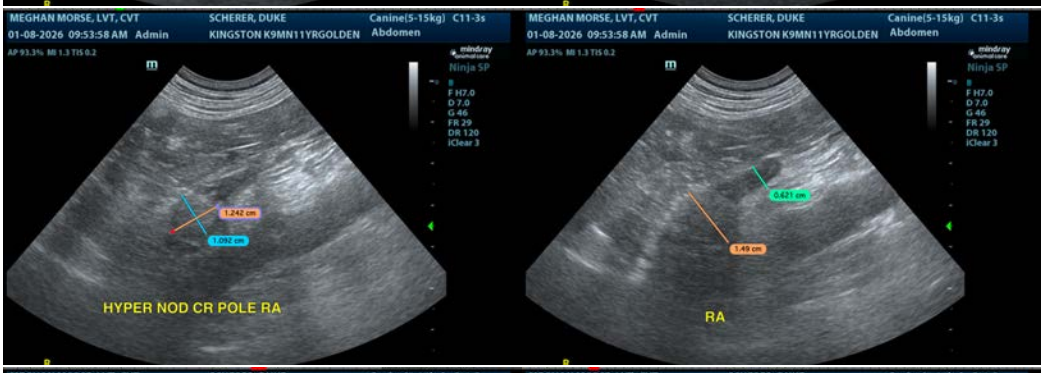

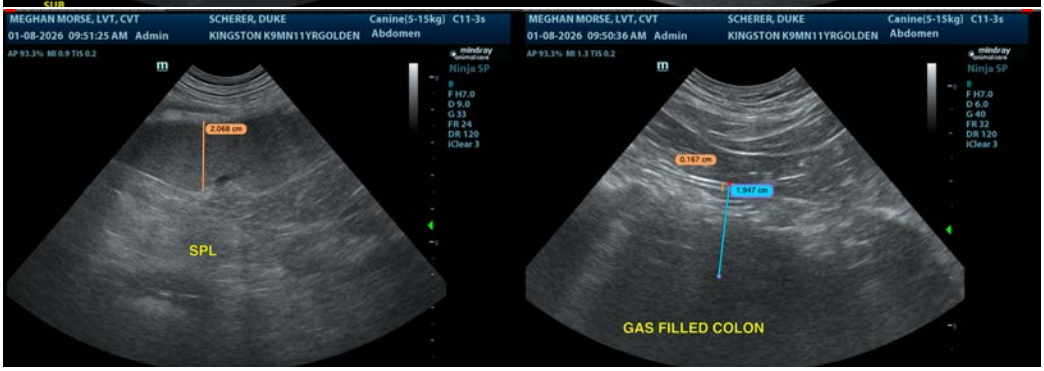

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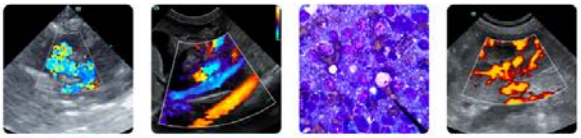

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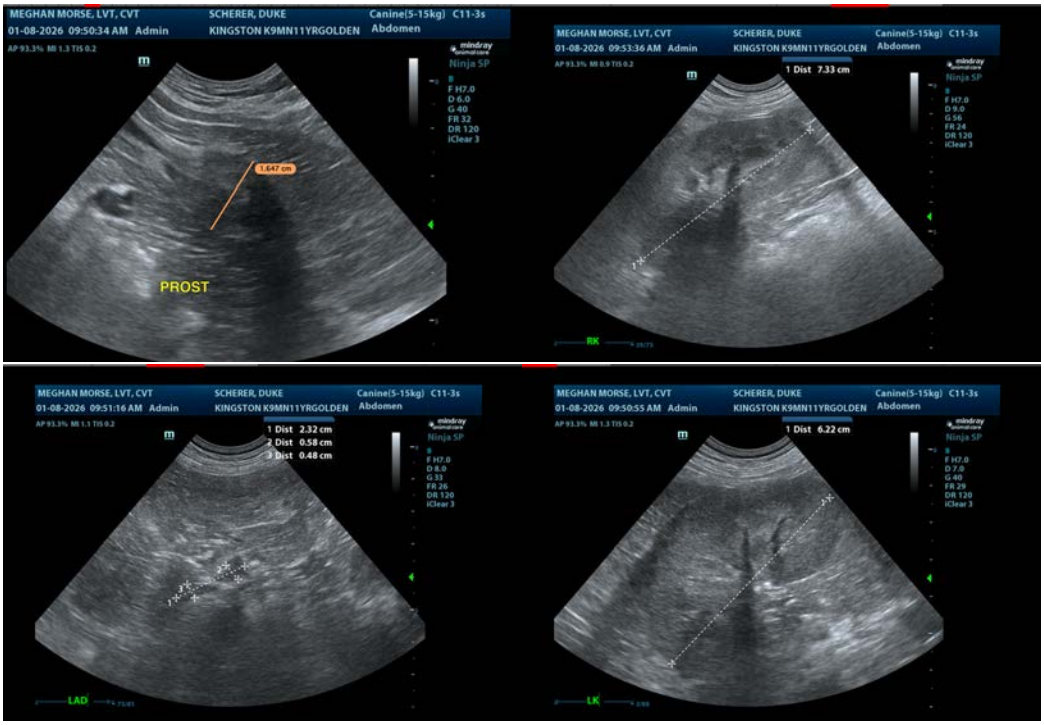

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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