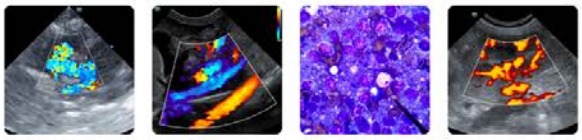


PATIENT

Gemma Center

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 Years

WEIGHT

33.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView

REFERRING VET

Dr. Brown

INVOICE

72120

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Chief Concern / Reason for Ultrasound: Patient has lost quite a bit of weight (over 5 lbs in a few months) and has general sarcopenia. She is PU/PD, but otherwise doing okay. Blood work was as follows, WBC 5.4 (L), Eosinophils 0.038 (L), Platelets 453 (H), ALP 246 (H), GGT 25, CK 206 (H), USG 1.013 (L), T4 4.0 is consider therapeutic in a dog on thyroid supplementation, but with weight loss may consider reduction in dosing. She had an ACTH stimulation test done a few years ago that was equivocal. Overall Interpretation: Elevation in liver values could be liver disease, neoplasia or metabolic disease vs other cause. Recommend an abdominal US with LDDS if warranted.

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 (5.59 cm) with mild pyelectasia at 0.29 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.98 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 borderline large and abnormal in appearance, measuring 0.65 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 1.17 cm x 1.53 cm. No evidence of vascular invasion is visualized.

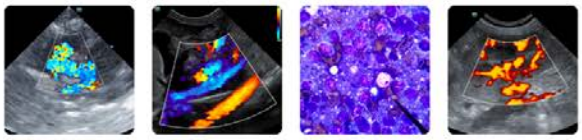
The right adrenal gland is normal in size measuring 0.93 cm at the cranial pole and 0.66 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.47 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 mildly 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 minimal luminal contents. It measures at a normal thickness of 0.54 cm 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 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.

Other

There is a lobulated cystic lesion visualized caudal to the left kidney. The lobulated region measures 1.59 cm x 2.54 cm. The cystic lesion measures 1.75 cm x 2.04 cm.

There is a cystic lesion visualized near the right limb of the pancreas measuring 0.77 cm x 1.11 cm.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule at the cranial pole of the left adrenal – Possible differentials include adenoma, pheochromocytoma, carcinoma, other.
- Mildly 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.
- Cystic/lobulated structure visualized caudal to the left kidney – Possible differentials could include a retained left ovary, cystic lymph node, or other mass lesion.
- Cystic lesion visualized near the right lobe of the pancreas – Findings could include a cystic lymph node, a pancreatic cyst, etc.

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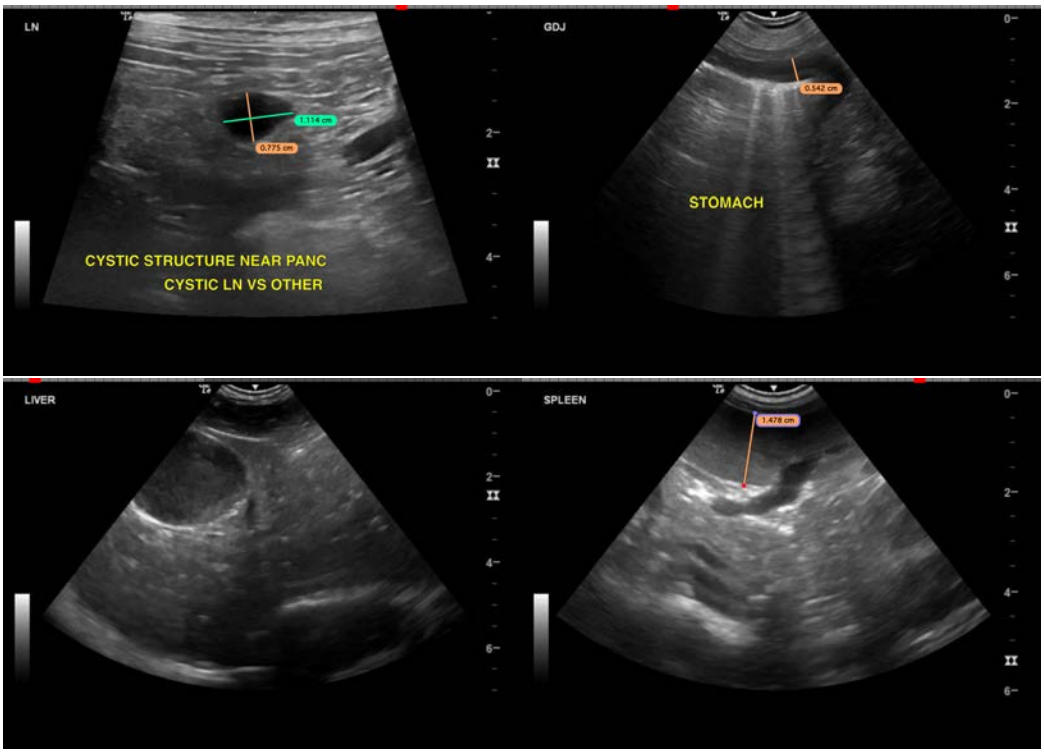
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic nodule at the cranial pole of the left adrenal. Common differentials could include an adenoma, carcinoma, pheochromocytoma, other, and it could be secreting hormone or be non-active. If signs consistent with Cushing's disease are present, consider adrenal function testing. If hypertension is present, consider measuring catecholamine levels, looking for pheochromocytoma. If surgical removal would be considered, then a contrast CT scan is recommended to further evaluate for vascular invasion.

There is a cystic, somewhat lobulated structure visualized caudal to the left kidney. This could be consistent with a retained left ovary. If this would be suspected clinically based on the patient's history (mammary development, episodes of heat, etc.), then consider measuring antimullerian hormone levels, looking for possible retained gonadal tissue. Additionally, you could consider the aforementioned CT scan to further evaluate prior to considering fine needle aspirate, etc.

There is a cystic lesion visualized near the right limb of the pancreas. This has a somewhat benign appearance at this time and is relatively simple in nature. Recommend continued monitoring, looking for further enlargement or other complication.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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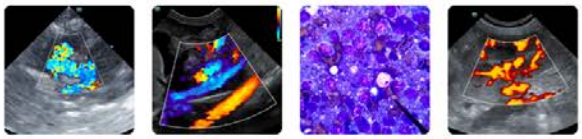

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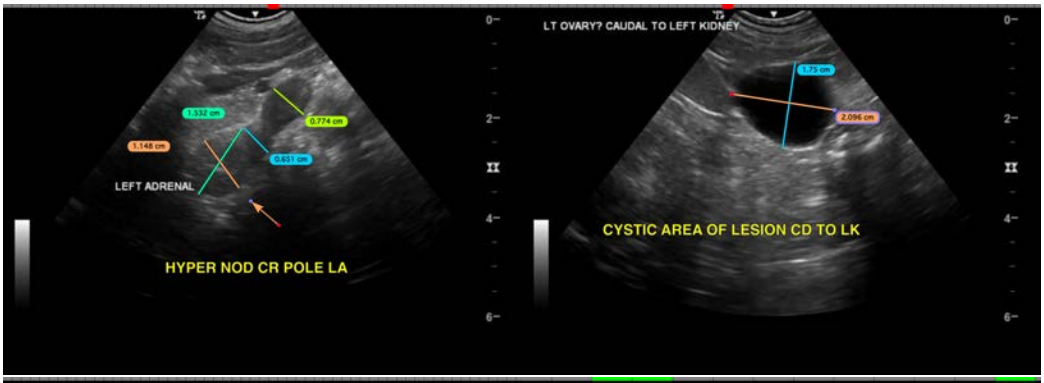

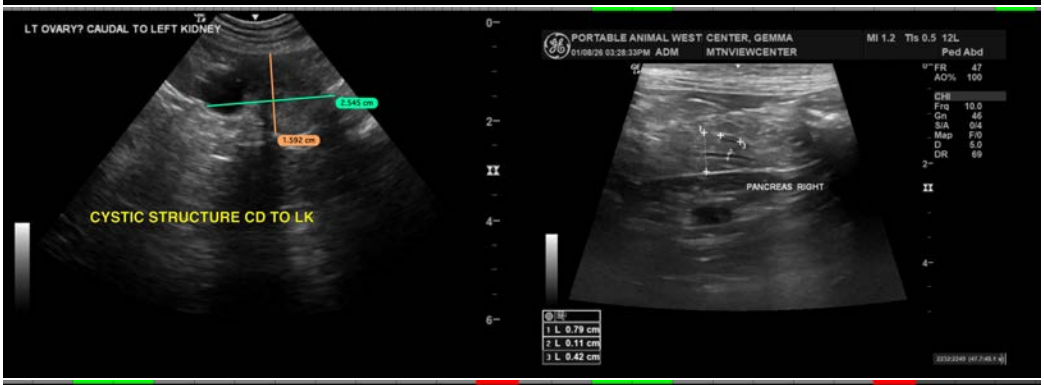

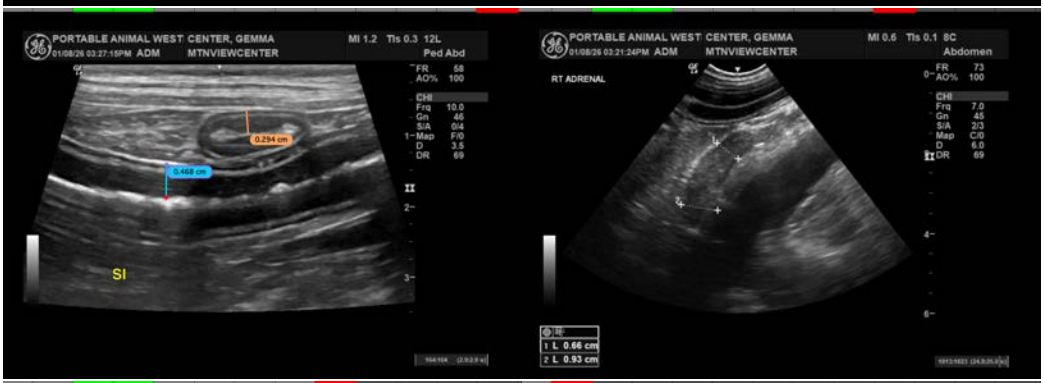

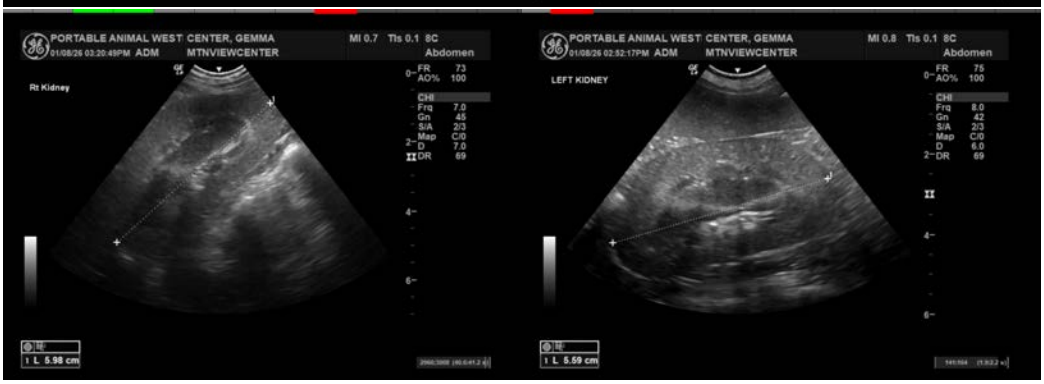

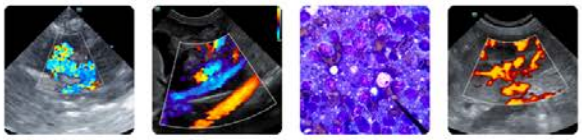

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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