DATE

1/9/26

PATIENT

Holmes Kellagher

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

8/15/2015

WEIGHT

69.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Beron

INVOICE

35327

PRESENTING CLINICAL SIGNS

Patient History: Recent weight loss and general slowing down, started librela for OA, previous cholecystectomy

Current Medications: None listed.
Labwork Results: Labwork attached, reported as: BW - initially hypoglycemia (unable to repeat on multiple subsequent checks so suspect artifact) hyperkalemia, low Na:K ratio, progressive elevation of liver enzymes, elevated SDMA resting cortisol normal
Date of Previous IntraPet Ultrasound: 5/22/24. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.58 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 (6.29 cm). Overall echogenicity is slightly hyperechoic with decreased 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. Pyelectasia was noted in the left kidney, measuring 0.36 cm.

The right kidney has a normal shape and size (5.47 cm). Overall echogenicity is slightly hyperechoic with decreased 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. Pyelectasia was noted in the right kidney, measuring 0.42 cm. Numerous small cortical cysts were noted.

Adrenal Glands

The left adrenal gland is large in size measuring 1.43 cm at the cranial pole and 1.1 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 in size measuring 0.75 cm at the cranial pole and 0.93 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 and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic foci/nodules in the spleen, most consistent with benign myelolipomas. There is a more focal mixed echogenicity, hyperechoic nodule in the mid spleen, measuring 1.6 cm x 1.38 cm, and a poorly defined hypoechoic mixed echogenicity mass effect visualized, measuring 2.94 cm x 2.81 cm.

Liver

The liver is subjectively large in size and irregular with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are poorly defined hypoechoic nodules visualized throughout the parenchyma. Additionally, there is a more distinct hyperechoic mass effect in the left liver, measuring 3.31 cm x 3.54 cm. The gall bladder was surgically absent.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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. The duodenum measured as normal (between 0.55 in wall thickness) and the jejunum measured as normal (0.42 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 region of 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

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateal 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. This is persistent from the previous exam 5/2024 but progressive.

- Age-related changes associated with both kidneys, as well as bilateral pyelectasia- Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Focal hyper- and mixed echogenicity lesions visualized in the spleen, which are suspected to represent benign lesions. A larger, poorly defined hypoechoic mass effect is visualized, which could represent a benign or neoplastic lesion.

- Large irregular, heterogenous liver with ill-defined hypoechoic nodules and a hyperechoic mass effect in the left 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. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out. The hyperechoic lesion has the appearance most consistent with benign lesion, such as an adenoma. Other lesions are possible.

Secondary Findings

- Surgically absent gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

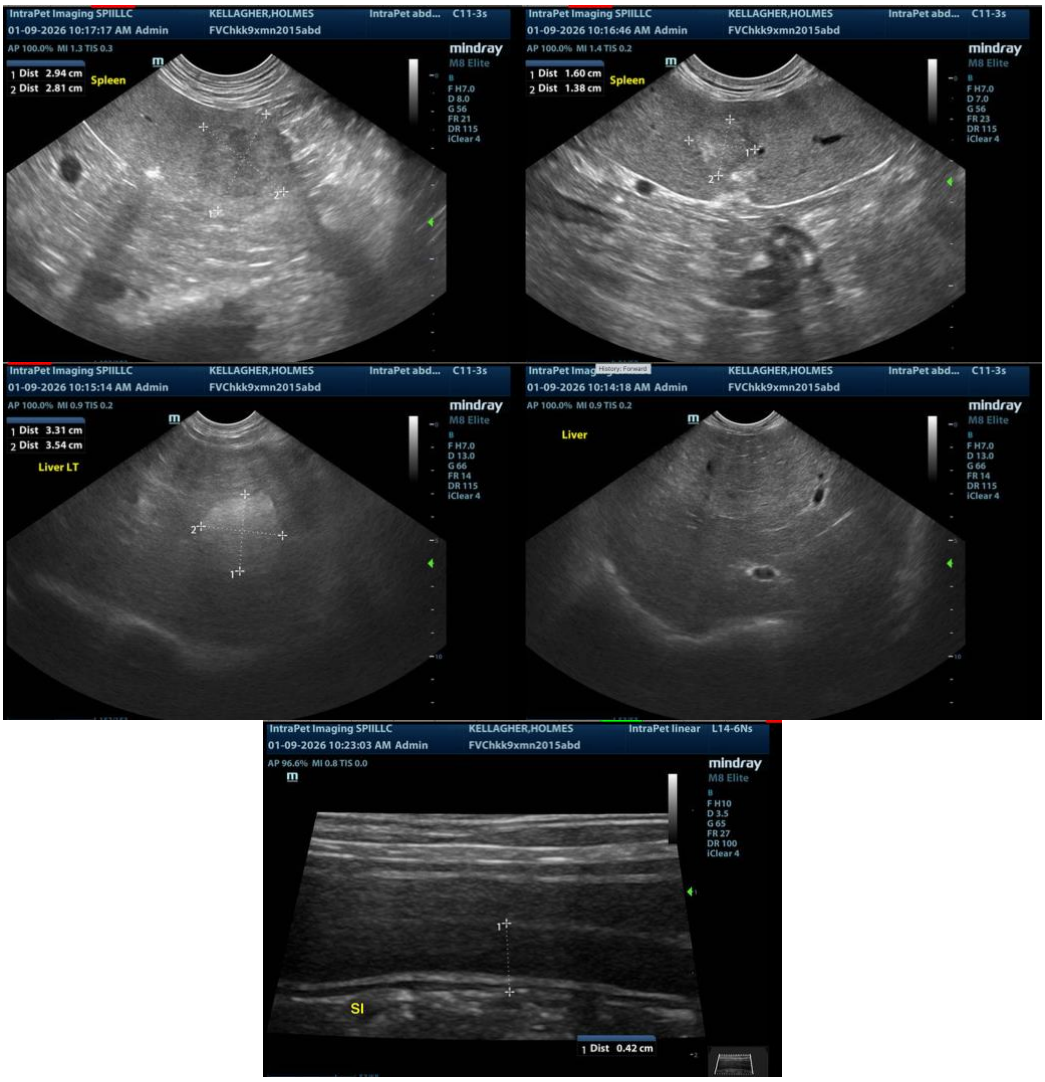
Many of the changes observed on today's scan were previously described. These include the large adrenals, the heterogenous liver, the absent gallbladder, and the renal pyelectasia. These appear to have progressed somewhat. If signs of cushings are present, consider adrenal function testing. The hyperechoic mass effect in the liver has somewhat of a benign appearance, recommend continued monitoring.

There are numerous lesions visualized in the spleen. The majority of these are hyperechoic and have somewhat benign appearance. There is a larger, poorly defined hypoechoic lesion. Options moving forward would include continued monitoring +/- a fine needle aspirate.

If further evaluation of the kidneys is desired, you could consider a urinalysis, culture, urine protein to creatinine ratio and a blood pressure evaluation as a baseline.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If there is a concern for intermittent hypoglycemia, you could consider a fructosamine level to look for an average blood sugar over the previous 2 weeks. If this is low, this would likely support your suspicions of hypoglycemia.



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.

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