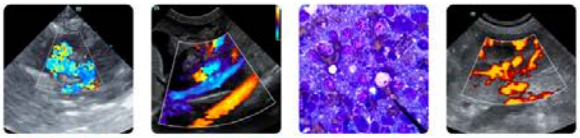


PATIENT

Bailey Shaffer

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

71781

DATE

11/13/25

PRESENTING CLINICAL SIGNS

P presented for US due to new mild non regenerative anemia. P has history of jejunal tumor that was removed in 5/2024- jejunal adenocarcinoma- complete excision with no lymphatic or vascular invasion and no metastasis to regional lymph nodes. P has history of heart murmur. Systolic BP 130-146mm Hg

Abnormal PE/Chem/CBC/UA Results: HCT 38.5, SDMA 15, Phos 2.4 mg/dL

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, or masses. In the dependent portion of the urinary bladder there is a hyperechoic structure most consistent with a small stone measuring 0.29 cm. Additionally, there is some small sandy/mineralized debris.

The prostate is normal in size (0.78 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 (4.44 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.89 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

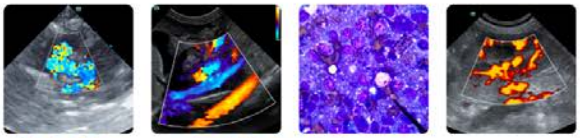
Adrenal Glands

The left adrenal gland is large and slightly irregular, measuring 0.82 cm at the cranial pole and 0.41 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 approximately 0.71 cm x 0.88 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 1.03 cm at the cranial pole and 0.53 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 (1.1 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.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a small amount of mineralized/sandy debris visualized in the gallbladder. Occasional small cholelithsare visualized. There is a cholelith visualized in the bladder neck/cystic duct measuring 0.51 cm. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall subjectively appears thickened, measuring between 0.71-0.80 cm with a prominent muscularis. 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 0.37 cm. Jejunum wall measures 0.30 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 area 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.

ULTRASONOGRAPHIC FINDINGS

- Small calculi/mineralized debris visualized in the urinary bladder – Correlate with urinalysis, culture and radiographs.
- Hyperechoic nodule in the cranial pole of the left adrenal gland – This has the appearance most consistent with a benign lesion (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out.
- Mineralized debris and small cholelithsvisualized in the gallbladder – No evidence of wall thickening or obstruction visualized at this time.

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- Prominent/thickened gastric wall with a prominent muscularis layer – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

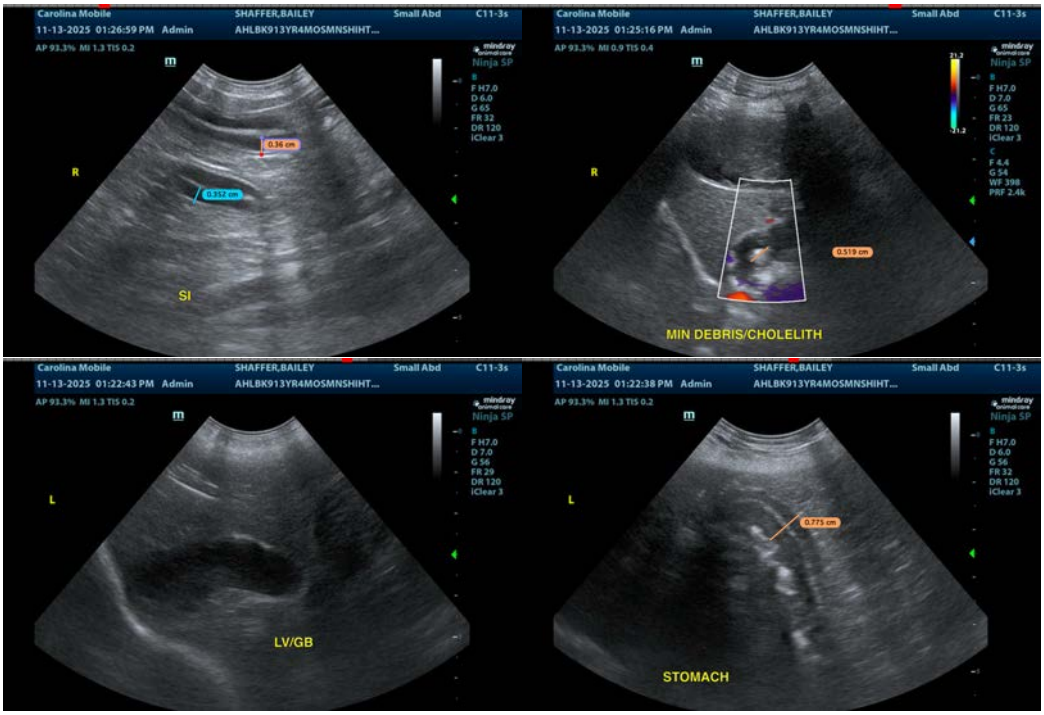
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small stone and some mineralized debris visualized in the gallbladder. Correlate with urinalysis +/- culture and radiographs.

Similarly, there is some mineralized debris and a small stone visualized in the gallbladder with no evidence of wall thickening or an obstruction at this time. Consider chronic Ursodiol therapy and continued monitoring.

There is a hyperechoic nodule in the cranial pole of the left adrenal gland. At this time, this has the appearance most consistent with a benign lesion, although an early neoplastic lesion cannot be ruled out. If signs of Cushing's are present, consider adrenal function testing. Additionally consider blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a pheochromocytoma. Recommend close monitoring with ultrasound (recheck in 34 months). If surgical removal would be considered, a contrast CT scan would be ideal to further evaluate for any vascular invasion, etc.

The gastric wall appears mildly diffusely thickened. Wall layering appears intact and the muscularis layer is prominent. This could be consistent with gastritis or similar. In the absence of underlying gastrointestinal symptoms, the significance is uncertain, but continued monitoring with ultrasound is recommended, looking for progressive changes.



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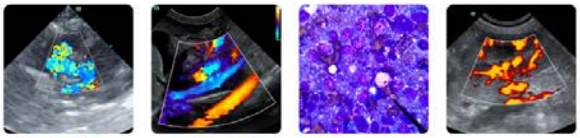

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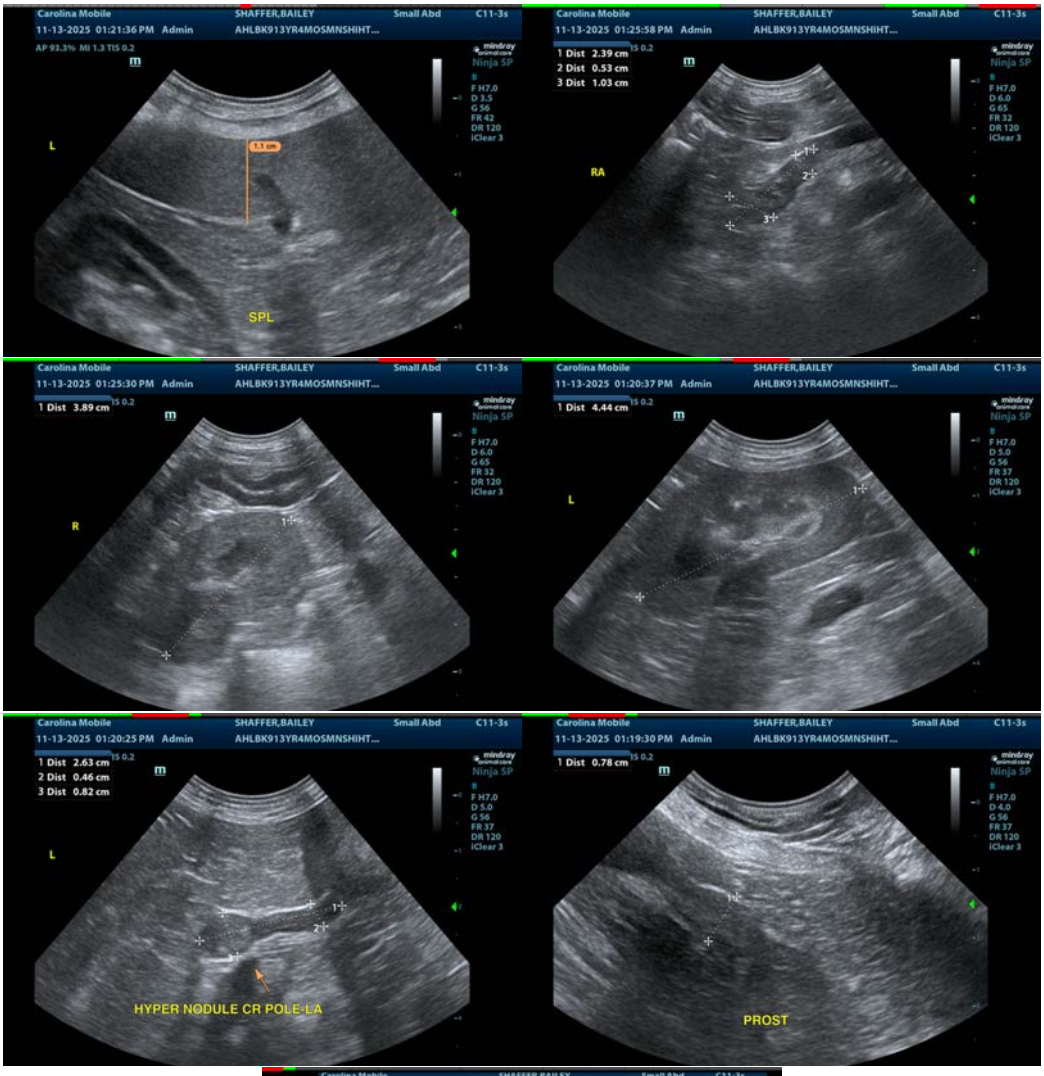

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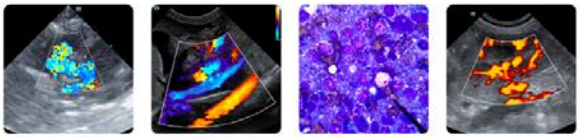

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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